

SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT

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HEARING

BEFORE THE

SUBCOMMITTEE ON

INVESTIGATIONS AND REVIEW

OF THE

COMMITTEE ON

PUBLIC WORKS AND TRANSPORTATION

HOUSE OF REPRESENTATIVES

NINETY-FOURTH CONGRESS

FIRST SESSION

AUGUST 8, 1975, AT SAN ANTONIO, TEX.

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# SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT

FRIDAY, AUGUST 8, 1975

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON INVESTIGATIONS AND REVIEW  
OF THE COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION,  
*San Antonio, Tex.*

The subcommittee met, pursuant to notice, at 10 a.m., at the Commander's room, Frost National Bank Building, San Antonio, Tex., Hon. Jim Wright, (subcommittee chairman) presiding.

Mr. WRIGHT. The subcommittee will come to order. Congressman Kazen, would you and Congressman Gonzalez like to sit up here? You are our hosts and our most famous people.

Mr. KAZEN. Well, if it is all right, we will just go over there.

Mr. WRIGHT. Just as you please. At the beginning, let me introduce to everyone the members of the subcommittee.

This is the Subcommittee on Investigations and Review of the Public Works and Transportation Committee of the House. The members of the panel here today are Congressman Milford from north Texas, from the Grand Prairie-Mid-Cities area; Congressman Elliott Levitas from Georgia; Congressman Gary Myers from Pennsylvania.

And, of course, we are greatly honored to be in the city of our two truly distinguished colleagues, Henry Gonzalez and Abraham Kazen, and if for no other reason, any Member of Congress, I assure you, would be delighted with the privilege of coming to San Antonio simply to say on behalf of the Congress, "Thank you for having produced and shared with us men of the character and the courage and the intelligence and the integrity of Mr. Gonzalez and Mr. Kazen."

Let me just briefly try to put into focus what it is that this subcommittee has been attempting to do for the past 7 years. This is another in a series of ongoing public hearings into the total subject of highway safety.

When we stop and contemplate the fact that the traffic fatality is the No. 1 cause of violent death in the United States, I think the importance of the subject comes into focus. Each year—each year—during the entirety of the Vietnam conflict more American lives were lost to traffic accidents right here in this country than were lost in the entirety of the decade of that tragic conflict to enemy hostilities.

Among young Americans 25 years of age and under, more lives are taken by highway fatalities than by any other single cause—disease or anything else.

In previous hearings we have tried to focus on some of the more obvious aspects of highway safety, and we like to feel that these hearings have been productive of beneficial results.

We got into the question of narrow bridges that become death traps; into the question of roadside abutments and fixed objects that needed to be eliminated from highway environment; the question of confusing and inadequate highway signs that led people to do the wrong thing and the lack of uniformity in highway regulations throughout the country.

As a result of those hearings, the 1973 Highway Safety Act came into being and it made money available for a variety of projects. One of the most prominent was the identification of high hazard locations, those particular areas on our highways which had caused an inordinate number of highway fatalities, and those are being redesigned.

Striping of highways, both in the median and on the sides, and a variety of other innovative approaches, certainly not the least of which is that which we are going to examine here today.

Probably the most pervasive problem in the environment of highway safety has been the tendency of Americans to drink and drive, and no doubt it is the most difficult of all to eradicate, because we are dealing here not with concrete nor with fixed objects nor with a design which can be changed; we are dealing here with human behavior.

In order to put all that we are trying to do in a proper focus—I want to ask your indulgence just for a few minutes—we have a film that this committee put together as a public service. It is available to anybody who wants it—for free, of course.

It is a low budget film, as you will observe. It is not a slick, Hollywood type. It was all done in-house, as they say. As a matter of fact, Mr. O'Hara, who is a noted attorney and our committee counsel, did a lot of the photography for the film. He went out and shot some of these accident scenes that you are going to see.

By knowing where it was likely for accidents to occur in wet weather, our committee lawyer, Jack O'Hara, went out with his camera and stood there in the rain and waited for them to happen and he got them on film.

So let us beg your indulgence for these few minutes and we will try to put into perspective what it is that we are trying to achieve in our total look at highway safety.

We will move away from the table here so that we can see this film, and immediately thereafter we look forward to hearing from Congressman Gonzalez and Congressman Kazen and from those who represent the San Antonio program.

[Showing of film—"The American Highway."]

Mr. WRIGHT. We want to thank you for your indulgence while we tried to put the whole problem in some basic perspective.

We are here in San Antonio today, of course, to try to get a fix on one of the most pervasive problems of highway accidents and that is the drinking driver.

So intent was Congress on attempting to come to grips with this pervasive problem that in 1970 we enacted a law which permits the Secretary of Transportation, working in conjunction with the Governors of the States, to create alcohol safety programs on an experimental basis throughout the United States. In the past 3 years some \$86 million has been expended upon this program.

One of those ASAP programs has been here in San Antonio. We are here to find out what we can learn from your experience that can be shared with the rest of the country—not only your successes, but your

failures; those things that have been found to work and those things that have been found not to work, and any suggestions that you may have to give this committee for improving the Federal performance in cooperation with you at the local level.

The ranking minority member on the subcommittee is Gary Myers of Pennsylvania. I think Mr. Myers has a brief statement that he would like to make at this point, and then we are going to be honored and proud and pleased to hear from our two very distinguished colleagues from the San Antonio area.

Mr. MYERS. Thank you, Mr. Chairman. I am delighted to be here today in San Antonio. For me it is a return from 1961. I was here for basic training out at Lackland, and the city is a beautiful one—I thought it then and I think it very much so today.

I look forward to an informative hearing, one which will bring us abreast and apprised of what you have learned. As Chairman Wright pointed out, we are interested in your successes and failures and suggestions for improvements.

I mentioned over in the news conference that as a new member of the committee I come from a rather different background. Most recently I was a turn foreman in a steel mill in Pennsylvania, and I would say that probably about 70 percent of my time in that job, or better, was spent on the aspect of safety in the workplace.

We always recognized the fact that we were able to provide, even in a steel mill, a much safer environment for those people who were associated with us and for ourselves than they were able to provide and have provided for themselves outside the plant, and I was glad to see that reference in the film—it was a little amusing—to the Air Force base, but it is actually true. We always said to the fellows inside the plant, “You are much safer here than you are outside.”

It was always frustrating for me as a foreman to realize how unsuccessful we were in assisting our colleagues in the steel mill in reducing their accident rate on the highways, the accident rate of their loved ones and family.

In my period of 19 years at that particular steel plant, I think we had one fatality in all those years, and I would not be able to add up the number of fatalities—I do not know them for sure, but I know in the last year or so we have had at least four highway deaths of workmen from that plant.

Alcohol is a considerable problem, we know, from the industrial site, and it has got to be multiplied out on the highway.

I am hopeful that my participation here today will be one of learning and turning that learning into something that is meaningful.

I want to commend the chairman for bringing the hearings here in an attempt to provide that information for us.

Thank you very much, Mr. Chairman.

Mr. WRIGHT. Mr. Gonzalez, we are in your hometown.

#### **TESTIMONY OF HON. HENRY B. GONZALEZ, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS**

Mr. GONZALEZ. Thank you very much, Mr. Chairman. Let me say at the outset that I will ask for unanimous consent that I be allowed to submit a brief statement I have for the record and not unnecessarily take the time on the occasion of this Investigations and Review Sub-

committee, because we are here for a specific purpose in the field, and what I have to present, I can just as easily give to you up in Washington, and I do not think I should impose on the time of others who will not be able to go to Washington and are directly affected by the program that the Congress has seen fit to inaugurate in this respect.

I will say that the main purpose is to welcome you to my hometown and to trust that you will accept every one of the invitations that I know that you will be receiving during this day to participate in some of the things that are occurring in San Antonio today.

I also wish to add that the chairman, Jim Wright, rides tall in the saddle in Texas. We not only respect him, but we love him, we honor him. He has gained a tremendous stature in the Congress. He is well on his way into the leadership ranks in the House of Representatives. He is one of the deputy whips of the majority party. He is the ranking member of this main committee that you represent here today.

In fact, at one time in the past he and I found ourselves contending in a statewide political race, and we both lost [laughter], but two things came out of that race: one, that Jim was a much better orator than I am, but I spoke better English [laughter].

Mr. WRIGHT. La verdad, amigo.

Mr. GONZALEZ. So, Congressmen, each and every one of you, and Chairman Wright, thank you for coming to San Antonio.

I think you will hear from the local people involved in this pilot type of program the things that you came here to review and to make sure that the money that has been authorized and appropriated by the Congress has been well spent.

We are very disturbed by the rate of traffic deaths in the city, but we can imagine how much worse it would be if this program had not been active in this city for the past few years.

Thank you very much for your time, and I think that we should not impose on the others who will have meaningful things to say to you. That is the real reason why you are here.

Mr. WRIGHT. Thank you very much.

Mr. GONZALEZ. I might say, by way of conclusion, that our distinguished colleague, Mr. Kazan, who has the 23d District, has just finished completing a driving tour all the way from the Capitol into Texas, and he will have a lot to tell you about that.

If I may be excused—

Mr. WRIGHT. Without objection, the formal statement that has been prepared for submission by Congressman Gonzalez will appear in the record in its entirety at this point.

Mr. GONZALEZ. Thank you very much, sir.

[The statement referred to follows:]

STATEMENT OF HON. HENRY B. GONZALEZ, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

First, I want to welcome my colleagues to San Antonio, especially my friend Jim Wright. Chairman Wright has a reputation in Washington for his wisdom, and his capacity for work. He and I once ran as opponents in a statewide race, and we both lost. However, we did prove two things: he is a better orator than I am, but I speak better English.

Successful efforts in government don't usually attract much attention, and that is the case with the project that the Subcommittee will review today. The Alco-



hol Safety Action Program is not well known but it is an outstanding effort to cope with one of our leading social problems—the drinking driver. The drinking driver is among the leading causes of death in this country. Alcohol is the most widely available of drugs, and it is the most commonly abused. It is one of the most difficult problems in the country today to find ways of separating drunk drivers from automobiles.

It is imperative that this be done. Tens of thousands of people die each year because of drunk drivers; many more tens of thousands are injured—many of them very gravely injured. Property losses from drunk driver-caused accidents, as the Subcommittee well knows, runs into the hundreds of millions of dollars each year.

Not only that. The problem of drunk driving is growing much worse, especially as young people turn more and more toward alcohol, which is more and more easily available to them. A great many youngsters who fear the consequences of hard drugs turn to the relative safety of alcohol—they know that it's safer to get drunk on alcohol than to risk a high from an aerosol can, or pop an unknown combination of pills. But like drunk adults, drunk teenagers combined with automobiles are a great danger to themselves and everyone else.

Here in San Antonio, we are fortunate to have had one of the 35 alcohol safety action programs. This program is one of only ten that is successful enough to have been continued. In this effort, a great deal has been learned about approaches that work and approaches that don't work. You will be hearing in detail about that as the hearing progresses.

I commend the Committee for its concern about alcohol and its abuse, and the need to improve public safety action in this enormously complex field. Your efforts are directly responsible for the saving of many lives in this community and others like it, all over the nation. What you learn here today, and what we learn as this effort continues, will enable countless other lives to be saved.

We hear about the tragedies and failures. We don't often hear about the successes. This is an opportunity to hear about a unique, successful program—a lifesaver.

There are 9 million alcoholics in the United States—every one of them a danger to themselves and everyone they come in contact with. No one knows how many alcohol abusers there are in the country. I suspect that virtually everyone who has used alcohol has at one time or another been drunk. And so every one of these has at one time or another been a potential danger.

There is a tremendous need for knowledge about how to prevent alcohol abuse. It is only in preventing it that we can solve the safety problem. Right now, the Department of Health, Education and Welfare is expanding its efforts in this preventive approach. It is not enough to rehabilitate drunks. The only thing that will improve the situation is to prevent the problem in the first place.

That is what this program is all about—not only getting drunks off the streets and highways, but also preventing drunks from developing into a threat in the first place.

We may have no social problem that is more pervasive than this one. It is bound up in a nationwide complex of social values and mores; it is bound up in the almost universal availability of cars and drinks; and it is bound up in the general lack of understanding about the whole area of alcohol and health.

We have learned much in this program. I thank the committee for its interest and for its pioneering effort here. I hope that what is learned here will enable you to go back to Washington with a better idea of how this program can be improved—not only here, but everywhere across this country. We are indebted to you for your effort in bringing this program to us. As a resident of this community, I am grateful for those who have made this operation the success that it is. And I want to express the hope that as this program continues, it will continue to improve and produce greater results.

I thank the committee.

Mr. WRIGHT. Congressman Kazen, it is always a pleasure for this committee to welcome you, as we have done on many occasions in the past when you had projects to pursue in behalf of south Texas and San Antonio, and we are delighted to have you with us today in your city.

**TESTIMONY OF HON. ABRAHAM KAZEN, JR., A REPRESENTATIVE  
IN CONGRESS FROM THE STATE OF TEXAS**

Mr. KAZEN. Thank you, Mr. Chairman and members of the committee.

I am also pleased to join in welcoming you to San Antonio. I think you have come to a great part of the country. I think you will agree with us that we have many things to offer in south Texas.

I am particularly delighted to have my colleagues from outside of the State, Mr. Levitas and Mr. Myers, and of course, Mr. Dale Milford from Dallas. We are delighted to have all of you here.

The distinguished chairman, Mr. Wright, with whom I have served in the Texas Legislature quite a few years ago, Mr. Wright, 1947, I believe—

Mr. WRIGHT. You and I were 8 years old then, I think. [Laughter.]

Mr. KAZEN. And I want to join my colleague in the praise that he has given. You have had the experience of over 32 years in public life as a State legislator, as a mayor of a city, and as a Congressman, where you have made a distinguished record, and you bring credit to Texas and to the House of Representatives, and I am delighted to be able to call you a friend.

Now, Mr. Chairman, early in the effort to study the relationship of alcohol to traffic safety, San Antonio was chosen as a site for special effort. The decision was a welcome one.

I do not want to suggest that San Antonio has a monopoly on drinking drivers, but I say it has recognized its problems. Studies here by the ASAP project staff, aided by the fine San Antonio Police Department, produce the finding that on any Friday or Saturday night between 7 p.m. and 3 a.m. there are 8,600 drunk drivers on the streets here, and the people who made that study stress that they do not mean drinking drivers, Mr. Chairman they mean drunk drivers.

Because this committee created this effort to attack the menace of alcohol on the highway, I do not have to tell you here that this program begins with arrests, by officers trained to recognize the probability that an automobile is being operated by a driver apparently under the influence of liquor.

There follow the steps of determining what invited the officer's attention. Was this a social drinker, who failed to recognize his own capacity? Was it a problem drinker, a person with medical or psychological problems? What help could be offered, and what kinds of cooperation between law enforcement officials in the justice system could help avert recidivism or repeated offenses?

I am one of those Members of the Congress who believes that sometimes we may try to do too much under the label of good government. I think we in Washington need to be constantly aware that there are some areas of action that should be left to individuals or to local governments or to the States. I am one of those who believe that not all knowledge is based in Washington.

I keep in mind, Mr. Chairman, the statement of Abraham Lincoln, who once said, "Governments should exist to do for people those things which they cannot do for themselves."

I believe that the alcohol safety action project meets the Lincoln standards.

None of us can control when or where a neighbor or a passing stranger drinks, or how much. There is probably not a person here who has not lost a relative or a friend to a traffic accident caused when someone, unaware that drink has erased his judgment or coordination or caution, crashed his car into another vehicle, or ran down a pedestrian, or smashed into a utility pole or a bridge abutment to be his own contribution to the traffic fatality statistics.

Now, this committee's legislative effort means that we in government are seeking a prescription for preventive medicine. The program suggests that a drunker driver, once he is arrested, must prove that he is to be trusted with a driver's license. He may have to go to school or he may be required to get proper professional help before he can get his license back.

Now, the automobile, as we saw in your film, Mr. Chairman, is a wonderful convenience, at times. It is also a deadly weapon. Alcohol, in excess, may make a driver forget that he is playing with a loaded gun. He is risking his own life and those of all the innocent people he may pass, or not pass, on the roads and streets.

I hope, Mr. Chairman, that your committee will find this program here a useful contribution to highway safety so that it will be further developed and that the diligent work of our San Antonio officials of this project, of the police and the courts and the Southwest Research Institute analysts will continue to serve this area and the Nation. And I hope that out of the testimony which you will receive here today will come some very definite action to be worked out by local government with the financial aid and very limited other types of aid, from the Federal Government.

It is a local program, but we on the national level must give them the tools with which to work, the tools that they have no other place to get.

Thank you, Mr. Chairman.

Mr. WRIGHT. Thank you, Mr. Kazen, for, as usual, a profoundly perceptive statement. We are grateful for the cooperation that you always have extended to this committee in all the endeavors we have attempted to pursue particularly for the benefit of the south Texas area, but for the Nation as a whole.

Mr. KAZEN. Mr. Chairman, let me take advantage of the fact that you are here and of your good offices, since you are the Committee on Public Works.

Some time while you are here—and this is a commercial—I want to discuss with you some very pressing transportation problems [laughter].

Mr. WRIGHT. We might have expected that. We will be available to you, as always.

Mr. KAZEN. Thank you, sir.

Mr. WRIGHT. Thank you. We are proud to have the distinguished mayor who has attracted attention throughout the Nation and who reflects credit and honor upon the city of San Antonio and the State of Texas, the Honorable Lila Cockrell, mayor of the city of San Antonio.

Madam Mayor, it is a distinct pleasure for us to be in your city and for us to have the opportunity to welcome you here to our hearing.

**TESTIMONY OF HON. LILA COCKRELL, MAYOR OF THE CITY OF  
SAN ANTONIO**

Mayor COCKRELL. Mr. Chairman and the distinguished members of the committee, on behalf of the citizens of San Antonio, let me extend our warmest greetings to you and to express the hope that you thoroughly enjoy your visit to our bicultural—in fact, multicultural city, and we want you to know that while you are here we certainly want you to know that we take to heart the phrase, “Mi casa es su casa,” and we want you to feel the warmth and hospitality of our city.

We know you are here on a business mission, but we hope you also enjoy some of San Antonio’s famous hospitality while you are here.

We are delighted that you also are taking a closer look and are highlighting one of our unique federally funded projects in which San Antonio has had a very vital participation, and that is the alcohol safety action project.

In 1968, the medical examiner’s office produced an 11-year study of fatal traffic accidents which had occurred in San Antonio and its immediate environs. It was discovered that 63 percent of all the victims of fatal accidents had been drinking alcoholic beverages immediately prior to the times of the accidents. It was also shown that 76 percent of the drivers involved in single-car fatal accidents had been drinking.

Clearly, driving while intoxicated was a serious social issue that had to be resolved. The alcohol safety action program, or ASAP, seems to be a giant step toward the solution of this problem.

ASAP has brought together all of the elements of the criminal justice system—enforcement, prosecution, and adjudication, and the novel approach of indepth, professional, psychosocial presentence investigation, plus our local rehabilitative resources and public information and education campaigns in one coordinated effort to reduce the number of alcohol-related traffic accidents that endanger our entire population.

The program elements are somewhat typical of the many projects designed to work with problems that are both social and criminal in nature, such as rape and drug offenses, but ASAP has added one more element, that of professional, independent evaluation of all aspects of the project by Southwest Research Institute in order to determine what types of countermeasure activities work best.

As a public official who must answer to the electorate concerning the efficiency of government spending, I am gratified to find a Federal and municipal project that has this independent evaluation element to insure the most effective outlay of public funds.

Also worthy of note is the outstanding level of intergovernmental cooperation promoted by ASAP. The city of San Antonio, county of Bexar, State of Texas, and the Federal Government, plus semipublic entities and agencies such as our local Bexar County Board of Trustees for Mental Health, Mental Retardation, are all working together in a coordinated effort to solve our driving-while-intoxicated problem.

The city of San Antonio has benefited greatly during the first 3½ years of the ASAP operations. Our police, courts, rehabilitation personnel, as well as the general population, have become even more aware of the dangers of DWI.

Our staff tells me that definitive, analytical work is being accomplished in order to determine what modes will best help our citizens

who have alcohol problems. I am also told that this sort of research takes many years in order to show definitive conclusions.

It is my hope that the ASAP program will be continued beyond the termination date of December 31, 1976, so that it can aid in this necessary research.

Perhaps if this program proves effective in dealing with DWI, the same sort of system could be used for crimes involving drugs, sex offenses, and other forms of antisocial behavior.

Thank you again for coming to our city, and again we stand ready to assist in any way that we can. Thank you.

Mr. WRIGHT. Mayor Cockrell, we are certainly honored to have you welcome us and to have this statement from you about this important subject.

I observe from your biography that you were born in the same city in the same year that I was—1942. [Laughter.]

We are happy to have you.

You are satisfied that this has produced a beneficial effect. I know it is hard to quantify statistically—

Mayor COCKRELL. It is a thing that is very difficult to quantify, because had the program not been in effect, we have no alternative statistics to say had we not had the program we would have lost this many additional lives. It is something that we just do not know for sure.

We do feel that the program is moving in the right direction, that it is certainly our hope and belief that the number of fatal accidents has been reduced, that the whole problem of drinking while driving and the hazards have been brought home more forcibly to the local population, and that certainly the members of our very fine police force have given their fullest cooperation in this effort, and I feel overall that the program has been effective.

Mr. WRIGHT. Do other members of the panel have questions? Mr. Myers.

Mr. MYERS. I would only ask, mayor: It is my impression that San Antonio is committed to a long-term commitment to the problems of alcohol and driving, just not one of being able to participate in a Federal program, and your intention in getting the program was to develop a meaningful course here for a long period of time?

Mayor COCKRELL. Yes; I think we recognize the local aspects of responsibility and I think the Federal program has certainly permitted us to have a much greater effort in resolving this problem or attempting to resolve the problem, but I think the city itself is certainly committed to continuing its best efforts.

Mr. MYERS. Are you of the opinion that the general public of San Antonio is aware of the program and its approach to the community?

Mayor COCKRELL. I do not know if I could say that the majority of people are aware of the program by its specific name, let us say, but I think that the effectiveness of the program in terms of bringing the problem of driving while intoxicated to the attention of the citizens has been effective.

I think, very honestly, we all recognize that there are a number of governmental programs, local, State, and national, and people do not always identify specific agencies and their program functions, but I think in general the purpose is being accomplished.

Mr. MYERS. And one final question: Have you had any feedback from the business community which is involved in the sale of liquor in regards to the program?

Mayor COCKRELL. I have not been aware of any in our office. It may be that some of our staff members may be aware, and when they testify, you might direct that question to them.

Mr. MYERS. Thank you. Thank you, Mr. Chairman.

Mr. MILFORD. I have just one question, Madam Mayor: In taking a look at all of the programs which we are doing now, would you have any idea, even as a thumb-rule guess, of what a \$2 million expenditure would mean to the city of San Antonio insofar as what sort of a percentage of tax increase it would require—assume your city budget had to pick up another \$2 million. Do you have any idea what it would be in the way of a tax rise?

Mayor COCKRELL. Well, our city, of course, has the same problem that I guess every American city is facing today, and that is the great crunch of dollars in trying to provide services in the face of inflationary pressures. It would be a very great burden to our citizens.

Our total city budget is about \$120 million. It was balanced with great difficulty—in fact, we devoted some of yesterday's council meeting to the problem of balancing the budget.

We really feel that the ability of our local taxpayers is being stretched very thin as it is now to carry out what we feel is a pretty bare bones budget—

Mr. MILFORD. I understand that. The purpose of my question was to help people—we throw around millions of dollars in figures and the average person has a difficult time in seeing, well, really, what does the addition of that cost really mean, and I find sometimes by interpreting these things in the basis of, well, it means another one cent of valuation—

Mayor COCKRELL. It would mean about 8 cents on the tax rate.

Mr. MILFORD. Thank you. Thank you, Mr. Chairman.

Mr. WRIGHT. Mr. Levitas?

Mr. LEVITAS. Thank you, Mr. Chairman.

Madam Mayor, first of all, let me extend my thankful appreciation for the warm welcome and greeting we have received from you and from the other citizens of San Antonio. You truly have a beautiful city and a proud citizenry.

I would like, if I may, to explore the question which Congressman Milford and Congressman Myers have alluded to.

Frequently Federal programs get started on a pilot basis which have some benefit to a local community and then, as a result of decisions made in Washington, the Federal funding of these programs is terminated, leaving the option to the local community either to terminate the program or to pick up the tab for it in the future.

Assuming that Congress were to determine that given Federal budgetary pressures, deficits and the like, this program were not to be extended beyond its anticipated termination date and assuming further that the city of San Antonio has found this to be a beneficial program, is it the intention of your city government to continue this program from local resources?

Mayor COCKRELL. I would say, I think, due to our financial limitations it would be very difficult to continue it at the same level. I think we would make every effort to try to have an ongoing program, but

the importance to us of the Federal participation cannot be overemphasized.

We have had the same type of problem to which you allude in the termination of some of the programs in which San Antonio has participated under previous categorical grant programs, and I think in particular of the model cities program. We were a very major participant in the model cities program, and I know that when that particular effort was being phased down and phased out it was not possible for the city to continue all of the desirable programs that had been initiated under the model cities concept because we simply could not assume the entire burden either locally or even with the resources in the general revenue sharing budget, and, so, we went through what I will have to describe as a very traumatic experience at the local level of trying to sift through a wide range of beneficial activities and programs and weed out, and I think—as I recall, this was about 2 years ago, and we had about a 4-to-1 ratio of projects to available dollars, and it was a very difficult experience to weed down.

So, in a city like San Antonio, which has in general an average income level per capita which is below the national average, and has a municipal budget which is lower in comparison with, I would say, nearly every other major city in our population category where we are trying to run a very tight ship, there is a much larger dislocation by the withdrawal of Federal funds from programs such as this as there might be in some other city.

Mr. LEVITAS. Thank you.

Mr. WRIGHT. Madam Mayor, thank you very much for sharing this time with us. We know you have a very busy schedule, and we are grateful that you have been able to be with us today.

Our next witness is the county judge and chief administrative officer of Bexar County, Hon. Blair Reeves, who was not born in the same city as I nor in the same year—he is a native of San Antonio, but we can forgive him for that because he is married to a girl named Betty Jean and I am, too, and, so, that cannot be all bad.

We are delighted to have you, sir, and glad to be in your community.

Judge Reeves is beginning his third term as county judge of Bexar County, and we are honored to have you, sir.

#### **TESTIMONY OF HON. BLAIR REEVES, COUNTY JUDGE, BEXAR COUNTY**

Judge REEVES. Thank you, Mr. Chairman.

Let me first say on behalf of the people of Bexar County, let me join with Mayor Cockrell in extending to you a cordial welcome to our community. We are delighted that you have come down here and favored us with this visit.

I would like to say, Mr. Chairman, I know you are from Texas and, of course, Congressman Milford, but to our other distinguished Congressmen, the county judge title in Texas is not necessarily judicial—it can be judicial, but it is mostly administrative and is the presiding officer of the county government, the commissioners' court in Bexar County, and in that responsibility we have the financial responsibility for budget setting and things of this nature in Texas.

The ASAP program when it first hit the scene in 1971, frankly, frightened me. Ken Langland came into my office and introduced him-

self and some of his staff and some from the Federal Government and talked about coming over to the courthouse and that our caseload on DWI's would increase approximately 400 percent. It was indeed frightening because we had the financial responsibility of funding these courts through the State of Texas—and the rest of the story is their predictions proved true.

We at that time had three county courts at law and about—Ted Arevalo is here from the district attorney's office and can speak particularly as to the statistics—but about 75 or 80 percent of our caseload are drunk driving cases, so what do you do with a 400-percent increase? It was frightening and we met it, and we met it with the assistance of the Federal dollar.

We went to the district attorney's office and increased the number of assistant district attorneys in those courts—we doubled up on them from one to two.

The judiciary—and you all know how independent the judiciary is, and that is of necessity. That certainly is not criticism—but the judiciary, in its independence, how are they going to take this ASAP program and do what you all wanted, that is, the testing, referring out to mental health and mental retardation (M.H. & M.R.) for this drunk driving and what causes the problem. It was a problem there, and they had to call an extra docket and they were given an extra \$2,500 stipend.

Now, mention was made, Mr. Chairman, as to the picking up of these funds when the program terminated, and it is a real good question because, like the city of San Antonio, the county budget is strained considerably, and since this program has started we were required to add two new county courts at law in Bexar County. The last legislature gave us two new courts. We have five county courts—we have six county courts at law at the present time, Mr. Chairman. One has general jurisdiction, but uses condemnation and mental health and things of this nature and does not handle a criminal docket—but this was of necessity to meet the caseload to a great extent because of the drunken driver situation.

We did locally pick up the funds of the extra district attorney; we did locally pick up the judge's stipend—I will tell you that—of \$2,500 a year; and we have also picked up the testing of the M.H. & M.R. as our local case contribution of the testing of the drunken driver.

The first 3 years of the program caused certain problems. I have mentioned the independence of the judiciary. Quite often the person you folks wanted to take care of, that person who had been drunk two or three times and was back in that county court at law—and, actually two times conviction of a DWI in Texas is a felony and not a misdemeanor, but we were handling them as misdemeanors—that is the type of person quite often the judge wants to give some time to and does not want to put as a condition of his probation that he attend school or that he attend these courses, and, of course, this is what was encouraged and what we ended up doing.

I am very happy to say that at the end of the 3-year program—and I knew when our new county court judges came in—and, incidentally, all of the county court judges that started out 3 years ago, none of them are there; two of them have retired—well, they were of an advanced age and then they were beaten by their successors in an election—our judges are elected in Texas—and one has gone to a dis-



trict bench. Five of our county courts at law all subscribe to the ASAP program and they are more or less cooperating with it, but, you know, with the independence of the judiciary, sometimes they do not refer a person to the school that perhaps we would want them to—there is selectivity, because testing was extremely important.

After we had done this 3 years' work, how effective was it? Our caseload was up 400 percent, but what were we doing with the drunk driver who was a problem driver, who kept driving, and how was he helped? How did we evaluate him, and how was our program working?

There has to be selectivity, and to get the judiciary to cooperate in that takes some doing, but they are cooperating, and I believe at the end of our program we will be able to define with a more definitive basis really what our program is doing.

Some guy must take the test and some person does not come under the M.H. & M.R. program, and I think that we are really going to see something in 2 years, hopefully, when the program is completed. And I hope that it will continue and I hope that you all will continue to help finance it, because we are contributing from our local funds as you have required us to do.

We have that much of the program and it is not an inconsequential sum when you add to the courts which cost—I know Bexar County—a minimum of \$100,000 per court.

And, incidentally, representing the indigent defendant cost Bexar County approximately \$400,000 per year, Mr. Chairman, and, incidentally, I just got these figures—county courts at law one through five for this year—as of July 30 of this year, we have spent \$70,320 through July 30, 1975, on representing indigent defendants.

Now, all of those are not on our driving-while-intoxicated cases, Mr. Chairman, but I dare say 80 percent of them are—that was a guesstimate that the county auditor's office gave me yesterday afternoon.

We like the program. I understand that we have 40,000 alcoholics driving automobiles in Bexar County—the figure that has been given to us—and we need to answer the problem.

Mr. WRIGHT. You mentioned earlier that at the onset of the program some of the judges were somewhat reluctant to make attendance at the courses and the schools a condition of probation. Have you discerned a change in that attitude on the part of the judiciary?

Judge REEVES. Definitely, Mr. Chairman.

Mr. WRIGHT. You would deduce from that, then, that the judges have probably come to recognize a value in the requirement that the driving-while-intoxicated driver be required to attend some of these therapeutic and rehabilitative services?

Judge REEVES. I think our judiciary—and I reiterate, our five-county court at law judges realize by studying the record—they are conscientious and dedicated people—that in the past it has not worked. They can look at what we call the rap sheet and see that he has been handled by our police department time and time again and he is still coming back in, and the judicial system needs some assistance and probably in this area is where we are going to get some of the answers.

Mr. WRIGHT. We will hear from some of those judges later today.

Do you feel that the Federal agency has been too restrictive and too specific in its requirements? Do you think it has not allowed sufficient flexibility for local determination in individual cases?

Judge REEVES. Not really, Mr. Chairman, because, you know, there is so much judicial discretion with that court and you have required the evaluation—we understand why you require the evaluation, because we will not know what we are doing until we do it, but to tell that defendant standing before the bench, “You are going to go to the school and you are going to be tested and you are going to be rehabilitated, and hopefully it will take care of your drinking problem,” and, “You are not,” because you must make a determination—now, the judiciary has handled it pretty well in this instance.

So far we have had a pretty good mixture of people who do not want to go, so the ones that want—“As a condition of your probation, I am going to put you in this school,” and more or less get tacit approval of the individual if not a condition of his probation. It has worked out better than I thought it was going to work out.

They were really concerned over that part of the program and knew it was one of your conditions.

Mr. WRIGHT. Mr. Myers?

Mr. MYERS. Thank you, Mr. Chairman.

Judge, thank you very much for your statement. Referring to your statement and the alarm that you expressed about a 400-percent increase in caseload—I would interpret that to mean that law officials and county officials or government officials throughout the United States probably would be able to on their own without Federal assistance if they just had the money to bring to court and bring to justice many more DWI offenders. Is it your assessment that essentially law enforcement agencies are forced to not pursue what might be very obvious alcohol problems because they do not have the money?

Judge REEVES. I do not think they are knowingly letting people go, but I think what they did, they just did not have the personnel to get out there in the field to make the arrest—and that group of people that were trained just to pick up that DWI, which was how you all framed it—my alarm was twofold: First, as an administrative officer, what was this going to do to our dockets? We knew we were going to have to go to the legislature for more courts—where were we going to put them and how much was it going to cost?

Second, I was alarmed at the feeling that we had failed in our job to that extent, where it would be that type of an increase. You like to think you are doing a good job, you know.

Mr. MYERS. You know that there are a lot more cases out there if you can just get to them?

Judge REEVES. Yes.

Mr. MYERS. With other alternatives. Do you have a feel for any results—you mentioned the fact that a number of the cases that would be coming up would be ones which had been repetitive cases prior to this time. Do you have any feel for the results of the program on these previously repetitive cases?

Judge REEVES. Congressman, I really do not, and this is why we feel that the evaluation has really not—we could not effectively evaluate until we got selective. I could not tell you how effective it was until the way we are working it at the present time.

Mr. WRIGHT. Someone—if the gentleman would yield—might want to make a synopsis of how many of these people that had been repeaters have not begun to show up again on the docket.

Judge REEVES. Come back into the system? Yes, sir. I cannot give you that answer, but I think the information can be furnished.

Mr. MYERS. Thank you, Mr. Chairman.

Mr. WRIGHT. We might derive some of that information from Mr. Hawkins at a later point today. Mr. Milford, do you have any questions?

Mr. MILFORD. No questions.

Mr. WRIGHT. Mr. Levitas?

Mr. LEVITAS. No questions.

Mr. WRIGHT. Thank you very much, Judge Reeves. We appreciate very much your being with us.

Judges REEVES. Thank you all for being here.

Mr. WRIGHT. I believe our next witness is Mr. Kenneth F. Langland, the project director of the San Antonio Alcohol Safety Action project.

Is Mr. Donahue here? We had wanted to recognize Mr. Donahue. He was planning to be with us—the director of the department of human resources and services for the city of San Antonio. If he arrives, somebody perhaps can tell us so that we can recognize him.

At this time, Mr. Langland, we will be pleased to hear from you, sir. Your prepared statement in its entirety will appear at this point in the record.

[Statement referred to follows:]

STATEMENT OF KENNETH F. LANGLAND, PROJECT DIRECTOR, SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT

Mr. Chairman and Members of the Committee: Thank you for the opportunity to submit a statement concerning the San Antonio Alcohol Safety Action Project. I am the Project Director and have served in that capacity since the beginning of the project in early 1971. Prior to my employment with the City, I served thirty one years with the Federal Government, of which twenty-five years was in the field of transportation. My statement will not involve any specifics on project evaluation, as Mr. Tom Hawkins, our project evaluator, will be appearing before you with that information.

The organization of the Alcohol Safety Action Project (or ASAP) had its beginning with the appointment of the Project Director in March of 1971. During the remainder of the year 1971 it became the task of the Project Director to organize a number of countermeasures into a workable system; to write a proposal of what was planned or the operational period 1972, 1973 and 1974; and, following the acceptance of the proposal by National Highway Traffic Safety Administration, to assemble a staff and prepare a detailed plan of operations as approved in the proposal. It should be noted here that no one had ever heard of an ASAP nor were there any technicians or professionals with any experience in the area of alcohol and traffic safety. All we had to go on was a concept given to us by NHTSA.

In organizing the countermeasures that were to participate—Enforcement, Prosecution, Adjudication, Probation, Rehabilitation (Alcohol Information and Driver Education School, Alcoholic Treatment), and Public Information and Education—no major problems were encountered with the exception of the County Courts and Probation. Two of the County Judges had been on the bench for many years. Neither of these elderly gentlemen would commit himself to any participation in the project. This posed a dilemma, as the participation of the courts was essential to final approval of the project by NHTSA, as well as being the key to the operation of ASAP. Rehabilitation options could serve no useful purpose if the courts were not inclined to use them. At this point in time the assistance of the Bexar County Chief Administrator, County Judge Blair Reeves, was requested. A commitment was obtained from the third County Court

at Law Judge, the Honorable H.F. Garcia, who pledged his support and was later to influence partial participation of the other two judges.

The remaining task was to enlist the support of the Probation Officer and to engage his participation in the DWI pre-sentence function of the program. Federal funds were initially programmed to pay for additional probation personnel to conduct pre-sentence investigations; however, after the proposal was submitted, the Adult Probation Officer withdrew his intention to participate in the program, stating that he was obtaining federal funds from another source which would not impose federal guidelines such as those included in the ASAP proposal and the detailed plan. Because of this decision on the part of the probation office, ASAP felt obliged to organize its own DWI pre-sentence investigation activity, later to be known as the Problem Drinker Evaluation Center. The function of this activity, briefly described, is the psycho-social evaluation of DWIs referred by the courts to determine if the offender had a drinking problem and to advise the courts by written report of this problem as well as recommended rehabilitation.

By October 1971 the ASAP staff was assembled and sub-contracts were negotiated with various agencies which would assist in or conduct certain countermeasure operations. These were Southwest Research Institute for Project Evaluation; the University of Texas Medical School at San Antonio for pre-sentence investigation; the Greater San Antonio Safety Council for conduct of the DWI School (Alcohol Information and Driver Education School); and the Texas Safety Association for public information services. Assistance by way of ASAP Federal funds was given to the treatment program for data and to county prosecution and the courts for personnel requirements.

It is necessary at this point to digress for clarity with respect to City and County functions. The prime contract let by NHTSA is with the City, but many of the countermeasures such as prosecution, adjudication, probation, and alcoholic treatment, are Bexar County activities.

Attached as enclosure 1 is the initial organization of the ASAP system at the time operations commenced in January of 1972. The advisory committee shown on the chart functioned for a period of six months and was thereafter discontinued. The problem with the Advisory Committee was its size, too large, and the turnout became successively smaller and smaller during the first year. The core control group consisted of officials in charge of each countermeasure and has continued to function.

During the operational period all of the countermeasures within the system functioned as planned, although administrative procedures were continually being modified to conform to trial and error experience. Difficulties encountered involved the courts and the probation office. As previously explained, two of the three county courts were not participating sufficiently, which made it impossible to obtain a good evaluation of the judicial and rehabilitation countermeasures. In an effort to bolster court referrals, a pre-trial program was instituted by the District Attorney's office, which called for offenders of the social drinker category (not problem drinkers) to attend the DWI school in consideration of a possible reduction in the DWI charge. This pre-trial arrangement has worked well but was started too late to have any substantial effect on the project during the first three-year operational period.

There was a difference of opinion with the Probation Office as to prerogatives and quality of rehabilitation services that should be provided DWIs. The position of ASAP has always been in support of high quality education and treatment.

The rest of the countermeasures: enforcement, prosecution, rehabilitation (DWI school and treatment), and public information and education, performed well during what was to become Phase 1. The workload leveled out at around 5,500 DWI arrests per year, which in turn had to be filed on and prosecuted by the District Attorney. Rehabilitation, education and treatment could easily have handled a heavier work load had the courts referred 90 to 100 percent of probationers as opposed to approximately 35 percent.

As the first phase of operations came to a close, we were convinced that our organization was sound and effective, providing we had complete support of the courts. Support of the Probation Office was desirable but not essential, if we had support of the courts. During 1974 two more courts were authorized, which would provide five county criminal courts effective January 1, 1975. In addition, an entire new slate of judges was elected. Thus all the ingredients were present for an ideal program when NHTSA invited San Antonio to submit a proposal for a two-year extension last October 1974, which was subsequently approved.

The first seven months of operations in 1975, which started Phase 2 of ASAP, have progressed smoothly and, as previously mentioned, the project has the support of the courts, particularly with regards to the Problem Drinker Evaluation Center, the DWI school, and the Alcoholic Treatment Program. Unfortunately, there has been no change in our relationship with the Probation Officer, in spite of numerous approaches by the ASAP staff and discussions with NHTSA officials requested by the Probation Officer.

In Phase 2 the ASAP organization was modified to provide for a smaller ASAP management staff and to increase the Problem Drinker Evaluation Center staff, which has permitted the assignment of an ASAP Evaluation Specialist to each court for specialized assistance. Sub-contractual arrangements with the University of Texas Medical School at San Antonio and the Texas Safety Association were discontinued, as was monetary assistance to prosecution, adjudication and treatment. A new sub-contract was arranged with a local advertising agency to complement DWI enforcement activities.

The two year extension plan of operations includes innovations in ASAP enforcement patrol and evaluation design in the rehabilitation area. Briefly, the enforcement plan provides for a show of force on specific areas of the freeway system and two designated areas off the freeways. The evaluation design in the rehabilitation area provides for follow-up interviews of DWIs who have completed rehabilitation to determine if any change has occurred in their life style patterns. These interviews also include DWIs who have not undertaken rehabilitation. Comparisons between the two groups will be made to measure the effectiveness of rehabilitation.

In summary, the following conclusions are offered :

There is a need for an ASAP-type system in Bexar County based on the number of alcoholics in the county ; the number of drunk drivers determined by roadside surveys; and the proven ASAP approach to place potential alcoholics in appropriate rehabilitation agencies.

All County Court at Law judges agree with the ASAP long-range concept of rehabilitation for those to whom the criteria apply.

Continued federal funding is essential until specific courses of action are identified which are effective in reducing alcohol related accidents. During this period steps should be taken to integrate successful countermeasures into the City and County structure and to place the financial burden squarely on the shoulders of the DWI offender by assessing stiffer fines.

All federal, state and local funding should be concentrated in a single highly professional alcoholic treatment agency instead of parceling funds out to a multitude of smaller, less professional activities. This super-abundance of smaller agencies has a tendency to promote the structuring and longevity of staff workers with questionable ability at the expense of high quality professional treatment.

Education on drinking and driving needs to be incorporated in our secondary school system.

A limited public information and education effort is essential to continue public awareness of the problem and to review and update education.

The Problem Drinker Evaluation Center as currently constituted is an essential service to the courts and eventually should be incorporated into the County Court structure.

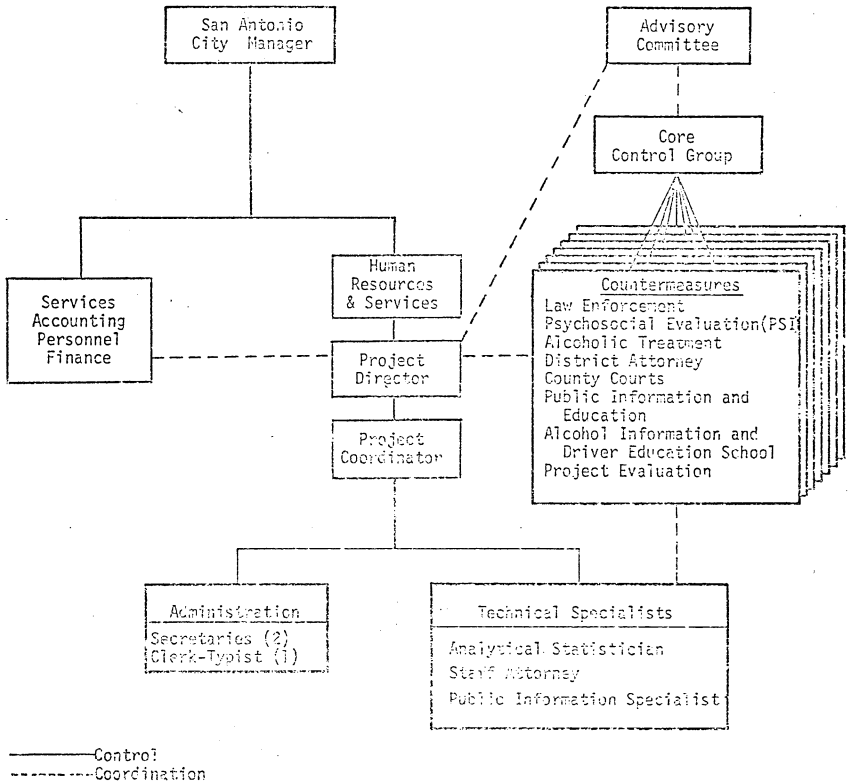
The use of a contract between NHTSA and the City which included a detailed statement of work as well as the provision for a Contract Technical Manager, Mr. James D. Hill, located at NHTSA Region VI, Fort Worth, proved to be good business. Mr. Hill was extremely effective in his relationship with ASAP. The detailed plan protected both the City and NHTSA in that it precluded any changes in the agreement without the approval of both parties and provided for exact delineation of methods and responsibilities.

A close relationship between concerned state agencies such as the Governor's Office of Traffic Safety, and ASAP is very important in order to promote and coordinate necessary legislation and funding toward an effective system of dealing with alcohol abuses. This would allow the expertise of all areas of government to work together towards the establishment of productive, efficient systems without impotent redundancies.

In closing, let me express my confidence in ASAP's mission. I feel that our San Antonio Alcohol Safety Action Project is materially assisting in the improvement not only of the traffic safety system and the criminal justice system, but also is assisting social rehabilitation agencies to reach more clients with the help so badly needed.

Thank you very much.

SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT  
PROJECT OFFICE RELATIONSHIPS



**TESTIMONY OF KENNETH L. LANGLAND, PROJECT DIRECTOR, SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT**

Mr. LANGLAND. Mr. Chairman, members of the committee, you have my rather lengthy, detailed statement to the committee; and it is my intention here to stress the highlights of the statement that I submitted.

First of all, I am going to cover some of the historical aspects and touch generally on the first 3 years of our operations. I will also touch on some changes that we have made with the 2-year extension that we now have and what has happened so far during the 7 months.

I have a list of conclusions that I would like to read to the committee, my observations of problems that we have encountered throughout our program here. I would like to make note at this time of what differences we have with certain agencies, that they have simply been differences in viewpoint and certainly not any personal anxiety as far as I am concerned or on the part of my staff.

Now, as you mentioned, Mr. Chairman, Mr. Hawkins is our evaluator and we look to him for statistics, what proof that we have for successes

and failures and this sort of thing, so I will not get into his field at all and allow him full time in his specialty.

The alcohol safety action project, as Judge Reeves mentioned, started back in March of 1971. As a matter of fact, I think my first day of duty was meeting Judge Reeves, and I want to point out right now that Judge Reeves has been not only our ASAP friend, but my good friend, and he has given me much guidance when I definitely needed that.

I would like to point out that I have not been involved in local community government. I did not know anything about it. I spent 31 years of my time with the Federal Government. I am a retired Army colonel. I have had considerable experience in education. I spent 4 years at Washington-Jefferson College teaching—that is in the State of Pennsylvania, of which the good Congressman Myers is quite aware.

I was the dean of the Transportation School at Fort Eustis, Va., and have done considerable graduate work in the field of transportation.

The problem of starting a program here about which nobody knew anything was interesting, to say the least. I found that I did have the cooperation of the local county and city officials; I got the support that I needed, but then, again, we were working off of a Federal concept—simply a concept, and that it was my job to draw in the local activities such as enforcement—I might say when we talk about enforcement, we are talking about the San Antonio Police Department, and added to that we have the Department of Public Safety, which is our State patrol in the State of Texas, and we have our sheriff's office and we have what we refer to as our "bedroom city policemen."

So all of these combine as enforcement as we look at it.

From there, of course, we move to the district attorney's office, the judicial system, the probation office, and then, of course, our rehabilitation and certainly our public information and education, which altogether make up ASAP.

I have a small staff of five people at this time and we manage the program; we coordinate the program. I do not control those elements; we coordinate. We have gotten together and prepared a plan of operation.

This first came out in the nature of a proposal in 1971 which was approved by the National Highway Traffic Safety Administration, which I will refer to as NHTSA, and from there we progressed to the preparation of a detailed plan of just how were we going to conduct a 3-year program—and when I say "a detailed plan," it certainly was that. It was some 600 pages in length and prepared by myself and the counter—

Mr. WRIGHT. At that point, for our elucidation, was it required of you that you prepare this written plan in that elaborate form or did you choose to do this?

Mr. LANGLAND. No, sir, that was—well, we might have been a little more prolific than some. I do not know. But we were required to prepare a detailed plan, and I support that. The detailed plan which was developed by the local community here and approved by NHTSA was to become a part of our contract.

Mr. WRIGHT. You do not feel, then, that the requirement for the preparation of this elaborate, detailed plan was unnecessarily burdensome?

Mr. LANGLAND. No, sir, I do not—

Mr. WRIGHT. Do you think it was helpful?

Mr. LANGLAND. I think it was good business. So, briefly, that is what we had to do to get these people together.

Now, what were the problems? Judge Reeves alluded to two elderly judges that sat here at that time, and these, incidentally, were the first contacts I had in the courts system, and, frankly, I did not make any headway at all with either of these fellows. They had been on the bench a long time and I guess they looked at me as sort of a junior so-and-so that should not be around telling them how to run their business—and I agree with that. Had I been on the bench as long as they were, I might have resented it too.

But, anyway, I was just not getting anyplace, and I knew that without the cooperation of the courts, we just would not have any program. Our rehabilitation activities would be going unused.

So here, again—and I hate to keep bringing Judge Reeves up, but I had to have somebody to turn to, and he was it. So I went to him with the problem and we wheeled him up the stairs to the second floor and we talked to the Honorable Judge H. F. Garcia, and we got a gem on this one. He was 100 percent behind our program and he even got the other judges to participate from a partial standpoint. So we were able to get going at that time.

Now, we wanted to bring the probation office into our program. However, here was some consternation, as I recall, on the part of the probation officer as to getting involved in Federal guidelines when possibly he might not have to. That is about as far as I can go with the thing. It was a difference in viewpoint on his part.

So what happened here. We had to come up with some kind of a presentence investigation thing and we felt obliged to try it on our own, and we had the funds to contract with the University of Texas Medical School and we engaged the services of two psychiatrists and a Ph. D. psychologist, and then I brought into this presentence investigation organization, which we refer to, incidentally, as the Problem Drinker Evaluation Center at this time—we brought in a young fellow by the name of Art Flores—and you will hear from Art later.

Art underwent sort of an internship for 3 years with these psychiatrists and psychologists, and I think it is an understatement to say that he tests problem drinkers. It is a very indepth, psychosocio kind of interview where he tries to draw out the problems that are bugging this guy, and I feel that this is probably the biggest thing that we have come up with so far. Perhaps our difference with the views of the probation officer, possibly he did us a favor because we have really got, I think, a real going kind of thing that the county desperately needs. You have got to talk to these people if you are going to find out what is bugging them; you cannot give them a 10-question written examination and—

Mr. WRIGHT. Mr. Flores conducts indepth interviews with each of these people?

Mr. LANGLAND. Yes, sir. He has a staff of three other psychologists—incidentally, all practicing psychologists.

Mr. WRIGHT. How many such people has this staff interviewed in the past 3 years?



Mr. LANGLAND. Oh, in the past 3 years, I would have to say over 2,000.

Mr. WRIGHT. So, they have taken the time to sit down patiently and on an individual basis with that many individual DWI people and go into their personal problems and try to get to the root of what is bothering them that makes them drink and drive?

Mr. LANGLAND. That is right. Anyway, I call that the birth of our problem drinker evaluation center. I am quite proud of it. I think it is something that the community can continue, and I will get into some of my ideas a little later.

I might add that we have a number of subcontracts that we utilized during the first 3 years of our operation. One of them I mentioned, the University of Texas Medical School.

Southwest Research is under contract—was then and still are—to conduct our project evaluation.

We had a contract with Texas Safety Association involving public information and education at that time. Texas Safety Association is located in Austin.

We had a contract with the San Antonio Safety Council, which operates our DWI school, which we refer to as AIDE, alcohol information and driver education.

We had a data collection contract with an alcohol treatment program here, a small contract, and then we did provide funds, as the judge mentioned here, for the prosecution and the county courts—

Mr. WRIGHT. As I understand it, Mr. Langland, you are running on two tracks basically—does the committee understand this correctly? The typical person convicted of a DWI charge is sent to the AIDE school or as a condition of his probation is required to attend this series of courses, and those are conducted at night or on weekends so that it does not interfere with his work.

But then do I understand that in addition to that, another type of service is performed for the more serious problem drinker, the confirmed problem drinker—

Mr. LANGLAND. You are right, sir. The Problem Drinker Evaluation Center will normally—and this is in a simple form—categorize an individual as being a social drinker or a problem drinker.

Mr. WRIGHT. The social drinker goes to the AIDE school?

Mr. LANGLAND. The AIDE school.

Mr. WRIGHT. Now, what happens to the problem drinker?

Mr. LANGLAND. The problem drinker, depending on the diagnosis, may be referred to a number of—or one of several treatment agencies. Routinely, he will go to the alcoholic treatment program which is part of the mental health and mental retardation program here in Bexar County.

They have good professional people, psychiatrists, counselors, and this sort of thing.

Or if it is a simple case of poverty—the individual understands no English—he may be referred to a local community action program we have called CARP. If there is an inclination that maybe he might fit into the buddy system of Alcoholics Anonymous, he might be referred there.

Or if it is an inpatient requirement, he might be referred to the veterans' hospital or he might be referred to our State hospital.

All of these things are taken into consideration at this evaluation center, and that is why I think it is so important and a big part of our program.

Now, I am not sure that—

Mr. LEVITAS. Would the Chairman yield at that point?

Mr. WRIGHT. Surely.

Mr. LEVITAS. Because Mr. Langland is talking about the problem drinker evaluation center, and I am not familiar with your judicial processes here in Texas, but I gather that upon conviction there is generally an adult probation investigation made prior to sentencing as a routine matter, and this problem drinker evaluation center seems to me, just as an outsider, to be within what would normally be the ambit of an adult probation investigation, and yet it appears to be divorced from that.

Should it properly be under the regular adult probation system for presentence investigation and, if not, why has it been separated out?

Mr. LANGLAND. I will answer your question this way: In its present form, and as it is now organized and staffed, I believe in the long run it should be in the probation, but in any other form I could not subscribe to it. Now, these are my views, and I could—well, I was never able to obtain any assurance that this kind of a program—evaluation program—would be continued and, therefore, we felt it best to keep it separate as it is now.

Mr. LEVITAS. Now, when you say you could not get any assurance that it would be continued in the form in which it has been structured under the auspices of your program, was the lack of assurances involving a Mr. Charles W. Nail? Was that the person—

Mr. LANGLAND. These were discussions that I had with the adult probation officer, yes, sir.

Mr. LEVITAS. And it was the lack of assurances from Mr. Nail that caused you to feel that the program had to be set up independently of the adult probation function in Bexar County?

Mr. LANGLAND. Now, this is the second goal, I must remind the committee. Initially it was his view that he did not want to participate in the program, which was his prerogative.

Mr. LEVITAS. Well, the reason that I pursue this, Mr. Langland—so that you do not misunderstand me—just the little bit I have heard up to this point and in the testimony I have read, the prepared statements, it appears to me that normally this function would be performed under the auspices of an adult probation presentencing investigation evaluation and the like. For reasons you have stated, you feel it is best to have kept it separate, although optimally it should be back under adult probation if it were operating in the form in which it has now been structured, and since it is a duplicative function, I just wanted to get the record straight.

Mr. LANGLAND. I should point out here that true probation, in my opinion, involves many things that I don't believe the probation officer in San Antonio or in Dallas—I do not even think you have misdemeanor probation in Dallas—but they are just not funded; they are unable to—well, they can just about carry the load that they now have at the present time. Now, they have a side to the story, too.

When you consider the fact that some 2,000 DWI's are on probation at any given time, this is a pretty big load for them to handle.

especially when you consider the fact that the probation officer has been designed primarily for felonies.

Mr. LEVITAS. Thank you, sir.

Mr. WRIGHT. Well, ideally, for the program to work at its maximum effectiveness, you have to be pretty well on the same wavelength, do you not?

Mr. LANGLAND. Yes, sir.

Mr. WRIGHT. The person in your position and the probation officer. They need to be working in harmony toward the same goal.

Mr. LANGLAND. Right, sir. Now, on the court input, I mentioned the two elderly judges that we had—and here, again, I must apprise the committee, the only people that the court can refer for treatment to our program are those that have asked for probation and it has been granted—which is probation. There is no other way to, shall we say, put the clout to the guy except through probation.

So not all DWI's come into our program. They can get a final conviction, for example, and it usually is a jail and license suspension-type thing and no probation involved, or if the charge is reduced to ordinary drunk, there is no probation involved.

Nevertheless, in the first 3 years, we got rather a humdrum kind of input out of the courts. There were times when we had people being assigned to the school that we did not know about—assigned direct to the school. They were not sent down through our Problem Drinker Evaluation Center—they were sent direct to the school that should have gone into treatment, and vice versa. So this sort of mixed up the scientists at Southwest, so this was one of their problems.

And then, of course, we estimated that we could have had 70 percent more than we were getting into the program—that was for the first 3 years.

Mr. WRIGHT. Seventy percent more what?

Mr. LANGLAND. On probation.

Mr. WRIGHT. Offenders—

Mr. LANGLAND. Of the probation type.

Mr. WRIGHT [continuing]. To evaluate?

Mr. LANGLAND. Yes, sir. We only got about 30 percent of those that were granted probation. And I might point out that as of the first of January—and Judge Reeves said that the courts were behind us—they definitely are, 100 percent. They believe in rehabilitation.

So, as far as I am concerned, we found something that I wish we could have found 3 years ago, but we have it now.

Mr. WRIGHT. Well, basically, I gather from what I have heard thus far, in the beginning there was a communication problem, with the courts, with the probation officer, with everybody trying to get together. Do you feel that this communication problem has been substantially alleviated now over the last few years and that everyone is working a little more closely in harmony with one another?

Mr. LANGLAND. Oh, very definitely, sir. I might add that here with out new courts—I mentioned our Problem Drinker Evaluation Center, and we have four evaluators in that center, and I have assigned an evaluator to each court to work with the judge to provide information on alcoholic treatment, to provide education information, to provide information on any kind of interview analysis that they would

make. This is working very well—and unfortunately. I have to cover two courts with one evaluator, but it is coming out all right.

Now, the first 7 months here under the new courts, there is not really very much I can ask for, except sometimes getting into the numbers game a little bit, but the cooperation has been splendid.

We would like to be a little closer to the probation officer. There is still some differences in our views. Other than that, frankly, I just cannot really complain.

I might say that when we went into the phase 2 organization, one of the first things that I did was reduce our management staff, but then we turned around and increased our problem drinker evaluation staff, but I do feel that on a continuing basis our management staff can still be reduced from five possibly down to three people. And other than that, that's the only organizational change we did make.

We did come in with some new innovations under the new phase. In the police department—and they will get into that in a little more detail—we have come up with some kind of a saturation patrolling here we are trying on our freeways, but I do not want to steal any of their thunder.

And then the other innovation here is one of how do we find out what is a success and what is a failure. What we are doing here is we are making comparisons. Well, how do you make comparisons? The judge says, "This guy does not go to school; this guy does go to school." There is the possibility of a comparison. And just how do we compare? We follow up on this individual for a period of 18 months to see whether there is any changes in his lifestyle patterns as a result of the school or no school.

In treatment, we follow up and find out has this changed this guy's way of living; we go into a very extensive, 2½-hour interview, and very close, accurate records are kept. This is the second innovation that we have gone into. Other than that, that is the only new thing that we have instituted.

Mr. WRIGHT. Thank you very much.

Mr. LANGLAND. I have just a little bit more, sir.

Mr. WRIGHT. We are running a little bit behind time.

Mr. LANGLAND. Could I read some of these conclusions?

Mr. WRIGHT. Surely. We are anxious to have it.

Mr. LANGLAND. There is one here that I think is quite important, and we have talked about it considerably here.

Continued Federal funding is essential until specific courses of action are identified which are effective in reducing alcohol-related accidents. During this period, steps should be taken to integrate successful countermeasures into the city and county structure, and to place the financial burden squarely on the shoulders of the DWI offender by assessing stiffer fines.

I might point out that most DWT's that we have run through our system are working people. They are not unemployed.

Mr. WRIGHT. Do you think fines could be made sufficient to carry the financial load of this whole program?

Mr. LANGLAND. It could help a lot. The one expensive area that we have here as far as the program is concerned, of course, is on the law enforcement, and I do not know what the answer to that is, but these are my views, and I am open to any questions.

Mr. WRIGHT. Well, thank you very much. Are there any questions?

Mr. MILFORD. Yes; I have a couple questions.

Mr. WRIGHT. Mr. Milford.

Mr. MILFORD. What has been the total cost of the ASAP budget program to date?

Mr. LANGLAND. Without Federal funds, sir?

Mr. MILFORD. Well, Federal and local, and how much of each?

Mr. LANGLAND. The expenditure for the first 3 years approximates \$2.2 million Federal funds.

Mr. MILFORD. How much local?

Mr. LANGLAND. In the local area, for the first 3 years we did not develop those kinds of statistics, but for example, costs that were involved that were not charged to the Government—the upkeep and maintenance of all the ASAP vehicles, for example—were paid for out of city funds.

There certainly are some funds that could be earmarked out of the county budget with respect to the additional load on the courts over there, although we did provide some funds, \$2,500 per court for three courts.

But I can give you some definite figures on the 2-year extension. Now, we are getting \$998,000 from the Federal Government. The city and the county are putting up approximately \$120,000 each. It comes up to about \$240,000—that is for the 2 years, the city and county, \$240,000.

And then there is a figure that we worked out on, you might say, of about \$700,000, and that includes the city and the county.

Mr. MILFORD. What would you estimate would be the continuing cost of the ASAP program once this test period ends, an operational program?

Mr. LANGLAND. Annual cost? I have to leave the police department out of this, sir—well, if you want me to bring it in, I could—

Mr. MILFORD. You can submit it for the record at a later time if you need time to get it.

Mr. LANGLAND. I would like to do that, sir.

Mr. MILFORD. All right. Fine.

Thank you, Mr. Chairman.

[The information referred to is as follows:]

ALCOHOL SAFETY ACTION PROJECT,  
*San Antonio, Tex.*

SUBCOMMITTEE ON INVESTIGATIONS AND REVIEW,  
COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION,  
*Washington, D.C.*

DEAR MR. CHAIRMAN: In reference to Congressman Milford's request for cost data regarding operations of ASAP should the program be continued and funded out of local funds, I would envision a jointly funded (County and City) continuation of the program costing in the neighborhood of \$226,320 annually. These funds would provide for \$150,000 for enforcement salary costs, \$66,156 for ASAP staff salary, and \$9,664 for supplies, communication, rent and travel.

The proposed continuation concept would reduce enforcement operations to three or four nights a week and would utilize saturation patrolling on a regular basis. We are convinced that saturation patrolling, i.e., moving the entire ASAP enforcement into small areas of the city for short periods of time, three to four weeks, and then moving to another area, is the answer to small budget operations.

The ASAP staff would consist of six people of which five would be mostly involved with problem drinker evaluation. Project evaluation and public informa-

tion and education would be eliminated with respect to contracts and specialty inhouse personnel.

The staff would function within the County or the City. Should it function within the County it will be suggested that it be an adjunct of the County Court. Should it function within the City structure it will be suggested that it function as a part of the City Traffic Safety Coordinator's office.

KENNETH F. LANGLAND,  
*Project Director.*

Mr. MYERS. Mr. Chairman?

Mr. WRIGHT. Mr. Myers.

Mr. MYERS. Mr. Langland, I would like to go back to the planning stages of the program, if you will bear with me.

I understand from your written testimony that there was an advisory committee which has been disbanded because of some lack of interest after it got going, but I am concerned about the figures—I believe you said that you have in the San Antonio area 8,000 drunken drivers—is that the figure you used?

Mr. LANGLAND. The figure 8,600 on a Friday or Saturday night between the hours of 7 p.m. and 3 a.m.

Mr. MYERS. So there is a considerable part of the population that is involved here, and you are bringing to bear as a result of this program, action on about 4,000 a year, so based on those numbers, it would take a considerable period of time for the program to be effective even if it is effective in preventing reoccurrences and repeaters.

In the planning stage, was there consideration, or has there been ongoing consideration of procedures other than relying on finding, arresting, and processing drivers who are under the influence alternative to those such as use of funds from the Federal Government or in this program to try to prevent the drivers from getting in the car, offering free trips home, so to speak; that is, offering free public transportation as a personal choice when a person finds himself in the condition of being at one place and having to get to another place and knowing he has indulged too much in a beverage?

Have there been studies to indicate whether or not DWI's possibly having a set path of transportation needed from one place to another, not necessarily needing the flexibility of a family car to get to several places and, therefore, has need for assistance in one path after he has acquired too much alcohol?

This is a whole package of alternatives that I think at least should have been balloons up in the air for consideration before embarking on a program which only concentrated on arresting people who got in the automobile.

I understand there is some educational approach to this community involved, but beyond education, has there been an attempt to use funds directly and overtly to keep people under the influence out of their cars?

Mr. LANGLAND. Of course, we had and still have a public information program, and we have made rather extensive use of all media here in San Antonio on this matter of drunken driving.

Now, with respect to providing free transportation from a "ice-house," from a bar, we went into this and looked into it from the standpoint of just how we would do this. Of course, our discussions were had with the local taxi companies here on some kind of a program, but after discussing it with them, we did not feel that it was a feasible kind of thing that we could handle.

Now, I know there are some other programs—ASAP programs at other sites tried that but had no great success.

Mr. WRIGHT. We understand that other ASAP projects, Mr. Myers, have undertaken this type of countermeasure and we intend to get into some testimony from them as to any effectiveness they may have developed.

Mr. MYERS. Along that same line, have there been any attempts—and I alluded to it when the mayor was at the table—have there been any attempts to reach into the community and deal with those businesses which are in the business of making a profit while selling liquor to attempt to get their assistance? Perhaps their assistance could be felt in an approach to guiding people to public transportation or even offering a subsidized ticket home, you know.

That was not explored here in this—

Mr. LANGLAND. Again, it was not explored in detail. We dealt with the Associated Distilleries. They used to come in about every 3 months and, as far as we knew, were sort of representing the local retail liquor dealers, but we never really got into it in any detail, no.

Mr. MYERS. What would your opinion be when you are talking about funding under an ASAP program? Regardless of what sort of system you have, it is going to be expensive—I meant to ask the mayor and I forgot to—what is the possibility of a municipality beverage tax, so to speak? You see, we have a number of people who are not being caught. Now, the proposal that the fines be made stiff enough that they in themselves fund the program is one approach, but certainly there are an awful lot of people who are purchasing beverages and escaping the eyes of the law, so to speak, on the freeways and perhaps their contribution should be through a city beverage tax or something like that. Was that ever discussed?

Mr. LANGLAND. No, sir, but I am aware of this kind of program. It has been done in some other cities. And I agree with it.

Mr. MYERS. Are you familiar, sir, with the traffic points system in other States—and I am not sure whether Texas has it or not—whereby certain violations do in fact assign points to drivers and they, therefore, are assigned to some sort of a school? Is this not somewhat similar to the system you are talking about?

Mr. LANGLAND. I wonder if I could pass to the enforcement people on that?

Mr. WRIGHT. Our next witnesses will be the police department witnesses and maybe they will have answers to this.

Mr. MYERS. All right. Could you tell me, in San Antonio do you have significant differences in characteristics in the city whereby some are rural in nature and some are urban in nature and are you, through this program, able to identify the use of alcohol being more hazardous in either one of the geographical locations?

Mr. LANGLAND. I cannot answer that, sir. I really know nothing about the rural aspect of it. I might pass that to Mr. Hawkins.

Mr. MYERS. Briefly, I think I know the answer to it already, but I will ask it anyway.

Has your program addressed the problem of identifying, or attempting to identify and process users of marihuana while driving?

Mr. LANGLAND. No.

Mr. MYERS. Are there plans to do so in this program?

Mr. LANGLAND. We have no plans at this time.

Mr. MYERS. Are you aware of any detection procedure whereby you can identify the level at which a driver is incapable of handling a car the same as you can have a detection level with alcohol?

Mr. LANGLAND. No, sir.

Mr. MYERS. Thank you very much, Mr. Chairman.

Mr. WRIGHT. Thank you. I would suggest for the record that the Chair is informed that the Kansas City ASAP program did include other drugs such as marihuana and we hope to get some information for the record from them.

Mr. LANGLAND. One thing here we failed to mention: We are greatly concerned about teenage drinking and driving and we do have a very positive program that we are now trying to work out through our school system here and we have a pilot program which starts this fall in our driver education here in San Antonio and we will compare it with other school districts and if it is a good one, we hope to go statewide.

Mr. WRIGHT. Mr. Levitas, did you have any questions?

Mr. LEVITAS. Just one or two, Mr. Chairman, if I may. I think some of the questions I wanted to ask really will pertain to some of the enforcement aspects, to put it in perspective about what are the consequences in Texas of violating the driving-under-the-influence statutes; are there automatic loss of licenses, and things of this type?

But specifically to Mr. Langland, Mr. Chairman: From a managerial point of view, does your program have a contract with any local government agency here in the San Antonio area and, if so, which one or ones?

Mr. LANGLAND. No; we do not at this time. We did during the first 3 years. We had a contract with the county, but we do not at this time.

Mr. LEVITAS. Your relationship for the expenditure of funds—of Federal funds—I take it is now all within the jurisdiction of your program and it is not given to the local jurisdiction for expenditure; is that correct?

Mr. LANGLAND. That is correct.

Mr. WRIGHT. This program is a part of the Department of Human Resources and Services of the City of San Antonio, so that the Federal grant money comes to the city of San Antonio.

Mr. LANGLAND. That is right. The city is the contractor.

Mr. LEVITAS. That was my question. The city is the contracting agent.

During the course of your earlier comments however, it appeared that a great deal of the work that you do is with the county government. Now, do you see for future consideration, any improvement that could be gained by coordinating these programs with the county and with the city through one single unit of government or one single agency or department rather than doing it through the separate agencies that you are now functioning through?

Mr. LANGLAND. I am not sure I understand that. I think we are doing that right now as ASAP, as part of the city of San Antonio, in coordinating city and county functions—am I clear there?

Mr. LEVITAS. Yes; that is what I was wondering. And this is now a part of the program?



Mr. LANGLAND. Right, sir.

Mr. LEVITAS. Now in your prepared testimony you make the observation which we discussed previously about the withdrawal of the participation of the adult probation on this, and then you refer to, in describing the phase 2 operations: "Unfortunately, there has been no change in our relationship with the probation officer."

Do you feel that on the long term this program can operate effectively without the full cooperation of the adult probation office in this area?

Mr. LANGLAND. I think it can, sir, and the reason I say that is that, really, the courts are the predominant group in all of this. Everybody has to do what the courts want them to do—and I mentioned the Problem Drinker Evaluation Center, it could very well function as a part of the court organization itself, but all of us have to do what the courts dictate.

Mr. LEVITAS. Thank you, Mr. Chairman.

Mr. WRIGHT. Thank you very much, Mr. Langland. Your testimony has been extremely helpful to us.

We probably should identify for the record the reference made to an "ice house." I am told that an ice house in local parlance is a tavern, a place where one may drink beer or other beverages.

We have three representatives of the San Antonio Police Department whose responsibility it is to carry out this program in the enforcement aspects.

We are pleased to have the San Antonio police chief, Emil Peters; Mr. John Fitch, inspector of the traffic division of the San Antonio Police Department; and Sgt. Jack Flesher, coordinator of the ASAP enforcement program for the San Antonio Police Department.

I wonder if the three of you might come forward together and let us have the benefit of your experience here.

Chief Peters, if you would care to lead off, we will try to get as much testimony and information as we can here, and following these three witnesses, then, we will break for lunch—before you do that, let us let the lady who has so diligently been recording this have about a 5-minute break.

[A short recess was taken.]

Mr. WRIGHT. We will resume sitting.

Chief Peters, thank you very much for being with us. You may proceed as you would like.

**STATEMENT OF EMIL E. PETERS, CHIEF, SAN ANTONIO POLICE DEPARTMENT, ACCOMPANIED BY JOHN FITCH, INSPECTOR, TRAFFIC DIVISION, SAN ANTONIO POLICE DEPARTMENT, AND SGT. JACK E. FLESHER, COORDINATOR, ASAP ENFORCEMENT, SAN ANTONIO POLICE DEPARTMENT**

Chief PETERS. Thank you, Mr. Chairman. It is a privilege to be here. We are pleased and we consider it a very good opportunity to meet with you to discuss this program.

This program has been in effect during the period since I have been chief, so I am familiar, but I would like to turn over the principal remarks from our sector to John Fitch, who heads our traffic division. He was very much involved in the planning stages and the program

at our level has been under his direction consistently through this entire period, and we are very highly impressed with the effects of the program and are glad to be able to bring to you our report.

I would like to introduce Inspector John Fitch.

Mr. WRIGHT. Inspector Fitch.

Inspector FITCH. Thank you, Chief. Mr. Chairman, Congressmen.

I have submitted a narrative on the enforcement countermeasure. I do not intend to read the whole thing, just the highlights.

Mr. WRIGHT. We will incorporate it in its totality in the record at this point.

[Material referred to follows:]

#### ASAP ENFORCEMENT COUNTERMEASURE BY THE SAN ANTONIO POLICE DEPARTMENT

At the beginning of the program, the enforcement sites were selected on the basis of severe alcohol-related accident history. This was based on an in-depth study of all traffic accidents which had occurred during the preceding 12 months. It was also confirmed by Road Side Surveys, that over half of the drivers in these areas, between 1:00 A.M. and 3:00 A.M., on Friday and Saturday nights, had been drinking and about one-fifth were driving while intoxicated.

The A.S.A.P. Program (ALCOHOL SAFETY ACTION PROJECT) was implemented on January 1, 1972. Enforcement training—classroom instruction for selected officers of the San Antonio Police Department in the severity of drinking driver problems and in effective enforcement procedures; and, selective enforcement was conducted in the latter part of 1971. This training also included extensive training in the area of probable cause. Enforcement training was conducted initially in 1971 and again in 1972–1974 and March, 1975.

Enforcement patrolling was conducted every night during 1972–1974. The result in terms of D.W.I. arrests was a 318 percent increase over historical levels for 1969–1971. This increase was due primarily to the selective enforcement patrols; but the effect of training and using officers of the regular forces on an overtime basis had the desired effect on the entire uniformed police force who volunteered for the training. Detective investigators were given training in the operation of the Model 900 Breathalyzer, and the A.S.A.P. Supervisors were given training in the many aspects of the program.

The objective of the enforcement training was “through extensive training in the severity of drinking driver problems and effective enforcement procedures, to provide additional expertise necessary for a substantial increase in the rate of detection, apprehension, and conviction of drinking drivers.”

A preliminary analysis was made to determine the effect of ASAP training on the number of DWI arrests made by Patrol Division officers. Two distinct training periods were analyzed, and each compared to a control group which received no training. Three groups containing fifty officers each were selected from the Patrol Division according to the ASAP training they had received. Group 1 included officers who received three hours of ASAP training in March 1975; Group 2 officers had previously received the ASAP training; and Group 3 officers had never received ASAP training. The DWI arrest performance of these groups was examined for a two month baseline period (April–May, 1975).

Preliminary analysis of the available data from the operational period, subsequent to the training, indicates increased motivation stemming from the training. Comparative data are shown in the below table.

#### *Average regular patrol DWI arrests per month*

Period April to May:

Group 1.....	27.0
Group 2.....	10.5
Group 3.....	8.0

This analysis is continuing. The analysis also indicates a need for inservice refresher training for the officers in Group 2 and this will be implemented.

We have no way of knowing how many lives have been saved, how many injuries have been prevented, or how many hundreds of thousands of dollars have been saved by increasing the D.W.I. arrest by 318% over the three (3) year period and removing 13,509 drunken drivers from the streets. Nationwide statistics

confirm that a driver at .10% B.A.C. (Blood Alcohol Content) is seven (7) times more likely to become involved in a traffic accident than a sober driver and the probability increases to 25 times at .15% B.A.C. We do not arrest any driver registering under .10% on the Breathalyzer.

The implementation of the A.S.A.P. program in the beginning of 1975, provided a different enforcement concept. This concept includes three types of enforcement patrolling; Expressway, Evaluation Areas, and Roving Patrol. Description of the Patrols are as follows:

**Expressway.**—On Friday, Saturday and Sunday nights, evaluation patrols are conducted on five of the ten sections of the 117 mile expressway system selected for expressway patrol evaluation based on prior accident experience. This system has historically been a high risk area, having 20% of the fatal accidents and persons killed during 1972-1974. As experience is gained, these areas may under go change. When a point of diminishing returns is reached, the expressway evaluation patrols will be shifted to the second set of five sections.

**Evaluation Areas.**—Two evaluation areas were selected jointly by S.A.P.D. and the Project Evaluator. Area A, on the north side of San Antonio, is densely populated area with approximately 106 alcohol-related accidents in 1974. Area B is less densely populated, but has more highspeed throughfares and numerous taverns. There were approximately 221 alcohol-related accidents in Area B in 1974. It can thus be determined, which type of area is more responsive to emphasized patrolling. Area B is located in the south central part of San Antonio.

**Roving Patrol.**—The City's roving patrol units will patrol the same area each night for one week, rotating weekly from one roving patrol area to another in a planned pattern. There are six City roving patrol areas, excluding the two City evaluation areas and the expressways. The size of a roving patrol area is approximately inversely proportional to its alcohol-related accident experience; hence, weekly rotation gives equal roving patrol coverage in all patrolled areas.

This concept was implemented on July 1, 1975.

The patrol hours and man-hours of the ASAP Selective Enforcement Patrols are as follows:

Patrol units	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday	Sunday	Weekly
Expressway.....	0	0	0	0	10	10	5	25
Evaluation area A & B.....	4	4	4	4	6	6	4	32
Roving patrol.....	4	4	4	4	4	4	4	28
<b>Total.....</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>20</b>	<b>20</b>	<b>13</b>	<b>85</b>
Supervisors.....	1	1	1	1	2	2	1	9
Detective-investigators.....	1	1	1	1	2	2	1	9
Hours: Patrol hours, night....	15	15	15	15	26	26	26	38

<sup>1</sup> 9:30 p.m. to 2:30 a.m., 5 hr.

<sup>2</sup> 9:30 p.m. to 3:30 a.m., 6 hr.

The plan as originally submitted to the Department of Transportation for the renewal of the contract for ASAP for the years 1975 and 1976, was not acceptable to the Police Department as far as the Enforcement Countermeasure was concerned. This plan called for concentrated enforcement in one geographic area of the City which is predominantly underprivileged and predominantly one particular ethnic group. Also it dictated the assignment of police officers by an agency other than the Police Department.

Our contention was that the Expressway System was historically high in one-car fatal and severe injury accidents. This is, of course, indicative of drinking and driving. This we verified by a study of one vehicle accidents on the Expressway System. It was further verified by voluntary roadside surveys of drivers exiting via Expressway ramps. Surveys were conducted on Friday and Saturday nights. Three Hundred drivers volunteered to participate in the survey. Of these participants, 48.3% had been drinking and of these, 22.8% were D.W.I.

Since implementation of the Expressway ASAP Patrol in July of this year, we have worked eight nights (four Fridays and four Saturdays) and have arrested 63 D.W.I.'s. This, we consider, is good enforcement for two reasons: first, it is obvious that the D.W.I.'s are on the Expressways, not only endangering their own lives but also the lives of other innocent persons, and secondly there can be no accusations of harassment as all ethnic groups use the Expressways as well as persons from every geographic area of the City.

Officers assigned to the A.S.A.P. patrol have only one function, to detect and apprehend drunken drivers. However, they are still police officers, and although they are not given any routine calls by the police dispatcher, they are instructed to take the necessary police action on on-sight violations of the law. Also, on any emergency such as burglars in action, armed robbery in action, etc. and they are in the immediate vicinity, they are to make the scene along with the regular on-duty patrol officers. From January, 1972 through March, 1974, 33,667 arrests other than D.W.I.'s were made by ASAP patrols. During this period, we did not differentiate between hazardous moving violation arrests and criminal arrests. Beginning in April 1974, we separated the hazardous moving violation arrests and the other arrests. Other arrests consist of Drunk, Burglary, Robbery, Car Prowls, Unlawfully Carrying Prohibited Weapon, Narcotics Violations, etc. From that date through July 1976 (16 months), ASAP patrols made 14,155 hazardous moving violation arrests and 570 other arrests.

In conclusion, I will state that in our estimation the ASAP patrol has been of tremendous value to the safety and welfare of the citizens of San Antonio. I might add that although the program is basically funded with federal funds, the City of San Antonio has also contributed. The undersigned utilizes approximately 25% of his on-duty time on the ASAP program. Others utilizing on-duty time on ASAP include Captain of Traffic, 5%; Sergeant of Traffic (ASAP Coordinator) 100% Assistant ASAP Coordinator 50%; Clerk III, 90%; Traffic Analyst, 12%; and Record Bureau Computer Clerk, 10%.

Inspector FITCH. All right, sir. I would like to go back to the beginning of the program, how we determined the sites. We did in-depth studies of alcohol-related accidents and from these studies, coupled with roadside surveys, we were able to determine the high-incident areas.

After that we began training a select group of officers—

Mr. WRIGHT. You are speaking of sites for intense patrolling to detect incidents of driving while intoxicated?

Inspector FITCH. Right, sir. After determining the sites, we conducted a training program of selected officers. This was all to be off-duty work, overtime work for the officers.

When we first proposed this approach to the problem, we met with a little opposition—I might put in as an aside—from the folks at DOT. It seems that they are a little opposed to paying time and a half. They proposed to hire an additional 25 officers and pay for the training of these officers; pay for their salary for 3 years; pay all the fringe benefits, and then, as they went into the police department, pull 25 other older officers out to assign to the ASAP patrols.

Well, we were finally able to convince them that in our opinion this would not work. A twofold reason: When you take the older officer, he generally is a family man, has children; with any seniority, he has Saturday and Sunday off; and to put him on the ASAP program, it is all nights, he loses Saturdays and Sundays, and if you have the same officers arresting the major portion of DWI's, when he is supposed to be off duty getting some rest, he is in the courts all the time.

And we further proved to them that it would be cheaper to go the overtime route—that is just a little aside on how we got onto this overtime.

Mr. WRIGHT. Well, I can see that from a budget standpoint, you can maximize the effectiveness of your force through the overtime route at a lesser total expenditure of funds than if you had to hire entirely new people.

Inspector FITCH. Right. That was our point. And we had a second point in mind: We wanted to get as many officers involved in this thing as possible so that when they were on their regular patrol, they

would be trained to detect and apprehend DWI's, not only when they were just on ASAP.

Mr. WRIGHT. You can isolate the certain hours of the day and the certain times of the week when the problem is most prevalent, but that does not mean that it does not exist at other times.

Inspector FITCH. That is correct.

Mr. WRIGHT. And so your aim was to develop as much expertise within your department as possible so that through this training they could more effectively conduct the enforcement in their normal course of duty.

Inspector FITCH. Twenty-four hours a day, 7 days a week. And it has paid off, as I will go into a little later on.

We actually began patrolling the first part of 1972, that is, the ASAP enforcement patrols, and in the 3 years, 1972, 1973, and 1974 of ASAP patrolling, our DWI arrests went up 318 percent over 1969, 1970, and 1971. Now, it was due primarily to the selective enforcement of ASAP patrols. However, the carryover was there, because we had 550 officers training.

Mr. WRIGHT. You said that initially you began training selected officers.

Inspector FITCH. Correct.

Mr. WRIGHT. Are you saying that in the 3-year period you have trained a total of 550?

Inspector FITCH. Correct, sir. Over a period of time, of course; not all at the beginning.

Mr. WRIGHT. Not all at once. Well, how does this compare—this would be pretty nearly your entire force, would it not?

Inspector FITCH. No, sir. We have—

Chief PETERS. 1,100.

Mr. WRIGHT. About half—you have 1,100?

Inspector FITCH. Yes, sir.

Mr. WRIGHT. I see. I was underestimating the number.

Inspector FITCH. We have approximately 1,100 officers on the force.

Now, getting back to my remark about the benefit of the training, the carryover into the regular patrol; an analysis was made during the period April and May—just 2 months—of this year and we had 3 groups in there of 50 officers each.

Group 1 were the officers who were trained in March of this year; group 2 were the officers who were previously, way back in the beginning of the program in 1971, and again in 1972 and some in 1974.

Now, group 1—the ones who were trained in March—that group on their regular patrols averaged 27 arrests per month; group 2, who were trained back in the early stages of ASAP, averaged 10.5; the third group, who were untrained, averaged 8 arrests.

Now, that told us two things—well, primarily one thing: It indicates a need for inservice refresher training for those fellows who were trained in the early stages of ASAP, and this will be implemented. I have already discussed it with Sgt. Flesher.

Mr. WRIGHT. I was going to ask if the injection of the training had worn off or if the quality of the training had just improved.

Inspector FITCH. No; I think it just wore off, so we want to give them a little booster shot, so to speak—inservice training.

Now, as I said before, the arrests increased 318 percent—

Mr. WRIGHT. You do not give an officer a quota or anything like that?

Inspector FITCH. No, sir.

Mr. WRIGHT. You do not grade him upon the basis of how many arrests he—

Inspector FITCH. No, sir. We do do this, now: When an officer goes out there with the sole responsibility of detecting and apprehending DWI's, the first thing we have to establish is probable cause for stopping the vehicle and, of course, the probable cause is a hazardous moving violation. Now, any man—any officer in the city of San Antonio that can go out there 5 hours on some nights and on others 6 hours and not show any activity whatsoever, something is wrong. I do not mean they have to get a DWI every night. Of course, we know better than that. But he has to see some hazardous moving traffic violations—he has to.

[Laughter.]

Mr. WRIGHT. He is not looking if he does not see any.

Inspector Fitch. That is correct. So that particular officer when we see this, the coordinator says: "Come on in here. I want to have a talk with you," and he will get down to this thing: "Look, you are being paid time and a half and we know there are traffic violations out there, and when you show no activity whatsoever"—we do not expect him to get a DWI every night, but we do expect some activity out there.

Mr. WRIGHT. Now, while an officer is on the ASAP patrol, if he encounters other activity that would be within the scope of a police officer's duties, I trust that he does not look the other way and ignore that, either. I suppose much of the time he encounters other violations and things that he must attend to.

Inspector FITCH. That is absolutely correct. I cover that—officers assigned to the ASAP patrol have only one function, to detect and apprehend drunken drivers.

They are not subject to any routine call from the dispatcher. However, they are to take action on any onsite violation of the law and any emergency arising in their immediate area, they are to respond with the regular on-duty men.

In fact, from January 1972 through March 1974, 33,667 arrests other than DWI's were made by ASAP patrols. During this period we did not differentiate between a hazardous moving violation—the majority of them were hazardous moving violations establishing probable cause. We did not differentiate between those and the criminal arrests.

However, beginning in April of 1974 we separated them. Now, other arrests consist of drunk, burglary, robbery, car prowls, unlawfully carrying prohibited weapons, narcotics violations, and so forth. From April of 1974 through July of 1975—16 months—they made 14,155 hazardous moving violation arrests and 570 other arrests, and many of them were for burglary, hijacking, and that sort of thing, so, no, in answer to your question, Mr. Chairman, they are policemen first.

Mr. WRIGHT. If they see a man breaking and entering, they do not just ignore him because he seems to be sober.

Inspector FITCH. No, sir. Definitely not. Now, we changed our concept of enforcement beginning July 1, 1975. We have three types of ASAP patrol. We have what we term the expressway patrol, the evaluation areas, and the regular roving patrol.

Now, briefly—I will not go into detail on these things—but, briefly, the evaluation areas; one of the areas is on the north side of the city. It is densely populated with approximately 106 alcohol-related accidents in 1974. That is one of the areas.

The other area is on the south side of the city. It is less densely populated, but it has more high-speed thoroughfares and numerous taverns. There were approximately 221 alcohol-related accidents in area B in 1974.

We hope Southwest Research can determine which type of area is more responsive to emphasized patrolling. We selected those two areas.

Now, on the roving patrol, we have six areas in the city. We have four officers assigned each night to this roving patrol and the areas were selected—the size is approximately inversely proportional to its alcohol-related accident experience. So these six areas, one may be a little, small area and the other a much larger area. However, on alcohol-related accidents they are the same.

These roving patrols stay in one area for 1 week. Then they are moved to another area. In other words, they encompass the whole city.

Mr. WRIGHT. An officer is transferred—do I understand it that an officer who is patrolling one area for 1 week will patrol another area the next week, but that does not leave this area uncovered? Is that correct, or am I mistaken?

Inspector FITCH. No, that particular area is uncovered.

Mr. WRIGHT. I see. You have to do it on a spot basis.

Inspector FITCH. Right. Now, the freeways, the expressways, the plan that was originally submitted to the DOT did not include that. That plan called for concentrated enforcement in a geographic area of the city which is predominantly underprivileged and predominantly one ethnic group. We did not like that—the reason should be obvious.

So we contended the expressway system was historically high in one-car fatal and severe injury accidents and this, of course, is indicative of drinking and driving. So we conducted a study and verified that—one-vehicle accidents on the expressways.

Mr. WRIGHT. I cannot imagine why the Federal Highway Administration people would have been adverse to the idea of patrolling on expressways.

Inspector FITCH. The plan submitted to them did not contain this. It was not the DOT people, but the plan submitted did not contain—

Mr. WRIGHT. The plan submitted by the city of San Antonio?

Inspector FITCH. Correct, sir. That is right. So, as I say, we wanted the expressway system and we wanted to get out of this predicament of concentrating night after night after night in this underprivileged area which is predominantly one ethnic group—

Mr. MYERS. Excuse me, sir. At that time did that area have extremely large death concentrations due to accidents?

Inspector FITCH. Death concentration, no, but it was—

Mr. MYERS. It was just surveys that revealed that?

Inspector FITCH. They had numerous alcohol-related accidents, yes. They are getting the patrol, but not every night—no, not every night, every night, every night.

Mr. WRIGHT. Not to the exclusion of other areas.

Inspector FITCH. Correct, sir, because we have DWI's all over town.

Mr. MYERS. Was there objection from that area of the community to a concentrated effort? Was it felt that it was not one of assisting them but one of harassing them?

Inspector FITCH. Correct.

Mr. MYERS. Have you turned that attitude around, that the intention was to reduce the death and injury rather than to just harass?

Inspector FITCH. I believe the Chief can comment on that, because he took the brunt of that when we were there every night.

Chief PETERS. We tried to experiment with this for approximately 2 months in 1974 before the application for the new continuation money, and the feedback was already building up strongly that this was harassment.

So we went back to another study and we think that by substituting the plan to increase enforcement on the expressways, we meet every driver somehow or somewhere and we meet all ethnic groups where it cannot be pointed out that we are picking on one or the other.

The expressway system in San Antonio is such that practically everyone traversing from one point to another at one point gets on the expressway, and if they are a drunken driver, I think we are going to intercept them there rather than concentrating in his neighborhood.

Mr. WRIGHT. Well, San Antonio has an enviable network of expressways.

Chief PETERS. Correct. If you drive more than 3 or 4 miles, it is to your advantage timewise to enter the freeway system, because it is like a big wheel with spokes, and it will just take you in most any direction, so we think that we are meeting the problem head on, and yet it is not—it does not have the overlook of concentrating on just a certain type of people, although, as Inspector Fitch pointed out, the accident statistics could justify our concentration program, but I just do not think it would have been well accepted by the public.

Mr. WRIGHT. Do I understand that when you decided that you wanted to expand coverage so that you could get out on the expressways too, you had to justify that to the DOT people?

Chief PETERS. Correct. This was a substitute.

Mr. WRIGHT. Fine. But, now, your experience as a result of having done that, has it satisfied you that it was a wise decision to do this, to cover the expressways?

Inspector FITCH. Yes, sir.

Mr. WRIGHT. I cannot imagine why it would not be.

Inspector FITCH. Before we went on the freeway system, in addition to our accident surveys we conducted roadside surveys, persons driving cars exiting from the ramps. Now, 300 drivers volunteered to participate in this survey. Of these participants, 48.3 percent had been drinking, and of these 22.8 percent were driving while intoxicated.

Mr. WRIGHT. You define driving while intoxicated as a person who is revealed by the breathalyzer test as having more than one-tenth of 1 percent of alcohol in his bloodstream?

Inspector FITCH. Correct.

Mr. WRIGHT. That is the legal definition within the State of Texas, isn't it?

Inspector FITCH. Yes, sir. Now, we only implemented this program July, 1975, because we could not get clearance. We have been on that freeway now four Fridays and four Saturdays in the month of July—8 nights. We have arrested 63 DWI's in 8 nights. So they are there and we knew they were there and now we are apprehending them and we will apprehend them.



Mr. WRIGHT. The total number of accidents—follow me through and see if I am right in this because I am guessing—the total number of accidents per flow of traffic, per traffic volume, might not be as high on the freeway system, but the number of fatal and really serious accidents would be much higher, would it not?

Inspector FIRCH. That is right.

Mr. WRIGHT. Because they are moving faster?

Inspector FIRCH. That is correct. Now, I mention one other thing—the question was asked of some preceding person: “Can you show any results—tangible results?”

Well—I believe it was Mrs. Cockrell—it is very, very difficult because you do not know how many you have prevented. However, I did a little study and went back 10 years to 1966 and compared the traffic deaths as of August 7, yesterday, year by year and also the square mileage of the city.

Now, in 1966 as of August 7, we had 54 persons killed and the city was 182 square miles.

Now, in 1971, the year prior to ASAP, we had 59 people killed and the city had grown to 197 square miles, or an 8-percent increase in square mileage.

In 1972, the first year of ASAP, 61 persons were killed, but in December of 1972 the city annexed a huge area—the city grew from that original 182 square miles to 251 square miles. Now, this was an area that had practically no traffic enforcement. People did not know what it was at that time. They had high-speed arterials, high-speed freeways, and everything else. So the full impact of that hit us in 1973, when we had it for the full year. In 1972 we just had it for December.

Eighty persons were killed, which was an increase of 48 percent over the 1966 figure, and the square mileage was 253, which was a 36-percent increase.

Mr. MYERS. May I interrupt you for 1 second at that point?

Inspector FIRCH. Yes, sir.

Mr. MYERS. Was there a significant—can you identify how many were in the area of the newly acquired mileage?

Inspector FIRCH. I do not have that at my fingertips, but I do have it. It accounts for a substantial number of those, this newly annexed area.

Now, in 1974, the second year of ASAP, we had 76 killed, which was a little reduction over the previous year. It was 41 percent over the 54 in 1966.

Now, in 1975, this year, as of yesterday, we have had 55 persons, an increase of 2 percent over the 54 of 1966 and the square mileage has gone up 45 percent.

Now, I am not saying that ASAP helped us. I am not that naive. But we have other programs, also. We have the STEP program, for example, which is handled through the Governor's office, the selective traffic enforcement program. We are utilizing that. We have what we consider the finest emergency medical service in this part of the country. They save lives, also.

But, truthfully, I believe that ASAP has contributed largely to it. That would conclude my remarks.

Mr. WRIGHT. Thank you. Are there questions?

Mr. MILFORD. I have a couple that I would like to get into.

I get a little bit worried sometimes in reading driving-while-intoxicated statistics and other factors. Some years back one of the real interesting experiences I had was wearing a badge in the city of Irving, Tex., as a police officer. In the days that I was an officer, DWI tests were made rather unscientifically, like, "Stand up and put your fingers to your nose," [indicating] and the usual type of things.

Subsequent to that time we have come to the breathalyzer that allows the police officer to make an instant evaluation and also allows scientific statistical gathering of information. When did the breathalyzer generally come into use in the State of Texas?

Inspector FITCH. To the best of my recollection, it was around 1970 or 1971.

Mr. MILFORD. So that we now have a little bit better way to gain hard statistics on this particular problem than we have had in the past.

Inspector FITCH. That is correct.

Mr. MILFORD. And I am wondering if this is being fed into the evaluation that we use.

Chief PETERS. We did use—I think the name was Harger drunkometer—which was a measurement of alcoholic content and also through the breath, but we do not think it was as efficient as the breathalyzer, however.

Mr. MILFORD. Thank you very much.

Mr. WRIGHT. Mr. Levitas.

Mr. LEVITAS. Thank you, Mr. Chairman.

In order to get some background information generally about the legal situation in Texas—I know the chairman and Congressman Milford are more familiar with this than those of us from out of the State—and I mean from an objective and not personal experience point of view, Mr. Chairman [laughter]—

Mr. WRIGHT. Thank you.

Mr. LEVITAS. I would like to just get a few things in the record. A person who is convicted—first offense—of driving while intoxicated, is there a mandatory loss of license?

Inspector FITCH. Yes; on final conviction, but not on probation.

Mr. LEVITAS. If a person goes on probation, they would not lose their licence even if convicted?

Inspector FITCH. That is correct.

Mr. LEVITAS. Do you have a system of nolo contendere pleas in Texas?

Inspector FITCH. Yes, sir; we do.

Mr. LEVITAS. Does it apply to DWI as well, and if it does, is there a loss of license if the judge accepts nolo contendere?

Inspector FITCH. There would be a loss of license if it is a conviction. If it is nolo contendere and he probates it, there is no loss of license.

Mr. LEVITAS. Do your statistics show what percentage of arrests for DWI involve repeaters who have been previously convicted within the prior 24-month period?

Inspector FITCH. Yes, sir.

Mr. LEVITAS. Do you know offhand what those figures are?

Inspector FITCH. Well, I have it 1972, 1973, 1974, and then a compilation of the 3 years, but these are only three times or more. There are numerous two-timers.

Mr. LEVITAS. What would the three times or more be, Inspector?

Inspector FITCH. Well, in 1972, it was 35.

Mr. LEVITAS. Thirty-five percent?

Inspector FITCH. No; 35 persons.

Mr. LEVITAS. Thirty-five persons.

Inspector FITCH. Over three—three or over.

Mr. WRIGHT. Three or over during that calendar year?

Inspector FITCH. Correct.

Mr. WRIGHT. Thirty-five persons were apprehended and arrested on DWI charges three or more times during that year?

Inspector FITCH. During that year, right—1972.

Mr. LEVITAS. And did you say you also had the figures for 1974?

Inspector FITCH. Yes, sir.

Mr. LEVITAS. What would those figures be for 1974?

Inspector FITCH. There were 17. And then I have compiled it here for the 3-year period, and these are 4 or more over the 3-year period, and there were 35 of them.

Mr. LEVITAS. Under your ASAP program—and perhaps this will go to Mr. Hawkins who will be here later, I understand—do you differentiate for your statistical purposes between a driver who is drunk, a drunk who is a driver, and a drinking driver—I do not know if I am making myself clear, but I am talking about the difference between a person who is not a habitual drinker, an alcoholic, but is in fact under the influence, on the one hand, and the person who is a confirmed alcoholic—who has an alcohol problem, on the other, in terms of keeping your statistics for repeated offenses.

Inspector FITCH. No, sir; we do not keep that. I think Mr. Langland keeps that. We do not.

Mr. LEVITAS. Now, did I understand in the early part of your remarks, Inspector Fitch, that you said that there had been a 78-percent increase in arrests since the ASAP program was put in?

Inspector FITCH. No, sir. Over the 3 years, it has been a 318 percent.

Mr. LEVITAS. And you attribute a large impact in reduction of death to the ASAP program.

Inspector FITCH. Yes, sir; I do.

Mr. LEVITAS. Now, I have always held the view that one of the best ways to bring about deterrence of any crime, whether it is driving under the influence or burglary, is the assurance or the likelihood of arrest and conviction, and would you not agree with me that the very fact that there has been an emphasis on DWI offenses, a police force which has become highly trained in this area and sensitive to it, and a concentrated effort of apprehension, is in itself a large portion of the effectiveness of the ASAP program in decreasing the number of deaths that you have described?

Inspector FITCH. Yes, sir.

Mr. LEVITAS. Thank you, Mr. Chairman.

Mr. WRIGHT. While we are on that statistic—I know Congressman Myers has some questions—I have one that might logically follow on.

Let me submit for the record the following numbers of DWI arrests: First, for the 3-year period prior to the inauguration of the ASAP program, 1969, 1,002; 1970, 1,137; 1971, 1,096, for a 3-year total of 3,235—a fairly constant level.

Now, with the onset of the ASAP program, in 1972 there were 4,913 DWI arrests; in 1973, there were 4,618; and in 1974, there were

3,978. Now, the 3-year total is 13,509 or a 318-percent increase over the preceding 3-year period.

An interesting collateral question arises: During the 3 years of the ASAP program, the number of arrests on these charges has declined a bit annually, from 4,900 to 4,600 to 3,900. To what do you attribute that gradual decline? Are the officers who are enforcing it becoming a little less zealous or, hopefully, have you created a situation in which there are fewer incidents of driving while intoxicated?

Inspector FITCH. Mr. Chairman, I think it is the latter. The fear of apprehension. There are not as many on the streets.

Mr. MILFORD. Will the gentleman yield?

Mr. WRIGHT. Well, to the extent that that is true, that is a mark of success that we should not ignore.

Inspector FITCH. The reason I say that, this year, the first 7 months, we have arrested 2,223, so that means we are running slightly over 300 a month, and we are working just as hard and we have more men out there now.

Mr. WRIGHT. Congressman Kazen asks an interesting question in that connection, and I think Mr. Milford and Mr. Myers both have questions—we have talked about the arrest record. Do we have comparable statistics with regard to the conviction rate?

Inspector FITCH. I do not have them.

Mr. WRIGHT. We might have to get them from someone else.

Mr. MILFORD. Are these not convictions here?

Mr. WRIGHT. These are arrests. The figures we have been reciting are arrests, and we were trying to make some correlation with the rate of conviction. I think we will be able to get that later today from another of the witnesses, probably from Tom Hawkins.

Inspector FITCH. Mr. Chairman, may I say one thing: The police and the attorneys have differences of opinions on that.

Mr. WRIGHT. I understand that.

Inspector FITCH. They consider probation as a conviction. We do not. In the State of Texas, it is not a final conviction, and we do not take the driver's license.

Mr. MILFORD. All I wanted to bring in was one thing, and it ties into the question I asked a while ago, that there is a vast difference now in the ease of convicting a man for DWI than there was prior to 1971 as a result of the breathalyzer.

Inspector FITCH. That is correct.

Mr. MILFORD. This thing pretty well sums it up so that if you have a breathalyzer test with one-tenth of 1 percent, you have pretty much got a conviction, so that part of the dramatic rise in the figures prior to 1972 might also be attributed to the new laws and use of the breathalyzer by police forces. Would that also be a factor?

Inspector FITCH. Yes, sir.

Mr. MYERS. Inspector, do you have any idea how many citizens in San Antonio have seen this wallet-size card?

Inspector FITCH. No, sir, I do not.

Mr. MYERS. This is a card which indicates to the person by weight how many drinks he can have of either 1½ ounce 80 percent liquor or 12 ounces of beer, just for the record, and is an attempt to communicate to individuals how much they should be able to consume before being under the influence, but you have no evaluation of what per-

centage of the population in the project area have been exposed to this and by what means they have been exposed to it?

Inspector FITCH. No, sir. The only thing that I know—I would think Sergeant Flesher, my coordinator, could speak to that.

Sergeant FLESHER. Those cards are distributed in the evaluation area by the roadside survey teams when we stop them and also through Nancy Brennan, who is in Mr. Langland's office, and through schools and all the other type of communications that she makes, and we also set up booths—I hope you come over to see it at the folklife festival which is going on right now. We have a booth with the breathalyzer set up, and we distribute it to anyone who would like to take the test—voluntarily, that is.

Mr. MYERS. I possibly should ask that of Mr. Hawkins later.

Sergeant FLESHER. I have no idea of the percentage.

Mr. MYERS. In regards to the statistics of the number of arrests, Inspector, you indicated that possibly the reason that they are coming down is because there are fewer drunken drivers—and I would hope that that were true. However, I would like to ask some questions in regard to detection by the general public of your efforts.

In other words, is the general public aware of the hours and the locations at which you are located, and is there any evidence that that in itself diverts traffic from those areas of possible detection? Have you had any evaluation as to the operation of CB radios, networks which alert possible violators to avoid certain areas, and in general, general kind of counteroperations that you are taking to insure the security of your operations from this type of submarketing?

Inspector FITCH. I do not think that we are bothered at all by that. Now, in our radar operations it is different. But here, you see, our patrols are moving constantly. We do not sit and wait for something to come. We are patrolling.

Like, for example, on a Friday and Saturday night—let's see, we have 10 men on the freeways—10 units—we have 6 units in the evaluation areas, and we have 4 units in the roving patrol, so there is no way, you know, that they could keep up with us.

Mr. MYERS. You are convinced, as an answer for the record, that you have a secure situation which would not be easy to avoid intentionally by the general public?

Inspector FITCH. Right.

Mr. MYERS. When officers who have been trained in this program—the ASAP program—perform their normal duty, do they have a higher than average arrest record on that period of their duty, also in comparison to those who are not trained in that particular function?

Inspector FITCH. Yes, sir.

Mr. MYERS. Do you know of any instances in the program where violators of certain categories have been through the program assigned to your patrols or to patrols which answer at accident scenes? In other words, exposed—

Inspector FITCH. I did not quite follow that.

Mr. MYERS. Has there been any attempt to familiarize people who drink while driving with the on-scene results of death and physical destruction that has resulted in order to try to encourage them to find alternate ways of transportation?

Inspector FITCH. Yes, sir. Our accident prevention bureau in the police department, has as one of their basic jobs, to disseminate that information. They show films and everything else.

Mr. MYERS. Do you know of any incident where violators arrested under the ASAP program assigned to this school have ever been taken on scene at an accident to be able to have to live with that?

Inspector FITCH. No, sir. We are not involved with the AIDE school and other facets of the ASAP program. I was speaking of our functions in the police department.

Mr. MYERS. In your opinion, do DWI's travel a rather limited distance from their homes, on the average?

Inspector FITCH. That was the problem in the area that we were referring to—that the chief was referring to. You know, go to the corner beer joint or two or three blocks from their home, and then an ASAP vehicle would see them going all over the road and stop them, and they are only a block or two from their home.

But the way we are set up now, no, they are a long ways from their homes.

Mr. MYERS. So that actually the system you are using now—my understanding is that most fatal accidents happen in relatively close distances to the driver's own home, the passenger's home, and that if you do not recognize that in your program and you do not have a program which addresses the neighborhood traffic, are you not really losing the effectiveness of the program?

Inspector FITCH. Well, Congressman, we do address that problem in our roving patrols.

Now, over a 3-year period, approximately 20 percent of our fatal accidents occurred on these freeways, our expressways—

Mr. MYERS. How many?

Inspector FITCH. Twenty percent. So, naturally, that is why we wanted to get on that freeway.

Mr. MYERS. And what percentage of your total mileage of road is in the freeway in town?

Inspector FITCH. Jack?

Sergeant FLESHER. 127.

Inspector FITCH. I believe it is 127 miles.

Mr. MYERS. Out of how many total miles in the city?

Chief PETERS. About 2,800 miles.

Inspector FITCH. The chief says approximaely 2,800 miles.

Chief PETERS. So much of this 2,800 is not heavy traffic.

Mr. MYERS. One final question: Where in the ASAP program that is located in San Antonio do drivers who have been involved in a fatal accident, and have been under the influence of alcohol, fit? Are they excluded automatically? Are they included automatically? Or are they just thrown in with the rest of the group and addressed the same way? Is there any difference between the driver who has been involved in a fatal accident and those who have not?

Inspector FITCH. If I follow you correctly, you mean on our handling of that person—the police handling of that person?

Mr. MYERS. The police handling it and their direction—the next step, prosecution—or do you know, are they automatically excluded from being sent to the school or automatically sent to the school?

Inspector FITCH. About the school, I cannot answer that.

Mr. MYERS. In your regard, there is no difference in handling?

Inspector FITCH. Pardon?

Mr. MYERS. In regards to the police activity, I would assume that there is no difference.

Inspector FITCH. In addition to filing a DWI, if it is a fatal accident, we also charge them with manslaughter.

Mr. MYERS. Did you have anything to add, sir?

Chief PETERS. No; I just wanted to make sure that he covered that point. The charge would be different. We lose it at that point. It is up to the courts to adjudicate it, and I could not swear that some of those might be relegated to the school. I do not know.

Inspector FITCH. I do not know what happens to them after that point. We file the cases over at the county—the district attorney's office—and then they carry it from there.

Mr. WRIGHT. Well, gentlemen, we certainly want to thank you. You are the ones who are on the firing line on this program, and you have provided us with much very useful information.

We are about to break for lunch. Our first witness following our luncheon will be Ted Arevalo, chief of the misdemeanor section of the district attorney's office.

I want to express our thanks publicly to the Frost National Bank for permitting us the use of these hearing rooms, and our thanks to Miss McClure for her help in transcribing the testimony.

Let us then be adjourned until approximately 2:15.

[Whereupon, at 1:15 p.m., the subcommittee recessed, to reconvene at 2:15 p.m., the same day.]

#### AFTERNOON SESSION

Mr. WRIGHT. The subcommittee will come to order.

Our first witness this afternoon is Mr. Teodoro Arevalo, chief of the misdemeanor section of the district attorney's office of Bexar County.

Mr. Arevalo, it is very good to have you with us, and we appreciate your patience being with us earlier, and we are sorry that we got a little bit behind schedule. We had intended to visit with you this morning, but thank you for staying.

#### TESTIMONY OF TEODORO AREVALO, CHIEF, MISDEMEANOR SECTION, DISTRICT ATTORNEY'S OFFICE, BEXAR COUNTY

Mr. AREVALO. Glad to be here, sir, and I hope I can answer all your questions.

I was not given any information basically as to what would be covered at this time. I think you are probably interested in the activities of the district attorney's office in reference to this ASAP program, and I guess the best way to work it would be to tell you chronologically how we come about in this ASAP thing, if I may proceed at this time.

Mr. WRIGHT. By all means.

Mr. AREVALO. All right, sir. The district attorney's office has an assistant district attorney assigned each night from approximately 7 o'clock in the evening until 4 o'clock in the morning and that attorney joins a night magistrate. Presently they meet at the Municipal Courts Building, which is also the San Antonio Police Department and which is right across from the Bexar County Jail.

When a subject is arrested by a peace officer for the offense of driving while intoxicated, the officer sometimes—quite often there are two officers. One officer is booking the defendant at the Bexar County Jail and the other one comes over to the night magistrate building and prepares a report, a preliminary report, what they call a field report.

This field report is then delivered to the assistant district attorney, who evaluates the situation to determine whether or not he is going to file what we call a magistrate complaint. When he determines that he is going to do this, this report is also examined by the night magistrate to make an evaluation as to probable cause based upon the recent opinion of the U.S. Supreme Court that the district attorney no longer should hold—should never hold, really—the sole authority to determine whether or not a subject is going to be arrested.

After it is determined that the case is going to be filed, the judge makes a memorandum in the court docket. We have what we call a magistrate's docket. It is a book kept separate and apart from the regular courts' docket and in this book we have basically the information to file on an individual. We have the name of the case versus the defendant; we have the type of offense, which would be DWI; the date, which would be the date of the offense; the amount of the bond set by the magistrate; who the district attorney is; if there is a defense attorney known at that time, and then the amount of the bond set. This is a bound book.

The entry is made in the book as to the probable cause, and the complaint is prepared by the assistant district attorney.

At that time, using these IBM tools that we have for this NCIC deal, we have a computer where we code it—they put what they call a judicial number—a JN number—they put a CIT number—a CIT number is a number given to anybody who is arrested for a particular offense and that is his permanent number. It is like our social security number. Once you are arrested, you are given a CIT number and that is—as far as we are concerned—for the rest of your life. Any time you are arrested again, we use the same CIT number to check your background and see what you have.

This complaint or affidavit that is taken by the district attorney is signed by the peace officer who brings the information. A copy of that report stays with the night magistrate. The complaint is an affidavit wherein we allege the essential elements of the offense, and that complaint, that affidavit, stays with the assistant district attorney that night.

During the process of the night magistrate's business, the night magistrate goes down to the Bexar County Jail and sees the defendant charged with the offense—as a side line, if it is a felony, there is a form that is filled to advise the defendant of his rights. This would come about—which is not commonly done—when the officer feels that he is going to book him that night for a felony DWI and he is advised of his rights.

On a misdemeanor case, the judge does go across to the jail and talks to the defendant as to his rights, and then the process for legal aid or personal recognizance follows through.

The district attorney, at 4 o'clock in the morning, gets all his complaints together and places them inside the night magistrate's book, and he calls it a night and goes on home.



In the morning at approximately 8 a.m., one of the secretaries from the district attorney's office goes down to the sheriff's office where this book is kept—this magistrate's book that I was talking about—and she gets our complaints, the magistrate's complaints—what we call the magistrate's complaints—and the forms which are filled in for felonies.

These cases are brought back for our computer girl who then checks to see why he is in jail and it is coded accordingly.

The magistrate's complaints are given to our misdemeanor section, to another misdemeanor section girl, who files them alphabetically, and then we wait for the police agency to bring us a complete report in order for us to evaluate the complete case.

Remember that we had a field report from the police officer. Now, the following day or as soon as possible, we get a complete case—what we call the case or the file—in reference to this particular offense.

The requirements that we have for the filing of DWI's, like any other offense—of course, DWI's have certain additional requirements—is that we have what we call a cover sheet. On that sheet it gives the charge on the subject, of the defendant, his date of birth, the CIT number, the address, and then there are other areas in there for them to put in as to the officer, the detective—actually, these cases are brought over by detectives—I believe the police department covered this. The detectives bring over the cases.

We accept the case. There is a space on there for us to sign if we are going to accept it. We put our name—whoever is accepting the case—we date it and we time it—the time when we actually accept the case.

Now, the cover sheet, of course, has the arresting officer's name and other pertinent data.

The other thing that they give us in reference to DWI is the DWI report which is a form all set out for the police department and this has been developed across the years and is the best form, we believe, that has ever been done, and it has areas in which it tells the conditions of the individual, the physical condition of the individual, as to standing, walking, turning, and then they have staggering, swaying, unstable—I believe is the other one—and the last one is unsure or something like that. And this is what we consider as to the physical abnormalities of the individual.

Above that there is another area where the officer puts down the witnesses himself with a little box on the right-hand side which shows whether the officer can testify as to the intoxication or merely putting him behind the wheel.

If there was a wreck in that particular case we require that the police department submit to us a copy of their accident report so that we can evaluate the case a little bit better, and there they list the witnesses, what they can testify to, whether they can put him behind the wheel or not.

Above that, of course, is the other pertinent data that we have—that they provide us with the name, the address, the driver's license. They even have the height, the weight, and some other descriptions of the individual.

Another requirement that we have in that case is that they give us a copy of the breathalyzer officer report or what we call the DI, the detective investigator who gives the breathalyzer test. He has a check

list that he follows through when he is performing the test on the defendant. We require that they give us a copy of that—for several reasons.

The copy shows us the condition of the equipment prior to the test. In other words, there is a known content—I believe somebody may have covered already the breathalyzer. We have a simulator. We test the simulator; we see what the simulator was before the test, and after the test the simulator is checked once more to see if they balance out. If the simulator is not the same, we have a problem somewhere along the way. In other words, this is another thing we determine in evaluating what kind of a case we got.

The other thing we require, for practical purposes, you might say, is the FBI fingerprint card. Every person booked in the Bexar County jail is fingerprinted for FBI purposes and we turn in a report to them.

And another thing that we require that is very important is the rap sheet or the arrest record of the defendant, the accused. Quite often we just have one arrest record for the defendant.

Something that is very helpful, from the highway patrol we receive—the only way I can call it is a teletype. They shoot out a request and they get it back on a teletype and it tells us how many times he has been arrested and where he has been arrested in the State of Texas. It tells us quite a bit.

But we do require that the law enforcement agency bring us some arrest record. Sometimes the police officers will go to the sheriff's department to make a check on their records. At a later date we get a catchoff from all over the State from central filing, the State records, as to the rap sheet of the defendant. And that is basically what we have.

Now, in the rap sheet of the defendant we get the other information that we are also looking at to evaluate the case. We look into the type of employment. For example, on the rap sheet from the San Antonio Police Department they have employment, and they have other matters like height, weight, color, marital status, things of that nature—just general information. They have also the information on that rap sheet as to mug shots so we can get a picture of the defendant.

And with all of this information—when it meets all our requirements, they bring it over to our office. They bring us the case and our girls check it out—our little index on complaints. We make a determination to see if a complaint was filed on this individual. If we cannot file a complaint, then we go into this IBM equipment that we have and determine what is the status—the man is in jail and he was arrested some time after 4 o'clock or so close to 4 o'clock that the police officer did not have time to bring the paperwork across to the magistrate, and if that is the case, what we do is we assign it to an assistant district attorney so a complaint can be filed and the man can get back to work.

When that first girl picks up the magistrate's complaints, she checks them on the tube herself and finds out if these people are in jail and she marks them accordingly. Whenever we get the paperwork on our magistrate's complaints, we find out whether or not the subject is in jail and if he is in jail, we immediately try to get it down to court.

Now, in evaluating the case file, the different attorneys—we assign the cases to the different attorneys and, therefore, keep track of them.

We have what we call a log sheet. When an officer comes in with a number of cases he wants to submit for our evaluation and consideration, we have the log sheet where he writes the name of the defendant, he writes the charge, any number that they may have—in our situation, for example, we have police report numbers, an assignment number—they give us the assignment number, the detective who brings it in and whether or not the subject is in jail.

Thereafter we place the name of the attorney who gets the case and evaluates it.

Now, we look at all these matters to evaluate the case, as I mentioned. We look at the front of it—one of the first things we look for, of course, is the test, and if he did not want to take the test we would look a little deeper. But, anyway, one of the first things we look at when we get the case is the test. There is a place where they type in the test, 19, 20, whatever it is that the test may be.

The we go into this DWI report from the police department and basically all the other law enforcement agencies have similar reports, and we go into the evaluation of the case to see what we have.

After the attorney looks at the case and, first of all, makes a determination to see if we have a driving-while-intoxicated case. If there is something wrong with the case—if we feel we do not have a driving-while intoxicated case—then we stamp it with a little red stamp that says, “No official action at this time.” It means, for practical purposes, the case is rejected and will not be prosecuted until further evidence is submitted, and this could be from anything that the attorney evaluating the case feels that he does not have a case.

For example, there have been certain situations where the officer arrested the individual for driving while intoxicated—and it is not very often, but there have been cases—and the officer had good grounds to believe that the subject was driving and after evaluating the case we find out that none of the witnesses can really put him behind the wheel, which is the basic element of driving while intoxicated. Therefore, we stamp it and close out the case.

Now, if the assistant district attorney decides to accept the case for filing purposes, then we consider first in the case if the rap sheet of the defendant shows that he has never been arrested before or maybe one or two drunk offenses or some minor type of offense, speeding ticket or something like that, and if there is no accident, no property damage, and if there is no injury to anyone individual as a result of this DWI, and the test reads .18 and below—that includes .18—we have several avenues to follow.

Once again, the case is evaluated from the point of view of the remainder of the report. We look at the breathalyzer test; we look at the rap sheet of the defendant; we look at what he does for a living. Then the age of the defendant is also an important factor to consider, the occupation, and if he did not give the police officer trouble at the time of the arrest, then we feel that this is an individual who should be given the consideration of the so-called ASAP program.

Now, the procedure at the present time is we accept the case and then we mark it with what is called ASAP-rehab, for rehabilitation purposes. What we do is—remember, we have him charged in the magistrate’s complaint and more likely—in fact, in every case that we follow the procedure, he is out on bond because we have checked the tube and he has been released. When we classify the case as such, we have a form

letter that we send to this individual, and basically what the form letter says is that, "You have been arrested for driving while intoxicated," and basically the facts of the case, and we are offering him—and we are going to recommend this ASAP. We give them the address of the ASAP people, where they are at—

Mr. WRIGHT. He receives this option in lieu of trial and conviction.

Mr. AREVALO. That is correct.

Mr. WRIGHT. If he accepts the ASAP treatment program—

Mr. AREVALO. Right.

Mr. WRIGHT [continuing]. Then the conviction is not entered on his record; there is no conviction.

Mr. AREVALO. Right. More than likely what happens is this: The letter goes out; the gentleman accepts; he goes directly to the ASAP people and enrolls in the program, but the letter says that the case may be considered for a reduction—may be. It does not make a promise.

By the same token, if the subject gets another DWI, that is, of course, as far as we are concerned, null and void and for all practical purposes we still have the second case.

But the man we send to the ASAP program, once we send him to the ASAP, we depend on the ASAP people for their evaluation as to what they feel may or may not be a problem, how they want to handle the case.

This case is set aside under the special procedure that we have got. Now, the ASAP people keep in touch with us. We send them a list of all cases where we send letters. When these people have completed their ASAP—now, whatever it may be—by ASAP, I am speaking here if it may be a program that consists of the four sessions that they have—and, of course, they will elaborate on this—to the 18 months where they want to keep a person under surveillance for 18 months. We keep this aside.

The magistrate's complaint remains alive. The man remains on bond, but we cannot dismiss at this time.

Now, on his completion of the course, we get a report from the ASAP people as to the cooperation of the individual and so on, and they make a recommendation as to what they have accomplished and the attitude of the man. Then, when they report that to us, it is our ballgame again.

We decide whether we are going to reduce the case or whether we are going to dismiss after we consider all the factors—everything that we have gotten, whether we are going to reduce it, and, once again, the whole thing comes into play. The prior record of the defendant, the age of the individual, the occupation—the whole thing comes into play.

And then we reduce it either in the county court—we can still file it in the county court because we have a mag complaint and not re-arrest the individual, or we can take him down to the justice of the peace and take a fine down there and, of course, the maximum fine for public intoxication in the State of Texas is a \$200 fine.

Now, that is one road that we follow in these cases.

Now, the other one is where the subject is 0.19 or higher; 0.19 or higher, we still have the same requirements of the records that the police department submits, but we look at it with a little bit stronger eye. We look at the record and, once again, what we do on that case is we just accept it. We do not mark it ASAP-Rehab.

That case is then filed by that complaint—what we do in Bexar County is we use our telephone typing center. We dictate our complaint. We have everything programed by form book—and we dictate the complaint. The complaint comes back and we file it in country court.

Now, once it is filed in county court, the matter can still be continued by our office, up until the time that the judge begins to handle the case. Now, once a subject appears before the court and pleads guilty or is found guilty by the court on a trial before the court or a trial by a jury, the district attorney's office, in 99.9 percent of the cases—I cannot think of one right now where I, myself, have interfered—handles the procedure. The court will make a determination. My understanding is that the courts in Bexar County do send those people, that have been found guilty and applied for probation, to the ASAP program, and the evaluation, I believe, is the same nature. But this is under a court order for probation and the judge sets his own ground rules in Texas as to what he wants done during probation. We do not get involved in it any more.

The next time we hear about it, the probation is terminated—if it is terminated.

If the court feels at one time—gets a report from the probation officer—that the court wishes to revoke probation then that means actually that we should file a motion to revoke. That is all the judge is saying. Then the probation officer and the assistant district attorney get together and prepare a motion to revoke probation based on the allegations that the probation officer may have.

Mr. WRIGHT. I was going to ask that. If a DWI violates the conditions of the probation, refuses to follow the instructions of the judge to attend classes or receive treatment, who initiates the procedure to revoke that probation?

Mr. AREVALO. From a technical point of view, the initiation is from the district attorney's office because the district attorney's office must file a motion to revoke in order to get the wheels going and get the warrant out.

But for the practical base of it, the probation officer controls the activity because we do not even get involved once he is on probation.

Mr. WRIGHT. Well, do you have information available to you on each of these people who are on probation as to whether or not they have fulfilled the terms of probation?

Mr. AREVALO. The misdemeanor probation section—and the same thing is applicable to the felony section—works it out, and, this is one of the reasons that we require that rap sheet I was talking about, the arrest record. Whenever we get a rap sheet of a defendant who has a prior offense—and, remember, I was covering merely those who had one arrest but no prior DWI's. But going into the procedure of a person who does have a DWI, a prior DWI—and quite often we do not have a disposition—the arrest record of the police department has the name of the defendant—on a line on a blank sheet—the name of the defendant, the charge; they have the police department number or the assignment number; they have the arresting officer's number; and then sometimes they have where it is filed, in what county court.

Now, sometimes they have—and this is what we are striving for—the disposition of the case. So when that complaint taker gets this

case—remember, he is evaluating the case based upon everything he has before him, which is the rap sheet—we demand that rap sheet from the police agency and sometimes they have reasons for not bringing it in, and say, “All right, we will expect it tomorrow.”

But if we have a prior DWI, what we do is we go into our records because we have a card index where we have entered the disposition of that prior case and find out what happened. In other words, we can either trace it in our own card index; we can trace it by the central country criminal docket, criminal filing; or we can trace it through the new system, through this electronic tube.

Mr. WRIGHT. This is not exactly what I had in mind with my question.

Suppose a judge orders an offender as a condition of his probation to attend these classes or to receive this treatment and he fails or refuses to do so—say he goes once to one class and then does not show up any more. Who finds out about that and what happens then?

Mr. AREVALO. As a general rule these are matters which are controlled by the probation officer. Our office, as a general rule, does not get involved in that unless it comes to our attention somewhere along the line that something should be taken on this case.

This is the probation field and it is handled by the probation officer.

Mr. WRIGHT. Well, now, what would happen? Would he come to you and suggest—come to the judge and suggest that the probation be revoked?

Mr. AREVALO. Maybe not suggest because of the fact that strictly it is a judicial function. What the probation officer, as a practical matter, does is he has—let us take the situation where he would have a problem, the subject gets arrested again—

Mr. WRIGHT. I am not talking about the subject who gets arrested again. I am talking about—

Mr. AREVALO. Did not go to the ASAP. All right. Did not attend, say, the second class. The probation officer goes to the judge and tells the judge, “Judge, I have this man here and the report to me is that he has not attended probation.”

The judge is going to make an evaluation to see what is to be done.

Mr. WRIGHT. All right.

Mr. AREVALO. The judge advises the probation officer to come to the district attorney’s office for processing.

Mr. WRIGHT. You have practiced law here in San Antonio prior to your association with the district attorney’s office, have you not?

Mr. AREVALO. Yes, sir. I have been practicing law for a total of 15 years—of that, 9 years in the district attorney’s office.

Mr. WRIGHT. In those earlier years in private practice here, I suppose you may have had occasion to represent clients on some opportunities who had been charged with DWI.

Mr. AREVALO. Yes, sir, I did.

Mr. WRIGHT. You have seen it, then, from both sides.

Mr. AREVALO. Right, sir.

Mr. WRIGHT. As an attorney who has represented both individual clients and Bexar County, what is your candid opinion of this operation?

Mr. AREVALO. Well, I think the system is of great help because of the different types of cases that I have been involved in with DWI—

the DWI are people who drink to the extent that they get involved in this type of situation and is not just like any other type of offense.

Of course, the probation office does an outstanding job in these type of cases and they have a volume that is really tremendous, and that is something else to go into, but you find that the DWI has to be evaluated from each individual's point of view.

For example, I had a personal friend who was about 35 years old and I was representing him at the time in private practice as a defense attorney and he never got involved in any type of criminal activity at all, even speeding tickets, that I could find out. A nice individual, from my hometown, with a real fine family and children.

Well, he got involved with a DWI for drinking and, of course, I talked to him and I spoke to the judge and we got him probation. Well, less than 30 days after he got probation, lo and behold, he got into another DWI, and that shocked me because I did not want him to go to jail.

So I brought him in, and there had to be something different than the regular type of violator of the law. There was something there that I could not touch. So I brought him in and at the risk of being disbarred, I chewed him out and I said, "Well, you have a problem somewhere along the way that you have not told me about."

And he denied it, and I said, "I want to see your wife." So his wife came in to see me and I said, "Look, let us get one thing straight. I think there is something going on around here that you have not told me about. You have a problem beyond his merely wanting to drink or something like that."

And she said, "No, we do not have any."

And I said, "Like heck you do not. You have a man who goes straight for 35 years and all of a sudden he gets two DWI's in a row. You tell me that that is normal?"

I had another type of situation now that I am in the District Attorney's office that this other individual had—I think he had at least two DWI's. I did not know at the time until the evaluation of the case that he was having domestic problems—this case was called to me by an attorney. He said, "Ted, I have this problem. I hate for this man to go to jail, lose his driver's license; it is a difficult thing for him to go to work. He has youngsters in college"—the whole family background. He said, you know, "What can we do about this guy?"

I said, "I do not know, but there is something that fails to meet the eye."

And this is not the normal case that I refer to the ASAP people—and I have about four or five test cases that I have referred to them.

Anyway, this was about 6 or 8 months ago. I did not know at the time—the attorney, I do not remember whether he told me or not—but his wife was also divorcing the man.

I talked to the attorney here about 3 weeks ago about this same case, and his behavior—he says, "You know, the woman was pressing for divorce before; now she has not even mentioned it at all."

I have not heard any more complaints about it and he has not been involved in any DWI's or anything at all.

So this is one of the cases that we are talking about where individuals need further than merely a probation approach or merely a typical incarceration case.

Mr. WRIGHT. What did they do with this case?

Mr. AREVALO. I believe the case is still active in one of the county courts at law.

Now, sometimes it is difficult and I cannot say it will work in every case. Basically, you really have to evaluate each case. There have been some cases where some attorneys have said: "What can we do with this man?" And you look at the arrest record and say: "Forget it. You are not going to accomplish anything with this individual." He is getting into disorderly conducts and getting into fights—some individuals are like that. Let's face it, you are not going to accomplish anything.

All you can do in those cases is set them up—if you will pardon the expression—for a felony DWI. In other words, you get them on a conviction and you call them—at least, I like my prosecutors to call the defendant on the side with their attorney and said: "Look, man, I am going to do this for you, but I want you to know you bring your toothbrush; you are going to the penitentiary the next time you do this," and you just hope for the best that the guy does not come back.

We try to work them on a misdemeanor and we have in fact. Our ASAP has also brought to us in the light of different systems and approaches where there is DWI seconds and, therefore, the cases that do not have any felony have been successfully prosecuted—

Mr. WRIGHT. We had testimony earlier about people who had been apprehended and charged three times in a year. There were 35 of such people in 1 year and 17 another year. What happens, now, with a person who is a repeated offender, who just continues to go out and commit the same offense, driving while intoxicated?

Mr. AREVALO. You are talking about a repeat offender. Now, once again, we have the old axiom that, "where there is smoke, there is fire." But if you have an individual that has been arrested before, what we do—we try to do in all cases, remembering that we have quite a volume of these matters. But we do—in fact, I just stressed it today with the complaint-takers, go into their prior DWI and see what happened.

Sometimes the DWI is so poor in the other type of a situation where you really did not have a DWI to begin with—it is our opinion we did not have it to begin with. In that type of situation you would have to evaluate it, whether or not you did have a DWI.

And then there is the other type of situation where you may have a DWI that was involved in a wreck, and sometimes we run into the problem where once the citizen has been paid for his damages—and the citizen is the only one that can put him behind the wheel—the citizen does not want to come to court any more. Now, that is a different type of situation.

And we do evaluate so-called third offenses from the light of the other—and we also evaluate it from the present offense that we have. It does not necessarily mean that because a man was arrested before that he was in fact guilty of DWI. So what we do is evaluate the whole thing.

Mr. WRIGHT. What percentage of those to whom the option is given to come into the ASAP treatment program accept that option rather than going to trial?

Mr. AREVALO. I can only remember of one case that the subject refused to go to ASAP. It was 0.12, and we tried it and got a conviction.



Mr. WRIGHT. What percent of convictions are you getting on DWI cases where you go for a conviction?

Mr. AREVALO. All right, sir. I can only go on trials—last year was a year where we did not have too many DWI's, but I believe last year we ran about—I wish I could remember—there were only about 10 DWI trials. I do not try a large percentage of them. Most of our cases are conviction; I would say a very small percentage is acquitted.

For example, now—and I have to go in general. I do not remember how many DWI's—we have had 39 jury trials; we have had 28 convictions, 1 hung jury, and, I think, about 9 acquittals.

Mr. WRIGHT. Well, we heard testimony earlier about the caseload. I suppose there has been a large caseload increase in the district attorney's office since the strengthened and enlarged activity on the part of the police department, but I gather from what you are saying that a large percentage of that caseload is handled now through the ASAP treatment program rather than going to the court for a conviction.

Mr. AREVALO. A good portion of them, on the so-called—what we call a bypass.

I will give you an idea of how many we have had. We had 100 cases on 1 day brought into our office—approximately—and I went down on some of the cases. About 32 of those were possible ASAP bypass. I did not go into the rap sheets. I merely looked at the test. And that is what we came across—not all 32 went into the bypass because of the fact, once again, each case stands on its own merits, as I called to your attention.

Mr. WRIGHT. Well, if a fellow has a higher percentage than 0.18, do you consider that he is not eligible, then, for the ASAP bypass?

Mr. AREVALO. As a practical matter, that is about right.

Mr. WRIGHT. He is pretty drunk, is he not?

Mr. AREVALO. Not merely on that alone—he is pretty intoxicated; yes, sir.

Mr. WRIGHT. If one-tenth of 1 percent is legally intoxicated in Texas, 0.18 is double intoxicated, almost.

Mr. AREVALO. Right, sir; just about.

Mr. WRIGHT. So he is really very much intoxicated to register that high.

Mr. AREVALO. Yes, sir. In fact, on these police reports, the forms they fill out, on the right-hand side, the last entry they have is, "Unsure"—but is on standing, walking—and that "unsure" is the minimum abnormality, to swaying, and then—it is staggering, the other one—staggering and falling. Usually when they start hitting those 0.18's and 0.19's they start getting into staggering and falling—at least one of those lines will be staggering and falling down or "can hardly stand up."

On the back of that report, incidentally, the officer gives us a brief set of facts, the facts which led to the arrest, and from that he tells us also that the man was unsteady on his feet, and so on.

Mr. LEVITAS. Would the Chairman yield on this point?

Mr. WRIGHT. Surely.

Mr. LEVITAS. Incidentally, let me comment that your testimony is extremely lucid and comprehensive and, having heard many witnesses over a number of years, to see it laid out as clearly and concisely as you have is extremely helpful to me, and I have enjoyed your testimony.

But I do not understand this criterion of the bypass based upon how drunk a person is, as opposed to the other circumstances. For example, a person who is a frequent drinker may end up with a 0.15 blood alcohol and do it frequently. A person who has gone to a party one time and had two or three drinks may exceed this 0.18 level and not be eligible for the bypass according to your criteria, and I do not really understand the basis for the extent of intoxication as being the determining factor of being placed in the judicial process or the bypass, and I think my colleague, Mr. Milford, has done some quantitative computation on this.

Mr. MILFORD. It looks to me to be the difference between one or possibly two drinks according to the little card.

Mr. AREVALO. Yes, sir, but also according to—once again, I will let the experts talk to you about alcohol—but as you are saturated, that saturation also has the ability to burn off—we can get involved in it.

You are right in what you mentioned, but that is not the only factor. You have to draw the line somewhere, OK? Just where do you draw it? Therefore, that is only one factor.

One of the factors that we do consider, as a general rule—now, remember, I am giving you the general rule because there will be that special case.

Let me tell you about a gentleman—this is not common, but I have seen some—I remember right now two cases in my lifetime. I did not represent them as a defense attorney but I picked them up in the district attorney's office—0.33. That is pretty high, it is it not? All right. The officer, I think, made an outstanding report and in his report as to the abnormalities of the defendant—incidentally, I said that the right part only had “unsure.” Well, I meant for abnormalities. The next step is “sure”; sure standing, sure walking, sure turning. That officer set down for the principal so-called abnormalities or physical functions of the accused “sure, sure, sure.” Now, if you have a man who walks sure, who turns sure, who stands sure, is he intoxicated?

Now, in the State of Texas, it says that 0.10 and higher is the presumption which is rebuttable by the facts, and the facts rebutted the 0.33. In fact, I checked the test right away—the little check card. Each one of these things has a reason.

Now, going back, that is not the only criteria, 0.18. We go into—and I mentioned this before and this is why we require the rap sheet of the defendant, and in that rap sheet we have who his mother is—you know, his next of kin, it is in there—we have his wife; we have height, weight, age; we have his employment. That report from the police department also tells us—oh, whether he may be a truckdriver. In other words, that is, as a general rule, the criteria that we follow on the 0.18 but we do not saddle it that way because of the fact that there are many other elements to be considered.

But somewhere along the way you have to draw the line, and this is what we consider.

Something that you all have not covered, and maybe I should not bring it out, along these same lines—maybe I really should not—anyway, I will. On the test, failure to take the test—now, gentlemen, if you have a truckdriver—I have one situation that I remember where this truckdriver, an interstate, not intrastate—an interstate truckdriver, and the attorney showed me the Federal regulations control-

ling truckdrivers interstate and concerning the suspension of driver's license upon conviction or probation—I do not know exactly what it said about that.

That man's livelihood was that driving of that truck—he was about 47 years old, married, and had children. Now, I think it would be an undue punishment to suspend that man's driver's license merely because he did not take the test, but it would also be unwise to just let it go at that and let him go. So what we do is we consult the attorney—in this particular case, we consulted the attorney, consulted with the defendant, and we said, "Look, mister, we not only do not want to see you again on a DWI, but if you do by any stretch of the imagination fail to take this test, then you are going to be suspended."

Once again, you have to take each case on its own merits—it is the same thing with the test.

Mr. WRIGHT. You have told him this, he then took the test, or what?

Mr. AREVALO. No, sir. He had failed to take the test. He was a truckdriver and they were going to suspend his driver's license for interstate travel. There was a regulation and the attorney showed it to me. I did not know this.

Mr. WRIGHT. This was not a local citizen?

Mr. AREVALO. A local citizen, yes sir, but he was a truckdriver from San Antonio who traveled interstate.

Mr. WRIGHT. He was not a repeated offender?

Mr. AREVALO. No, sir. But the failure to take the test would suspend his driver's license even if he got probation. Now, he could conceivably get a special driver's license—that is available—but, once again, an undue expense and so on.

Mr. MYERS. May I ask was he driving his truck or an automobile?

Mr. AREVALO. His automobile, sir. Not related to his occupation.

So, once again, going back to you all's point; we evaluate from all facts and circumstances; so we do have to lay the ground rules.

Mr. MILFORD. Would the chairman yield for one question?

Mr. WRIGHT. Yes.

Mr. MILFORD. I, first of all, think your program is a good one and I should think the citizens of this town should be proud of the way it is being handled.

From time to time we find that some of our Federal laws get in the way of the way local folks might like to run their own community.

Have you had any difficulties, for example, with some of the equal opportunities or equal treatment under the law interfering with this program? Because, in effect, you are taking different people charged with the same crime and treating them in a different manner. Have you had any interference from any organizations, groups, or individuals under that aspect?

Mr. AREVALO. No, sir; and I think one of the reasons—or the main reason—is because regardless of race, color or creed, whether you have an attorney, or you walk up, or a friend of yours sends you to see me, or the district attorney or anything, the important thing is the individual.

Mr. MILFORD. I understand that is the way you are looking at it, and that is the way I would look at it, but—

Mr. AREVALO. Right, sir. And some of these cases have been cases referred to me by attorneys who say, "Ted, I have a problem. What shall we do?"

In other cases people send them up to see me. Just citizens say, "Go see Ted Arevalo, he is the chief of the section," and here is this man—I have one right now referred to me by an individual who happened to know me and this man does not have a lawyer and he has a problem—and I will tell you his problem: He has 10 kids; he is a truck driver, and this is about his second or third DWI—so this is another case I am going to refer to the ASAP people.

And I told him, "Mister, bring your toothbrush because you are going to the penitentiary the next time, if you get another one between the time that I am trying to work it out."

Now, I do not know what I am going to do with this man, but I handled that man with as much importance as the one who has a lawyer, whether it is high pay or whatever the situation is, a court-appointed attorney.

Mr. WRIGHT. You have a real tough decision there, have you not?

Mr. AREVALO. Yes, sir.

Mr. WRIGHT. Here is a guy who makes his living, with 10 kids, by being a truck driver. You can put him out of business. And you wonder what is going to happen to those 10 kids. But then, on the other hand, you get to thinking: "Here is a guy who has been drunk three times driving, and if I do not do something dramatic, he is liable to kill himself or somebody else, and then what is going to happen to his kids and that somebody else's kids, too?"

Mr. AREVALO. I told him—I appeared at the motion and I talked to him and I said, "You are going to kill me because I am no different than anybody else out in the street and I will not like that."

He is a real nice man, real fine, but he has a problem, and maybe there are other problems that are related to this thing. Where does he live? Is this near where you have a lot of DWI's?

The San Antonio recreation system is fantastic. I was not as acquainted as much with it as I am right now because my kids are getting at that age—and they teach the children dancing and music and other recreational matters free of charge, and maybe we need to move some of these activities down in those areas where we do have these DWI's. Maybe he needs to get his children away so he can drink at home. [Laughter.]

I told him, I said, "Why not drink at home?" And maybe the reason he will not drink at home is because he has 10 kids around the house all the time—but these other activities can help out.

And each case is different, and I may make the wrong decision sometimes—after all, it is a matter of judgment. My attorneys will do the same thing.

We treat everybody on an equal basis, regardless of age, sex, or creed. We go out of our way—sometimes the judges get angry at us, and sometimes we get angry at the judges, and I am sure the two judges present here today will agree. I do not agree with everything they do, and they know it, and they do not agree with everything I do, and I know it—but it is a matter of cooperation between the law enforcement agency, the judicial, and the district attorney's office, and all the other agencies that help toward the building of that family—you have a family of human beings, not just a typecast deal. So we are doing the best we can.

Mr. LEVITAS. Mr. Chairman, I have one question, if I may.

Mr. WRIGHT. Surely.

Mr. LEVITAS. Again by way of just some background information on the legal situation, is it a requirement that a person arrested for DWI, at the time of his arrest be advised of his Miranda rights?

Mr. AREVALO. Well, the law in the State of Texas is—and, of course, one of the reasons that prompted this case under the Supreme Court concerning the probable cause and so was the fact that this particular State did not have basic protection for the citizens of the community.

The State of Texas does have a requirement that immediately—that is not the word, “immediately”—what is the word? I cannot think of the word in the statute—after arrest—forthwith after arrest he should be taken before a magistrate and warned of his rights, and the rights are there. But the court of appeals interpretation has been that unless a violation of those rights leads to evidence which may convict an individual, failure to give the rights is not—

Mr. LEVITAS. Let me give you an example of what I am talking about, if I may.

Mr. AREVALO. Right.

Mr. LEVITAS. An individual is arrested because he is weaving across the center line and he is pulled to the side. The arresting officer—and let me interject here. I was interested to know about this check sheet that you use here because it has been my experience—I used to defend and prosecute some of these cases, and invariably, no matter who it was that was charged, on the police reports that I saw, he was always required to be assisted from the car because he needed help; he spoke with slurred speech; and he was staggering, and the distinct odor of alcohol was on his breath, as if it were a predetermined mimeographed approach.

But, in any event, my question is that: When you get this type of information on the police report, does it say that the person has already stated how much he has had to drink, where he was, and things of this sort and, if so, do you use this in connection with the prosecution?

Mr. AREVALO. Now, here we get involved into that which is admissible during the trial and that information which is considered—which the officer receives from the party at the time that he is processing the individual.

The officer, at the time he arrests the individual, to the best of my knowledge, advises the subject concerning the breathalyzer, which he has the right to take the test and et cetera, et cetera, and he advises him that he is going to get his driver's license—supposedly he is capable of getting his driver's license suspended if he does not take the test. He may refuse if he wants to. Then you get involved in this other legality of whether or not you can force him, but he has—in the State of Texas he has the choice once he is advised what is going to happen if he refuses.

Now, in reference to the Miranda warning and the confession or anything that may be admissible in the State of Texas, we get involved in a group of decisions, numerous decisions from the court of appeals and the U.S. Supreme Court on the basis of the Miranda warning as to what is admissible at the time—during the process of the arrest.

For example, the Court of Criminal Appeals has said that you can throw the Miranda warning out the door, if you can qualify any

statements made by the defendant as *res justae*. That is admissible in evidence.

Now, we do get information on the back of that report from the highway patrol and the San Antonio police officers and which is used by all the other law enforcement agencies—you have a space which says, “Where are you coming from? What time is it? Did you have something to drink? How much did you have to drink? What did you drink? Where do you work? Are you sick? Do you have any physical deformities?” questions of that nature. All right. Those are answers that are answered in there.

Now, since it is not reduced to writing—in the State of Texas in order to be able to admit into evidence a so-called confession or statements made by the defendant, the basic rule is that—besides *res justae* and the matters which are said in the investigatory proceeding, not yet a defendant—the statements are not admissible unless they go to the recovery of part of the *corpus delicti*, part of the offense, like recovery of a weapon, recovery of a dress or something like that.

So all these items which the subject is telling the police officer, although he gives him the Miranda warning, is not admissible because it is not reduced to writing and the defendant does not sign it. In Texas we do not have verbal confessions in comparison with other States.

So, therefore, we do use it. We do use it for our case. In fact, we got into a little discussion with one of the judges. We wanted to use it to impeach the defendant because he had said he had only—when he took the stand I think he said he only had two beers when we were trying the case; the officer in the field, he told him six, and we wanted to use this to impeach the defendant and we got into a little argument.

But we do use it to evaluate; we do use it to try the case, but as to whether or not we can get it before the jury or before the court on the trial on the merits is a different story. But all that information is helpful because it tells us where the guy is coming from, where he is going, and if he takes the stand and tries to tell you that he was coming from another place when he told the officer some place else, we may be able to get an investigator to go check it out and show that his story is not the truth, so it could help us—it does; not could.

Mr. WRIGHT. Thank you very much.

Mr. MILFORD. Mr. Chairman, may I make one short observation?

Mr. WRIGHT. Surely.

Mr. MILFORD. That is that the city of San Antonio should be very proud to have a gentleman of this dedication in the very sensitive and often trying job that he has. I think it speaks well for the city in this area.

Mr. WRIGHT. Well, I think the whole committee would agree with that. You have certainly benefited us and broadened our understanding of the whole situation.

Mr. AREVALO. I would like to comment to the fact that Mr. Butler, the district attorney of Bexar County, is the man that supervises and he knows everything that goes on in our misdemeanor section. We check with him. He approves and we hash out those things that he believes are not worthwhile, and he controls everything that we do, so many of these ideas and thoughts are his own ideas and thoughts. I put them to work.

Mr. WRIGHT. Thank you, sir.

Mr. AREVALO. May I be excused?

Mr. WRIGHT. Yes, sir.

Our next witnesses are members of the bench, the Hon. Judge Rose Spector, judge, Bexar County, and the Hon. John W. Bell.

I wonder if the two of them might come forward and let us take just a very brief little break, maybe 3 or 4 minutes, for the benefit of the court reporter and others.

[A short recess was taken.]

Mr. WRIGHT. The committee will resume.

Judge Spector and Judge Bell, thank you for helping us to a clearer understanding of this effort, and we are quite aware of the extremely important part that each of you, as well as other judges, must play, and we would like you to feel free to proceed in whatever fashion you might deem most useful.

### TESTIMONY OF HON. ROSE SPECTOR, JUDGE, BEXAR COUNTY, AND HON. JOHN W. BELL, JUDGE, BEXAR COUNTY

Judge SPECTOR. I have a short statement.

I am Rose Spector, judge of county court at law No. 5 here in Bexar County. I have served in that position since January 1 of this year.

I would like to comment briefly on those aspects of ASAP with which I am familiar, but in no way will attempt an overall assessment of the program.

To date there have been approximately 500 DWI cases filed in County Court 5. Of that number approximately one-fifth have been reduced to a public intoxication charge on the recommendation of the district attorney. These were the cases that I believe you referred to as bypass.

In those cases where, however, the defendant has not been recommended to the ASAP school and/or has not completed such classes, the case proceeds to trial on the misdemeanor offense of driving while intoxicated.

In Texas, when a defendant is found guilty of driving while intoxicated, the minimum punishment required is a \$50 fine plus a mandatory 3 days in jail. Therefore, most defendants will apply for probation so that they will not, if convicted, be required to serve any jail time.

Our court procedure is at the time that the defendant is found guilty the court requires a presentence evaluation. Ordinarily in misdemeanor cases in the county courts our probation department is unable to provide a personal presentence interview with the defendant. It is only through the evaluation provided by ASAP personnel in the DWI cases that the court has available to it the results of a personal interview before granting or denying probation. This, of course, is very helpful.

As you can see—I do not know if anyone has shown you one of these this morning—the evaluation contains a summary of the diagnosis, plus usually one or two pages of typewritten matter on the background and attitude of the defendant.

Mr. WRIGHT. I wonder if it would not be useful for us to insert into the hearing record a copy of one of these documents. A blank copy is fine. In any event, we would not want the names or identification of the individuals.

ASAPPRESENTENCE EVALUATION\_\_\_\_\_  
NAME\_\_\_\_\_  
COURT DOCKET NUMBER\_\_\_\_\_  
COUNTY COURT NUMBER\_\_\_\_\_  
PROBATION HEARING DATEEVALUATOR'S SUGGESTION:

## SUMMARY OF DIAGNOSIS

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REFER PROBATIONER TO ASAP FOR ENROLLMENT

10/75

Judge SPECTOR. Well, this is what we are referring to. This is an evaluation prepared by ASAP. It does contain a summary of the diagnosis, plus a recommendation.

This sheet contains a synopsis of the rehabilitation alternatives open as a recommendation and it lists and details the types of modalities that are recommended as a condition of probation.

You will notice, however, that nowhere on this synopsis or on the recommendation is there a category marked as a control group, and it is to this category that I would like to direct your attention.

It is my understanding that in seeking to determine what programs are effective, you gentlemen, the Congress, require that control groups be set up so that accurate results may be obtained. I find this method



of evaluation and assessment to be unacceptable in the administration of justice.

If treatment and rehabilitation for those with drinking problems is to be made a condition of probation, the absence of such treatment as part of the control study, in my mind, is contrary to the law.

Mr. WRIGHT. Well, let me—let the committee understand what you have just said. Do I discern from your comment that there is some deliberate attempt to create two separate groups simply for the purpose of evaluating effects?

Judge SPECTOR. Yes, sir.

Mr. WRIGHT. All right, now. This is new. Am I correct in deducing that some are deliberately excluded from the treatment program?

Judge SPECTOR. Yes.

Mr. WRIGHT. And that this is dictated at the national level?

Judge SPECTOR. That is my understanding.

Mr. WRIGHT. What is the ostensible purpose? To find out if one type treatment works?

Judge SPECTOR. Which treatments work and which are less successful.

Mr. WRIGHT. This is making a guinea pig of an individual, is it not?

Judge SPECTOR. Yes, sir. I am critical of that aspect of the program. That is why I came over here.

Mr. WRIGHT. Well, I am a bit surprised to discover that apparently someone at the Federal level has insisted upon this kind of discriminatory treatment.

If we presume that the ASAP program has been official in most cases, then to deny it to someone would be to afflict that individual with an unfair treatment, it seems to me.

Judge SPECTOR. I would agree with you.

Mr. MILFORD. Mr. Chairman, do you want a comment?

Mr. WRIGHT. Yes; I do.

Mr. MILFORD. I think the idea as set up here is that this is an experimental program. We do not know whether ASAP works or not, and the only way we can find out is on a comparative basis where you do have to have a known and it has to be compared against the standard of the unknown. Otherwise, no one has a way of evaluating. I understand it is a very difficult problem.

Judge SPECTOR. There is no question about it.

Mr. MILFORD. Nonetheless, the taxpayers get a little bit disturbed when we spend millions of dollars unless we can go back and say: This here is what we spent your dollars for and here is what we accomplished.

And, yet, there is no way of determining this unless you have something to compare it with; the norm being no controls at all, the factor we are trying to find out is whether or not we can rehabilitate or whether there is a better method.

It is a very difficult problem. I do not know that I know the answer, and if you have it, we would certainly like to hear it.

Mr. LEVITAS. Well, Mr. Chairman—

Mr. WRIGHT. Mr. Levitas.

Mr. LEVITAS [continuing.] If the gentleman will yield. It is interesting—I was just writing out a question that I was going to ask on this very point, because there seems to me to be a difference between the deliberate exclusion of a person from the system, on the one hand,

which is what Judge Spector has suggested occurs—I assume you do not have a factual basis except just what you have heard for making that statement, that there is a deliberate exclusion of people from the ASAP program who want to get into it.

That is one situation. The other type of control that could exist are those people who voluntarily exclude themselves from the ASAP program, and I understand from previous testimony there are a number of people who are charged with DWI who are offered the opportunity of participation in ASAP but who do not choose to go into it.

Judge SPECTOR. Well, there are two different levels. If you are charged with DWI, and assuming you meet the criteria enumerated by Mr. Arevalo of the district attorney's office, the offer is made that contingent upon your successfully completed ASAP, the charge will probably be reduced or dismissed—usually reduced to a public intoxication.

Now, at that point, as far as I know, everyone is treated the same.

I am particularly concerned about the point where two individuals have been found guilty of a crime. They are evaluated by a program that is financed with Federal funds.

Mr. WRIGHT. These are situations where a conviction has already been obtained?

Judge SPECTOR. Yes, sir. Both defendants have applied for probation; both records are identical—as identical as two records can be. And one is put on probation with the condition that he perhaps attend an alcoholic treatment program, an ATP. The second individual is also put on probation but it is recommended that he not attend the alcoholic treatment program. This is done for purposes of evaluation as to whether the alcohol treatment program is really helping anyone.

Mr. LEVITAS. Who makes that recommendation, Judge?

Judge SPECTOR. Now, let me say that I have not followed the recommendations in county court 5 and—

Mr. WRIGHT. The final determination is yours, is it not?

Judge SPECTOR. Well, the end result has been that a number of persons—and I cannot give you the exact numbers, but I am sure that someone from ASAP can—are being placed in a control group.

Mr. WRIGHT. A control group meaning those who attend the treatment program?

Judge SPECTOR. Who are on probation but not receiving the programs that have been instituted for alcohol treatment.

Mr. WRIGHT. In what sense do we call it a control group, then? It is not being controlled in the generic sense of that term.

Mr. MILFORD. Will the chairman yield?

Mr. WRIGHT. Yes.

Mr. MILFORD. I think what it is, it is a group that the ASAP will monitor and compare group A, those who have been rehabilitated, with group B, those who have received no treatment, and they will follow these two groups to later surmise the value or what has happened with—

Mr. WRIGHT. There may be a value to this—

Mr. MILFORD. Yes; this is—

Mr. WRIGHT [continuing]. That I do not see, but it seems to me that the variables which must exist from one individual to another would make it necessary for a significantly large number to be evaluated in each such group if we were to have any law of mathematical probabilities to take place.

Now, I do not know—maybe some of these other witnesses can give us information to that effect. Maybe Mr. Flores or others.

Mr. MYERS. Would the gentleman yield?

Mr. WRIGHT. Yes, sir.

Mr. MYERS. On this point, Judge, on the evaluation of the program—and I think I agree with Mr. Milford quite strongly that we do have to have an evaluation program—your objection, as I understand it, is that we are denying one group.

It would be my understanding we are not denying them—I think my comments go in two directions—we are not denying them something that had been available to them prior to this time, so that we are handling them in very much the same way they would be, absent the ASAP program, and that is what we are trying to evaluate, what ASAP means as compared to what we were offering before.

Second, I would ask you: Would you object to a process whereby group A is given the ASAP program and group B is given 25 percent of the ASAP program?

Judge SPECTOR. No, I think that is the same problem.

Mr. MYERS. The problem I see is this: We have gone—from earlier testimony—just from a concept and developed a program. Now, that program I do not think should be regarded as being set in concrete and being utopia. The fact of the matter is, it is one of, what, now, 35 programs? There have been 35 programs and what we are trying to do is find out what the best situation is, and perhaps we have 25 percent excessive exposure to the participants right now; the program may be good, except it is too long; the program may not be long enough, and even evaluating backward—or let us take the program as it is now and give them a more extensive program to compare it again, would you object to that sort of a proposal?

Judge SPECTOR. Maybe I can make myself a little clearer. If you liken this to a drug program and you were saying half of the people are going to get drug A and half of the people are not going to get any drug; half are going to be on one drug, half are going to be on another. I think you see the problem more clearly.

Mr. MILFORD. I believe this is exactly what we are trying to do here.

Judge SPECTOR. I do not think it is proper when it gets into a system of justice where the purpose is not to experiment.

Mr. WRIGHT. Medically, alcoholism has been compared with diabetes. There is a very low tolerance level in some individuals for sugar; among other individuals there is an abnormally low tolerance level for alcohol.

Would it be ethical for the medical profession arbitrarily to decide, for example, that a control group of certain persons suffering from diabetes would be given a certain drug and another group would not? I am not aware whether this is done or not through the National Academy of Science or something like that.

Mr. LEVITAS. Mr. Chairman, if you will yield for a moment. There has recently been a rather prominent news item. I do not want to com-

pare the two exactly—but it is a common analogy. About 20 years ago there was a syphilis treatment program being studied at Tuskegee Institute and a certain number of the persons in the program were placed in a control group and were not given the drugs that were being tested as far as the program and they developed all sorts of subsequent symptoms, and I believe this matter is now presently in litigation—and it was a Federal program.

And I must agree with Judge Spector on this point. If a group of people who desire to be placed in a program which would cure them of repeated activity of the sort that we are talking about, I think they are being denied a right, if you will, that is being extended to others who are receiving treatment.

Mr. WRIGHT. Judge Bell, what is your observation on this divisive subject? I see the committee is split 50-50. What is your experience?

Judge BELL. I am John W. Bell, and I do not agree with Judge Spector in this case.

Mr. WRIGHT. Well, the judiciary is split, too.

Judge BELL. In my particular court I do not exclude anyone from any of the programs that are available, and I absolutely refuse to take anyone's recommendation on any subject, but reserve specifically the right to look at each individual case on its own merits. I want all of the recommendations I can get.

In my court, county court at law No. 2, treatment is offered to every person who is granted probation.

Mr. WRIGHT. Well, now, has anyone suggested to you that this should not be the case?

Judge BELL. No, sir. It is offered and I trust that at least in most cases I have come to me with a recommendation that I do not agree with, that my order is at least as good as that recommendation or better.

When I get a recommendation for a control group and a particular defendant is before the bench, I make it a point to offer him that program which I think will be most appropriate and discuss it with him.

I have had some defendants in individual cases that said, "I want the program," and they are assigned to it, whether it be ATP or any one of the schools that they have—they have a number of programs that are keyed to individual needs, depending on whether you are a problem drinker or a social drinker, what your problem is.

In most instances—I would say in over 95 percent of the individuals that have come to me with a recommendation as being a member of the control group, that is, a person that they have arbitrarily selected to put in that group to check and to follow through on to see how they compare with the person that is receiving treatment that they have categorized in the same general category—

Mr. WRIGHT. Let me ask a question at this point which seems to go to the heart of the issue: To your knowledge and that of Judge Spector, has any DWI request for treatment ever been refused?

Judge BELL. No, sir.

Mr. WRIGHT. In the ASAP program?

Judge BELL. No, sir.

Mr. WRIGHT. Are you aware of any, Judge Spector?

Judge SPECTOR. Well, in the legal right, sometimes your waiver is not a knowing, voluntary waiver, and you recognize that the people

we are talking about have been charged in the criminal sense and, in most cases, convicted in the criminal sense, and I would hesitate to say that they have voluntarily decided not to seek treatment.

Mr. WRIGHT. Perhaps the option for treatment simply has not been offered to them?

Judge SPECTOR. They might not recognize that they do in fact have an option.

Judge BELL. Might I say something there?

Mr. WRIGHT. Indeed.

Judge BELL. I think "desire" is the key word. You brought up a while ago the discussion of some drugs. Do you suggest that it would be ethical to require that every diabetic take a particular drug because somebody thought it would be beneficial to them?

Mr. WRIGHT. Well, that is an interesting corollary to the question I asked.

Judge BELL. Is is something that I am not real sure of. It is an area that we have a lot to learn about. As far as I am concerned, I think "desire" is the key word, and I think that each individual case must be looked upon specifically and in as much detail as is necessary regardless of how crowded the docket is or how many lawyers and their clients are waiting to be heard. I am going to take whatever time I think is necessary to be convinced in my own mind that this person is knowingly waiving his rights to a trial by a jury, his right to be represented by an attorney, his right to have witnesses brought into court and confront him, his right to get as much treatment as the law makes available for him.

But if he waives those rights, I am going to go ahead and find him guilty and sentence him and make my own decision about what the terms and conditions of his probation are going to be, and I refuse to be required to follow the guidelines set up by the adult or misdemeanor probation section.

In other words, quite frequently they will recommend against probation, and I have granted probation, and will continue to do so.

Mr. WRIGHT. Let me ask this related question. In instances where you have granted probation conditional upon the offender's attending a certain number of classes, for example, is there a systematic means by which you are advised of the failure of that individual to fulfill the terms of his probation?

Judge BELL. Yes, sir.

Mr. WRIGHT. You are satisfied that you are advised in all such instances?

Judge BELL. By at least three different agencies.

Mr. WRIGHT. I see. And is that the case in your instance, too, Judge Spector?

Judge SPECTOR. Since we have only been in that court 7 months and most probations would be a minimum of 6 months, the problem is just beginning to surface.

Mr. MYERS. Will the gentleman yield?

Mr. WRIGHT. Congressman Myers.

Mr. MYERS. I think this point is extremely important and one of the reasons why we are here, evaluation.

Now, it would seem to me that the court's basic need would be an evaluation of the program. I would think that the court would have to

be convinced that assignment to the ASAP program was an asset and that asset was documented by some scientific foundation.

Now, perhaps we are no even on the right program. Perhaps the program is not intensive enough. Perhaps in some cases, it would be my opinion, that it may even be harmful to someone. And those are the evaluations we are trying to make and, although I do not like to oppose a statement of my colleague, I would like to point out that, if my recollection is correct, on the syphilis case mentioned by Congressman Levitas that it was an experiment, an evaluation of a treatment, and it is my opinion that it just so happened that the litigation is on one side of that issue.

Perhaps 20 years or later the litigation could have been in the case of those who were given the treatment rather than those who were denied the treatment because the treatment was inherently bad for the patients.

However, if, in the cast of the syphilis situation, we knew that there was a treatment that was beneficial to the patients and we intentionally denied that to them, that would be the other case, and that is clearly what we are trying to decide here—how in the world do you evaluate whether \$2 million means anything and how in the world do we evaluate to the point that, if it is meaningful, we convince the communities to continue to fund it?

I would think that if we are doing nothing more than giving the same option that you have given in the past, and will give in the future if the program is no longer funded, as one of the alternatives it is not just a bad alternative. Perhaps, if it is offensive to the court, maybe what we should do in our evaluation program is do half of what we are doing today or do twice as much—half as much for one group and half of what we are doing for another group.

But I would think that comparison and evaluation is really the meat of what we are out here for today.

Judge SPECTOR. I might just point out one thing: I suggested to some of the personnel of ASAP that perhaps to—I realize it is necessary and I appreciate the Congressman's feelings that the public likes to feel that these programs are worthwhile—but my suggestion was that they wait until all legal sanctions had been completed and then start some type of evaluation program. In other words, wait until the man has been convicted and not received probation and served his jail time; if he has received probation, wait until the probation has been completed; begin at that point to evaluate. The reply was we would not have any volunteers at that point, and that is my objection. This is not—in a courtroom situation, that is not a volunteer who is volunteering to participate in this program. That is my objection.

Mr. WRIGHT. I am wondering if it would be possible for purposes of comparative evaluation to create a retroactive control group composed of those people who were convicted prior to the inauguration of the ASAP program and an attempt made to follow through upon their subsequent histories.

I do not know that we, among us, could come to any hard and fast conclusion on this, but it seems to have elements of public disputes that surround many things, including the fluoridation of city water, for example, and the legal requirement that every child in school

be vaccinated for smallpox, and some people objected conscientiously to both of those legal requirements.

But I think, in focusing upon this immediate problem, Judge Bell may have put his finger upon a truly significant factor when he said that "desire" is a key word, more so than in any of these comparable situations.

Desire may not be absolutely essential to one's protecting his teeth from cavities. If he gets fluoridation in his water whether he desires to protect himself from cavities or not is less significant, it seems to me—and the desire of a person not to get smallpox probably is quite considerably less significant in the probability of his remaining whole than it is in the case of the problem drinker.

In the instance of a problem drinker, absent desire, I should think no treatment could be very effective.

Would you comment on that? Do you agree fundamentally with that premise?

Judge BELL. No, sir; I do not. I do not think the problem drinker even recognizes he is a problem drinker, in my personal experience in a great many specific instances.

Mr. WRIGHT. Well, is that not the problem?

Judge BELL. That is the first problem, so you have to create the desire in him. If you took a poll of the members of the Bexar County jail this afternoon, every one of them over there would swear on a stack of Bibles that he would never do it again, whatever crime he is accused of, and he would do most anything to get out of there and promise you anything this afternoon. And we have that specific problem in our courtrooms.

Mr. WRIGHT. He does not desire to quit drinking, though, does he?

Judge BELL. He will tell you whatever he thinks you want to hear or see; will make any statement they think you, as the judge, want to hear. So you have to guard against that and you have to satisfy yourself—or at least let me put it this way: I feel that I must delve into the problem to satisfy myself that they are not under any pressure; that they are not desiring this treatment because they think I want them to desire it; or that they are not refusing it because they think I think they should refuse it.

I try to stay neutral and make it as objective an offer as possible.

I know Judge Spector disagrees with me, and she may be right. I am simply stating to you my position, and I obviously think I am right on it.

If I could just make a general statement, it might open the door for a few questions. I feel, personally, that the alcohol safety action project is a failure if you are looking to make alcohol safe. I do not think it is safe at all in Bexar County, and I do not think that they have done anything but maybe get a little toehold in trying to solve the problems that we are faced with.

But in spite of that feeling that the alcohol safety action project is a failure, it is my opinion it is fully worth the considerable expense that the taxpayers and the Nation and the local citizens have gone to, and that I, personally, appreciate the help I have received in evaluating the specific problems of specific individuals—and obviously I want the two reports back that I have given you examples of, but I did think you ought to see some specific examples of the type help that I get.

I look at those reports with great interest. I also get reports as to what the previous arrest records are and everything else and try to use all of the information that is made available to me in arriving at a decision, and I do think that the ASAP program has at least helped us in looking at available programs.

In other words, ASAP, to me, is not just the alcohol safety action project but the coordination that they have provided through the Bexar County adult probation office with the other agencies such as CARP, the alcohol treatment project, and many others, and my experience with them has been—and I think if you will notice in this one example that I gave you, they recommended PMT and ATP. They are not under their programs at all, but other—I think they are federally funded, also, or at least in part federally funded.

So I, personally, feel in my experience as a judge, but more so in my experience as a practicing attorney in Bexar County defending people charged with DWI—and some of them I would not take their programs and some of them I did, depending on the specific file I had—but I hope that we can continue the ASAP program and can improve on the programs that they coordinate.

It appears to me that they are cooperating with other agencies in trying to upgrade the services you get in them. I think they are a big help in the identification of the problem, that is, is he a social drinker or is he a problem drinker.

There are specific instances that I think they just missed the boat and made a miscalculation, but I appreciate their giving me both an evaluation, a summary of it, but then giving me some information about how they got to that evaluation so that I may agree or disagree with it.

In any event, I know—and do not get me wrong—that judges may disagree. I do disagree with Judge Spector on this particular point. But I can assure you that all of the judges of the county courts at law of Bexar County are unanimous in agreeing that they want to improve the judicial system in Bexar County, and in keeping with this attitude they have initiated steps that have tried to improve the availability and the accuracy of the information that we get. Part of it is through the alcohol safety action project and part of it is through other means, and we are trying to find means of using the automated techniques and the modern technology that is available in court management and court docket control and in finding effective alternatives to traditional punishment, that is, confinement and a fine.

And I think ASAP and the ATP program and particularly the adult probation office of Bexar County are to be commended. I was not aware of the full efforts of these groups to the extent that I am now a year ago, and in my opinion they are cooperating a lot more.

I think there is a lot more to be done, by the way, and I hope we will meet and try to get improvements made.

I, personally, feel that the legal aid system of releasing people on their personal bond would more appropriately be handled by the probation office and the file initiated, but that is just one specific improvement I, personally, see. I have got to sell the other judges on it, then the Commissioners' Court, and then the probation office, legal aid, and possibly the Congressmen that handle the committee, but there are many projects like this that we, as county court judges, are attempting to inaugurate, so do not leave with the impression that because Judge



Spector and I disagree on how we should go about a control group that there is any real disagreement. I feel, personally, there is none, even though I did say initially that I do disagree with them—you understand the point I am trying to make.

Mr. WRIGHT. I think I understand the point you are trying to make.

Mr. MILFORD. There is just one thing, though, that bothers me a little bit here. We have spent so far \$86 million in the ASAP program and it is an experimental program. It is designed to find out something, find out whether this works, and at some point in time we are going to have to go back to the Congress and render a report—or we are going to have to go back to the American public and render an accounting.

“We have spent 86 million of your dollars. Here is what we have proved.”

And it has to be done on a scientific basis. I realize this creates problems within the legal world but, yet, if we do not or if we are unable to go back and say scientifically, “Yet, this program will cut alcoholism or will help,” without that we have lost everything. We have spent \$86 million for nothing; we have not been able to prove anything—so that the cooperation within these programs is very important.

Judge BELL. That is why I have cooperated as much as I possibly can.

Mr. MILFORD. I do not know; I am not smart enough to give an alternative answer on how it can be done but, yet, it must be done some way.

Judge BELL. That is why I, personally, feel like I want to do everything that I can, and I feel like the control group, although I do not have the statistics—I am personally convinced that over 95 or 96 percent of the people who have been recommended to me to go into control groups went in there, but I am also personally satisfied that I have not abridged anyone’s rights in any specific instance because I have offered them the possibility of treatment, and I am personally convinced that those to whom I offered that treatment were knowingly declining to accept it.

Mr. MILFORD. Thank you, Mr. Chairman.

Mr. WRIGHT. Are there other questions?

Mr. MYERS. Just on the need for evaluation, we have seen—we have had testimony today that alluded to the fact that the program was successful because the arrests in this area went up on an average of 1,000 to an average of 318 percent. Now, that was one of the arguments for success of the program.

Now, in 1974 it trailed off, and that also by one witness said to be a measure of success.

Now, in order to—I do not think that any of those figures can really be used to evaluate the program, because if you went back to 1,000 you could have all kinds of combinations of factors involved to get you back down there, and you could just say that it was a failure, where in fact it may have been a success.

And this is the only thing I am saying, that the evaluation program, we cannot just take the statistics we have compiled altogether. I think even the group that we get to which we offer the ASAP program is necessarily a group in itself and distinct, so that you cannot compare those with the ones that did not voluntarily go for the ASAP pro-

gram and went the other way. There were reasons why these people went to the program and it should help them. It might be very difficult to correlate their results with others.

Judge BELL. It is my understanding that they are being excluded for that reason.

Mr. MYERS. So these are the reasons why we are looking for, as Mr. Milford said, a way to convince someone that the program can or will work.

Thank you, Mr. Chairman.

Mr. WRIGHT. If there are not any additional questions, we want to express to you, both of you—Judge Spector and Judge Bell—our real appreciation for the time you have spent today helping us to gain an understanding of this problem.

Judge SPECTOR. Thank you.

Mr. WRIGHT. Arthur A. Flores is the chief evaluation specialist for the Problem Drinker Evaluation Center and is a focal point for much that is happening in this program, and we welcome you to the committee, Mr. Flores, and will listen very attentively to what information you can give us. The full text of your prepared statement will appear in the record at this point.

[Statement referred to follows:]

STATEMENT OF ARTHUR A. FLORES, CHIEF EVALUATION SPECIALIST, PROBLEM DRINKER EVALUATION CENTER, SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT

DESCRIPTION: PROBLEM DRINKER EVALUATION CENTER

The Problem Drinker Evaluation Center of the Alcohol Safety Action Project is fundamentally a diagnostic and evaluation center which has six critical functions.

First. As a diagnostic center, it provides the Bexar County Courts and the District Attorney's Office with information concerning the DWI client's present drinking behavior. That is, through the use of the Mortimer-Filkins Test, which will be described later in this statement, the assistant evaluation specialists who conduct the testing can accurately categorize DWI clients as either social drinkers, borderline problem drinkers, problem drinkers and alcoholics. In addition to providing drinker status information the assistant evaluation specialists through their written psycho-social evaluations provide the County Court judges and the District Attorney's Office with the reason or reasons for the client's abusive drinking behavior.

Second. The evaluation specialists in their psycho-social evaluations also furnish the courts and the District Attorney with rehabilitation options as a condition of possible probation or reduced charge.

Third. Between now and June 1977 the Problem Drinker Evaluation Center will be involved in an intensive client and treatment follow-up program. This follow-up program, which will be fully discussed during the course of this statement, is an attempt to assess and determine if treatment is effective, if it promotes client progress, and if certain types of treatment modalities are more effective for certain types, i.e. personality types, of clients.

Fourth. The Problem Drinker Evaluation Center serves as the referral and coordination center for the community treatment agencies to which DWI clients are referred. When release forms have been signed by the client, the evaluation center can provide the treatment agency with vital background and treatment information on the DWI client. This information gives the treatment agency a headstart in their efforts to help the client. Through the center's coordination efforts attendance/non-attendance, compliance/non-compliance information is passed on to the Bexar County Adult Probation Office.

Fifth. The Evaluation Center serves the DWI client by giving him the opportunity to discuss his DWI arrest and drinking behavior in a non-punitive, non-threatening, and confidential atmosphere. The client is encouraged to communicate openly and to discuss his drinking behavior or any other significant life problem that may be of concern to him or her at the time. The evaluation center strives to promote an atmosphere of concern, involvement, and honesty.

Finally, the evaluation center provides the ASAP project evaluators with statistical data and information which is used to assess and evaluate the overall progress of the program.

The above was intended as a brief description and overview of the more critical functions of how the Problem Drinker Evaluation Center ties in with the DWI client, the District Attorney's Office, the County Courts, and the Adult Probation Office.

The DWI evaluation effort begins with the referral of a DWI client from either the County Courts or the District Attorney's Office. A referral from the County Court is made by the judge when he is considering placing the DWI client on probation. The referral from the District Attorney is made when a reduced charge of public intoxication is being considered.

Once the DWI client reports to the Problem Drinker Evaluation Center the evaluation effort begins with the administration of the Mortimer-Filkins Test and the collection of the client's Breathalyzer results, plus his driving and arrest records. The Mortimer-Filkins Test is comprised of a questionnaire and a structured interview. The questionnaire is self-administered, consists of 58 questions, and takes five to ten minutes to complete. It is followed by the interview between the assistant evaluation specialist and the DWI client. Depending upon the client the interview may take thirty to forty-five minutes. Subject areas covered by the interview include physical health, previous arrest and driving history, drinking behavior and history, marital, family and work history. Once the questionnaire and personal interview have been completed the Mortimer Test is scored. The scoring keys show those responses which are expected to be given by an individual with a drinking problem.

The scores of the questionnaire and interview are interpreted in the following manner: problem drinker—85 points or more; borderline problem drinker—more than 60 points but less than 85 points; and social drinker 60 points or less. In cases of borderline problem drinkers considerations such as age, breathalyzer results, driving and criminal record, and behavior during the interview make the difference between categorizing a client as a problem drinker or social drinker.

The rehabilitation modality recommended for a county court or District Attorney referral depends upon his problem drinker evaluation. At the present time the Alcohol Safety Action Project is involved in a very intensive Short Term Rehabilitation (STR) study, the purpose of which is to determine if treatment is effective; if treatment promotes client progress and positive personality changes; and if certain types of treatment modalities are more effective for certain types of clients. This Short Term Rehabilitation Study will be conducted as follows:

At the end of the testing and interview session the DWI client is informed about the Short Term Rehabilitation Study that the project is attempting to conduct. The study is fully explained and all of the client's questions are answered. Once the client has an understanding of the study and its objectives he is then asked if he wishes to volunteer to take part in the Short Term Rehabilitation Study.

If the client volunteers to take part in the study he is then randomly assigned to a treatment group appropriate to his drinker category or to its respective minimum exposure group. If the client refuses to participate he is then asked if he has an appropriate treatment preference in mind and if so he is assigned to that treatment modality and excluded from the study. If the client has no appropriate treatment preference or wishes to receive no treatment at all he is then informed that a random treatment assignment will be made. The following examples may serve to clarify the above mentioned procedure.

If, as a result of the testing and interview session, the DWI client is considered a social drinker and volunteers to participate in the study he will be randomly assigned to either the ASAP Alcohol Information and Driver Education (AIDE) School or its respective minimum exposure group. If this social drinker chooses not to participate in the study but wishes to attend the AIDE school this recommendation is made to the judge or the district attorney and the client is excluded from the study. If the client refuses to participate in the study and has no treatment preference he is then randomly assigned to either the AIDE School or its respective minimum exposure group.

If the client is categorized as a borderline or problem drinker and volunteers to participate in the study he will be randomly assigned to either the Alcoholic Treatment Program, or the Alcoholic Treatment Program plus Power Motivation Training or to a minimum exposure group.

If the client chooses not to participate in the study but wishes to attend either the Alcoholic Treatment Program or Power Motivation Training, or both, his request is made known to the judge and the client is excluded from the study. However, if this client has not treatment preference, and makes no selection he is then randomly assigned to one of the above named treatment modalities or its minimum exposure groups.

If an individual is considered an alcoholic he is automatically excluded from the study and an appropriate treatment recommendation is made.

In addition to the random selection procedure described the Short Term Rehabilitation Study will require that a Life Activities Inventory (LAI) be conducted prior to or immediately after the client has entered his treatment or minimum exposure group. After the initial Life Activities Inventory three more will be scheduled at six month intervals within an 18 month period. The LAI sessions will be conducted only on the borderline and problem drinkers that have been assigned and only on a total of 300 clients. The purpose of the LAI sessions are to assess treatment effectiveness and to measure positive personality changes as a result of having received treatment or not having received treatment.

Both the Mortimer-Filkins testing and interviewing sessions and the Life Activities Inventory sessions will be conducted by the assistant evaluation specialists of the ASAP Problem Drinker Evaluation staff. At the present time the Problem Drinker Evaluation Center is headed by an evaluation specialist with a staff of three assistant evaluation specialists. At the present time the evaluation center is lacking two additional assistant evaluation specialists but expects to hire this personnel relatively soon.

I am the Evaluation Specialist responsible for the operation of the Problem Drinker Evaluation Center. I have a B.A. degree in English and History with a minor in Education from St. Mary's University. I also have a Master's degree in Psychology and Guidance from Our Lady of the Lake College and am bilingual in English and Spanish.

The three assistant evaluation specialists are Mrs. Julia Hoyt, Mr. Leo Esparza and Mr. Henry Gonzales.

Mrs. Hoyt has a B.A. degree from Our Lady of the Lake College in Psychology with a minor in Social Welfare. She also has her Master's from Our Lady of the Lake College in Psychology and Guidance and is bilingual in English and Spanish. Mrs. Hoyt was with ASAP in the past under contract with the University of Texas Medical School. She functioned as a Social Worker for the project and has gained valuable knowledge and expertise which serves the project well.

Mr. Esparza earned his B.A. degree in Political Science with a minor in Sociology from Texas A&I University. He is presently working on his Master's degree in Political Institutions and Administration and has done his graduate work at Texas A&I University and St. Mary's University. Mr. Esparza is also bilingual in English and Spanish.

Mr. Henry Gonzales earned his B.A. degree in Sociology with a minor in Psychology from Our Lady of the Lake College. Mr. Gonzales is also working on his Master's degree in Psychology and Guidance at Our Lady of the Lake College. Mr. Gonzales is also bilingual in English and Spanish.

The ASAP project is very pleased to have such well educated and well trained individuals. Because of the sensitivity and nature of the work and because of the clientele served, their psychology and sociological background, including their bilingual ability, is considered an absolute requirement and asset in the performance of their jobs.

Overall it is felt that the services furnished by the Evaluation Center and the assistant evaluation specialists provide the judges with very useful information that each judge uses in adjudicating each individual DWI case. These services, prior to ASAP, were never provided by any county agency, including the Bexar County Adult Probation Office. At the present time the ASAP Problem Drinker Evaluation Center is, in our opinion, still the only office which, through its testing, interviewing, and reporting procedures, can provide the judges with professional services at such a sophisticated level.

#### POWER MOTIVATION TRAINING (PMT)

In addition to having the responsibility for the operation of the Problem Drinker Evaluation Center I am also responsible for the coordination and implementation of the Power Motivation Training Workshops. I am a Power Motivation Therapist and received my training in October and November of 1973 and my certification in April of 1974.

Power Motivation Training is a short-term group therapy module intended to help a person examine his behavior and build skills which expands his choices in life; skills which will allow him to develop satisfying alternatives to past and present behavior. It is a pragmatic therapy, designed to be part of a total treatment program. The program is based on the research work of Dr. David C. McClelland, Dr. Ric Boyatzis, their colleagues, and the staff of McBer and Company.

The basic theoretical position upon which PMT is based is that men drink alcoholic beverages in order to compensate for or overcome feelings of "powerlessness" i.e., depression, boredom, tension, frustration, anxiety, fear, apprehension, loneliness, feelings of incompetence, uselessness, ineffectiveness, etc. Put another way, men drink alcoholic beverages to attain, or regain, a feeling of strength. Thoughts about being big, strong, important, influential, about having more impact on others, about dominating others are all examples of power concerns.

What PMT strives to accomplish is to help people have more freedom of choice over their behavior and more ability to determine the results of what happens to them, thereby improving their lives. An individual's freedom of choice is increased when he recognizes how he behaves, understands the dynamics of why he acts in that manner, and learns some alternatives.

This is done by helping the individual develop risk-assessment skills, goal-setting skills, relaxation techniques, conflict-resolution techniques, interpersonal relationship skills, mood assessment skills, and self-examination techniques.

The Power Motivation Training Workshop does not tell people to stop drinking, not to stop competing, nor to stop arguing; it asks them to be aware of the costs and benefits to themselves and others of any behavior which they choose. Participation in such a program must be voluntary, and potential changes in a person's life as a result of participation in the workshop must also be made voluntarily.

Since PMT is a new treatment approach very little data as to its effectiveness or success has been compiled. However, this data shall be forthcoming at the end of the Short-Term Rehabilitation Study previously mentioned.

Of 100 cases taken at random from our case files of clients seen April 1, 1975 and June 30, 1975, the following DWI profile was developed.

The average age was 37 years with a range of 17 to 75 years. Ninety-five percent were male, of whom 58 percent were married. The total number of years of formal education of the group averaged sixth grade. Seventy-eight percent were gainfully employed with an annual income ranging from \$4,000 to \$7,000 with an average income of \$6,150.

Seventy-eight percent of the one-hundred group used beer as their primary intoxicant. The blood alcohol level (BAL) at the time of arrest ranged from 0.10% (the "legally drunk" level in Texas) to 0.34%, with an average for the group of 0.19%. Police records of the offenders studied revealed that ninety-five percent had received at least one previous arrest for an alcohol-related offense and the average number of arrests was 4.2 with a range of 0 to 47.

#### **TESTIMONY OF ARTHUR A. FLORES, CHIEF EVALUATION SPECIALIST, PROBLEM DRINKER EVALUATION CENTER, SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT**

Mr. FLORES. Thank you, Mr. Chairman. I appreciate the welcome, and I want to welcome you to San Antonio, and the distinguished Members, also.

This is going to be kind of a hard act to follow. I do not know really where to start, except to maybe initially try and clarify some of the concepts—or some of the things that the problem drinker evaluation center is trying to accomplish in its evaluations and its followup interviews, things of that nature.

To begin with, the problem drinker evaluation center is fundamentally a diagnostic and evaluation center and, as I see it, has several critical functions—very valuable functions.

First of all, as a diagnostic center, I believe it provides the Bexar County courts and the district attorney's office with information concerning the individual DWI client's present drinking behavior, and this is provided through the use of the Mortimer-Filkins test that the evaluation specialists use when they conduct their presentence investigations prior to the individual returning to court for sentencing.

I believe that is accomplished with the use of the individual's arrest record—we get a lot of valuable information from that, and this, of course, is passed on by the evaluation specialist to the judge and to the probation office in their psycho-social evaluations. These are prepared after each individual review and is provided to the judge——

Mr. MILFORD. Mr. Chairman, could we have the gentleman at this point insert into the record the questionnaire of that test, a copy of it?

Mr. FLORES. We can supply you with that.

Mr. WRIGHT. By all means.

Without objection, that document will appear at this point in the record.

[The questionnaire referred to follows:]

Name \_\_\_\_\_

Appendix A  
QUESTIONNAIRE (FORM A)

INSTRUCTIONS. Before you begin, please print your name at the top of this page.

Please answer every question. Do not spend too much time on any one question. We would like your first impressions, so try to answer with the first thing that comes to mind. Answer each question in the order in which it appears. Mark an "X" or check (✓) for the TRUE (yes) /FALSE (no) questions. Where you are asked to answer with a number, please put the number in the space provided. If the event never happened to you, mark zero (0). If the event truly does not apply to you draw a line through the answer spaces. There are no right or wrong answers. Give the answer which seems most correct to you. Are there any questions now?

Go to the next page and begin.





## Appendix A

	TRUE (yes)	FALSE (no)	
10. Are your relatives upset with the way you live?-----	( )	( )	10
11. Is your income sufficient for your basic needs?-----	( )	( )	11
12. Are you bothered by nervousness (irritable, fidgety or tense)?-----	( )	( )	12
13. My judgment is better than it ever was-----	( )	( )	13
14. Have you recently undergone a great stress (such as something concerning your job, your health, your finances, your family, or a loved one)?-----	( )	( )	14
15. I am apt to take disappointments so badly that I can't put them out of my mind-----	( )	( )	15
16. I have long periods of such great restlessness that I cannot sit long in a chair-----	( )	( )	16
17. Are you often sad or down in the dumps?-----	( )	( )	17
18. I have had periods in which I carried on activities without knowing later what I had been doing-----	( )	( )	18
19. Do you have a lot of worries?-----	( )	( )	19
20. I have trouble sleeping-----	( )	( )	20
21. I am moderate in all my habits-----	( )	( )	21
22. Do you feel that you have abnormal problems?-----	( )	( )	22
23. I have lived the right kind of life-----	( )	( )	23
24. My home life is as happy as it should be-----	( )	( )	24
25. Does drinking help you make friends?-----	( )	( )	25
26. Much of the time I feel as if I have done something wrong or evil-----	( )	( )	26
27. Do you think that creditors are much too quick to bother you for payments?-----	( )	( )	27
28. I wish I could be as happy as others seem to be-----	( )	( )	28
29. I sometimes feel that I am about to go to pieces-----	( )	( )	29
30. Do you usually perspire at night?-----	( )	( )	30
31. I often feel uncomfortable and down in the dumps-----	( )	( )	31
32. About <u>how many</u> years has it been since your last out-of-town vacation?-----	(#	)	32
33. I am a high-strung person-----	( )	( )	33
34. I am satisfied with the way I live-----	( )	( )	34

## Appendix A

	TRUE (yes)	FALSE (no)	
35. Have you ever had your drivers license suspended or revoked?-----	( )	( )	35
36. About <u>how many</u> times have you asked for help for your problems (personal, family, marriage, money, or emotional)?-----	(#	)	36
37. Is there a history of alcoholism in your family?-----	( )	( )	37
38. Do you have a relative who is an excessive drinker?-----	( )	( )	38
39. Are you often depressed and moody?-----	( )	( )	39
40. I often feel as if I were not myself-----	( )	( )	40
41. I am often afraid I will not be able to sleep-----	( )	( )	41
42. Do you often feel afraid to face the future?-----	( )	( )	42
43. Drinking seems to ease personal problems-----	( )	( )	43
44. How many drinks can you handle and still drive well?-----	(#	)	44
45. In the last year, <u>how many</u> times have you drunk more than you could handle, but still been a good driver when you got behind the wheel?-----	(#	)	45
46. I wish people would stop telling me how to live my life---	( )	( )	46
47. I often am afraid without knowing why I am afraid-----	( )	( )	47
48. At times I think I am no good at all-----	( )	( )	48
49. Do you feel sinful or immoral?-----	( )	( )	49
50. A drink or two gives me energy to get started-----	( )	( )	50
51. Does drinking help you work better?-----	( )	( )	51
52. My daily life is full of things that keep me interested---	( )	( )	52
53. I often have feelings of vague restlessness-----	( )	( )	53
54. My friends are much happier than I am-----	( )	( )	54
55. I often pity myself-----	( )	( )	55
56. Would you say that 4 or 5 drinks affect your driving?-----	( )	( )	56
57. I feel tense and anxious most of the time-----	( )	( )	57
58. Are you often bored and restless?-----	( )	( )	58

## CASE INFORMATION SHEET

Agency ID# \_\_\_\_\_ 105 Case ID# \_\_\_\_\_ 120 Date \_\_\_\_\_ 126  
 Mo./Day/Yr.

Name \_\_\_\_\_  
 Last First Middle or Maiden

Address \_\_\_\_\_  
 Number Street City Zip Code

Telephone \_\_\_\_\_ Driver's License No. \_\_\_\_\_ 142

Sex \_\_\_\_\_ 143 Nationality or Race \_\_\_\_\_ 144 Age \_\_\_\_\_ 146 Weight \_\_\_\_\_ 149  
 (M=1, F=2) (White=1, Black=2, Other=3)

Date of Birth \_\_\_\_\_ 155 Attending DWI Class? Y N 156  
 Mo./Day/Yr.

Number of class sessions completed \_\_\_\_\_ 157 Instructor ID# \_\_\_\_\_ 159

Marital Status \_\_\_\_\_ 160 Occupation \_\_\_\_\_ 162  
 (Sgl.=1, Sep.=2, Div.=3,  
 Wid.=4, Marr.=5)

Interviewer ID# \_\_\_\_\_ 164 Number of interviews  
 previously conducted by this interviewer \_\_\_\_\_ 167

Interviewer's title \_\_\_\_\_

Circumstances of Contact \_\_\_\_\_ 168

1. Pre-sentence investigation
2. Condition of probation
3. Other (specify) \_\_\_\_\_

Referral Date \_\_\_\_\_ Sentence Date \_\_\_\_\_  
 Mo./Day/Yr. Mo./Day/Yr.

Referred by Judge \_\_\_\_\_ Current Offense \_\_\_\_\_

Appendix B

Case I.D.# \_\_\_\_\_ 1  
 Form \_\_\_\_\_ 2  
 Completed by \_\_\_\_\_  
 Referral Date \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Interview Date \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 12  
 Sentence Date \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Referred by Judge \_\_\_\_\_  
 Current Offense \_\_\_\_\_

Name \_\_\_\_\_ 6  
 Last First Middle or Maiden

Address \_\_\_\_\_  
 No Street City Zip

Phone No. \_\_\_\_\_ Driver License No. \_\_\_\_\_ 3

Sex 1. Male \_\_\_\_\_ 2. Female \_\_\_\_\_ Race 1. White \_\_\_\_\_ 2. Black \_\_\_\_\_ 3. Other \_\_\_\_\_  
 7 294

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 8 Month Day Year 15 16

o How far have you gone in school?

1. None
2. 7 grades or less
3. 8-11 grades
4. 12 grades or diploma
5. Completed business or trade school
6. 1-3 yrs. college
7. 4 yrs. college
8. Post-graduate work
9. Not known

(Put # in space at right) \_\_\_\_\_ 298

Appendix B

o How is your general health?

- 1. better than average or very good, excellent ( )
- 2. average or good or
- 3. less than average, fair, poor, bad (R)

(Put # in space at right) . . . . . ( ) 19

(If less than average):What are the problems? ( ) 20

\_\_\_\_\_

\_\_\_\_\_

Person complains of: (check if yes)

- a. being tired or fatigued. . . . . ( ) 21
- b. general weakness. . . . . ( ) 22
- c. just feeling bad all over. . . . . ( ) 23
- d. weight loss or inability to eat. . . . . ( ) 24
- e. inability to concentrate. . . . . ( ) 25
- f. difficulty sleeping. . . . . ( ) 26
- g. increased irritability. . . . . ( ) 27
- h. difficulty doing his job or taking care of his home. . . . . ( ) 28

o Do you have a chronic disease or illness? . . . . . Y N ( ) 29

o Have you had any of the following? (check if yes)

- a. fatty liver. . . . . ( ) 32
- b. cirrhosis. . . . . ( ) 33
- c. pain and/or weakness of legs. . . . . ( ) 34
- d. anemia. . . . . ( ) 36
- e. convulsions or epilepsy. . . . . ( ) 37
- f. diabetes . . . . . ( ) 38
- g. ulcers or stomach problems. . . . . ( ) 39
- h. mental or emotional illness. . . . . ( ) 41
- i. any severe bleeding problems. . . . . ( ) 42
- j. pancreatitis. . . . . ( ) 43

Other mentioned \_\_\_\_\_ ( ) 30

## Appendix B

			( ) or (R)	
○ Are you disabled or do you have any physical defects?	Y	N	( )	44
(If yes):What? _____			( )	45
<hr/>				
The handicap limits his adjustment or ability to perform:				
			( )	46
a. in his job situation			( )	47
b. in friendships or in a social setting			( )	48
c. in his family situation			( )	49
The person has made an adequate emotional adjustment to the handicap.			( )	50
The person is using the handicap as an excuse for drinking or as an excuse for family or job problems.			( )	51
○ Have you had a serious injury or illness in the past?	Y	N	( )	52
(If yes):What was its nature? _____			( )	53
<hr/>				
Are you completely well from this(these)?	Y	N	( )	67
○ What were you doing that called you to the attention of the police?			( )	
<hr/>				
<hr/>				
<hr/>				
Specific behaviors mentioned: (check if yes)				
a. drunk or impaired driving			( )	68
b. car accident			( )	69
c. asleep in or near car			( )	70
d. fighting or argument			( )	71
e. staggering			( )	72
f. molesting or bothering people			( )	73
g. noise making			( )	75
i. other _____			( )	76

## Appendix B

			( ) or (R)	
⊙ Have you ever been arrested for driving under the influence of liquor or for impaired driving?	Y	N	( )	91
(If yes):How many times?	#	_____	( )	92
⊙ Have you ever been arrested for being drunk and disorderly or for public intoxication?	Y	N	( )	93
(If yes):How many times?	#	_____	( )	94
Was driving related to any of these?	Y	N	( )	95
(If yes): In how many instances?	#	_____	( )	96
⊙ Have you ever been arrested for reckless driving?	Y	N	( )	97
(If yes):How many times?	#	_____	( )	98
Was this ever reduced from the original charge?	Y	N	( )	99
(If yes): What was the original charge?_____			( )	100
(Was the original charge DUIL or impaired?)	Y	N	( )	101
⊙ Have you ever been arrested for anything else?	Y	N	( )	102
(If yes):How many times and for what?_____				
Kinds of offenses				
Crimes involving property	#	_____	( )	104
Crimes of personal assault	#	_____	( )	105
Crimes involving sex	#	_____	( )	106
Other(list)_____			( )	297

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 QUESTIONS A, B, C ARE TO BE ASKED IF OFFENDER HAS A PREVIOUS RECORD
 

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⊙ A. How old were you at the time of your first arrest?	(yrs.)	_____	( )	107
⊙ B. How long has it been since your last arrest?	(yrs.)	_____	( )	108
⊙ C. Are you currently on probation?	Y	N	( )	109
(If yes):Is non-drinking part of the probation?	Y	N	( )	110

---

## Appendix B

		( ) or (R)
○ While driving have you ever been stopped by police but not ticketed, when you knew you had been drinking too much?	Y N	( ) 112
○ Has your driver's license ever been suspended or revoked?	Y N	( ) 113
(If yes):How many times?	f _____	( ) 114
Was drinking related to the suspension(s) or revocation(s)?	Y N	( ) 116
○ Do you have a valid license now?	Y N	( ) 115
○ Do you feel that drinking is causing any problems in your life?	Y N	( ) 117
(If yes)Can you tell me what these problems are?		
_____		( ) 118
_____		
Problems mentioned:(check if yes)		
a. marriage	_____	( ) 119
b. job or employment	_____	( ) 120
c. health	_____	( ) 121
d. court	_____	( ) 122
○ Do you feel that you always drink like a social drinker?	Y N	( ) 124
(If no):How do you differ from the social drinker? (frequency and amount)		
_____		
Differs from a social drinker in the following ways?(check if yes)		
a. drinks more frequently	_____	( ) 126
b. drinks greater quantity when he drinks	_____	( ) 127
c. feels worse after drinking	_____	( ) 128
d. has a compulsion to drink	_____	( ) 129
e. drinks at unusual times	_____	( ) 130
f. other _____	_____	( ) 131



## Appendix B

			( ) or (R)	
○ Do you ever find that you drink more than you had intended to drink?	Y N	( )		132
○ Do you usually drink every day?	Y N	( )		134
(If no):How many days a week do you usually drink?	#	_____	( )	135
(If every day record 7, if less than once a week record 1; if weekends only record 2.)				
○ Do you usually drink four or more drinks at one sitting?	Y N	( )		136
○ What kind of drinks are these? _____			( )	137
(double martini, boilermaker, straight shots, etc.)				
○ Where do you usually do your drinking?(check if yes)				
a. own home	_____	( )		138
b. friend's home	_____	( )		139
c. party	_____	( )		140
d. bar or lounge	_____	( )		141
e. restaurant	_____	( )		142
f. other(list) _____	_____	( )		143
○ With whom do you usually drink? (check if yes)				
1. alone	_____	( )		250
2. spouse	_____	( )		251
3. casual drinking companions	_____	( )		252
4. friends	_____	( )		253
5. other	_____	( )		254
○ Have you gone on a drinking spree or binge in the last five years?	Y N	( )		144
○ Do you ever get the feeling that you "NEED" or "REALLY WANT" a drink?	Y N	( )		145
(If yes):When do these feelings occur? _____			( )	146
Has it ever happened after you have gone to bed?	Y N	( )		147

## Appendix B

		(I) or (R)
Do you ever feel this way before noon?	Y N	( ) 148
Client states he needs a drink when: (check if yes)		
a. angry	_____	( ) 149
b. depressed	_____	( ) 150
c. lonely	_____	( ) 151
d. happy	_____	( ) 152
e. tense or nervous	_____	( ) 153
f. with friends	_____	( ) 154
g. things go wrong	_____	( ) 155
h. at parties	_____	( ) 156
i. at certain times of day	_____	( ) 157
j. other(list) _____	_____	( ) 158
○ Have you ever hidden a bottle of liquor?	Y N	( ) 159
○ Do you drink to feel less self-conscious and more at ease around people?	Y N	( ) 160
○ Do you ever feel that it is easier to start something after you have had a drink?	Y N	( ) 161
○ Does drinking sometimes give you courage or self-confidence?	Y N	( ) 162
○ Do you feel more quarrelsome or angry after you have had several drinks?	Y N	( ) 163
○ Have you been told that you become rowdy or noisy when you have had too much to drink?	Y N	( ) 164
○ Have you ever destroyed property or gotten into a physical fight when you were drinking?	Y N	( ) 165
○ Have you ever thought about cutting down on drinking?	Y N	( ) 166
○ Have you ever felt bad or guilty about drinking?	Y N	( ) 168
○ Have any of your friends or members of your family suggested that you watch or cut down on drinking?	Y N	( ) 169
○ Have you ever been treated for drinking?	Y N	( ) 170
(If yes):When? _____		( ) 255

## Appendix B

			( ) or (R)	
● Have you ever taken medicine or pills other than aspirin to help sober up?	Y	N	( )	171
● Have you ever found that you can't remember or wonder what you did the night before when you were drinking?	Y	N	( )	172
● Did you ever fall or seriously injure yourself when you were drinking?	Y	N	( )	173
● After drinking the night before, have you ever decided not to go to work the next morning?	Y	N	( )	174
(If yes): How many times a year does this happen?	#	_____	( )	256
● Have you ever found that your hands shake and tremble in the morning?	Y	N	( )	176
● Have you ever vomited or been very sick to your stomach, not while drinking, but the morning after drinking?	Y	N	( )	178
● Do you ever drink in the morning before breakfast or before going to work?	Y	N	( )	179
● Do you feel that your health would be better if you decreased or stopped drinking?	Y	N	( )	180
● Do you ever take tranquilizers, anti-depressant or pep-up pills?	Y	N	( )	183
● Have you ever been told that your drinking was injuring your liver?	Y	N	( )	186
● Have you ever had bad stomach or abdominal pain?	Y	N	( )	187
(If yes) : Did this occur after drinking?	Y	N	( )	188

## Appendix B

( )  
or  
(R)

O What is your marital status? (Read choices to person)

1. married
2. single
3. widowed
4. separated
5. divorced

(Put # in space at right)

\_\_\_\_\_ ( ) 191

O IF MARRIED

How long have you been married? (yrs.) \_\_\_\_\_ ( ) 192

Have you ever been married before? Y N ( ) 257

(If yes) : How many times? # \_\_\_\_\_ ( ) 258

Do you and your (present) wife/husband  
get along pretty well? Y N ( ) 193

Do you ever have arguments about drinking? Y N ( ) 194

Do you have any children at home? Y N ( ) 196

(If yes) : Do you have any serious problems  
with them? Y N ( ) 197

Are there any (other) family problems? Y N ( ) 198

(If yes) : What? \_\_\_\_\_ ( ) 259

## Appendix B

(I)  
or  
(R)● IF SINGLE

Have you ever been married? Y N ( ) 200  
 (If yes):How many times? # \_\_\_\_\_ ( ) 260  
 Do you: (check if yes)  
 1. Go out mainly with one person \_\_\_\_\_ ( ) 261  
 2. Go out with several people  
    in a causal way \_\_\_\_\_ ( ) 262  
 3. Not go out with anyone \_\_\_\_\_ ( ) 263  
 Do you find that you drink more than  
 your friends? Y N ( ) 264  
 Has drinking interfered with any marriage  
 plans? Y N ( ) 265

● IF WIDOWED

How long have you been widowed? (yrs.) \_\_\_\_\_ ( ) 201  
 Have you been married more than once? Y N ( ) 266  
 (If yes):How many times? # \_\_\_\_\_ ( ) 267  
 Are there any children at home? Y N ( ) 268  
 (If yes):Do you have any serious problems  
 with them? Y N ( ) 269  
 Has your drinking increased since you lost  
 your wife/husband? Y N ( ) 202  
 Are you alone most of the time? Y N ( ) 270

● IF SEPARATED OR DIVORCED

How many times were you married? # \_\_\_\_\_ ( ) 271  
 Were there any children? Y N ( ) 206  
 (If yes):Do you have any serious problems  
 with them? Y N ( ) 272  
 Did you have family arguments over drinking? Y N ( ) 203  
 Has your drinking increased since the  
 separation or divorce? Y N ( ) 204  
 Are you alone most of the time? Y N ( ) 273

Appendix B

			( ) or (R)
○ Have you ever been fired?	Y N	( )	225
(If yes):Why? _____		( )	283
○ Are you presently employed?	Y N	( )	206
(If respondent is female and answers negatively, ask if she considers herself a housewife or homemaker. If she is a housewife, ask her the "If Employed" questions that follow.)			
○ <u>IF EMPLOYED</u>			
What is your present job?(Title plus description)		( )	207
_____			
(Such as carpenter, clerk in grocery store, housewife, etc.)			
How long have you had this job? (yrs.) _____		( )	208
How good do you think your work is at your present job?		( )	209
1. excellent			
2. good			
3. fair or poor			
(Put # in space at right). . . . . _____			
○ <u>IF UNEMPLOYED</u>			
How long have you been unemployed? (yrs.) _____		( )	210
Why are you unemployed? _____		( )	211
Reason for unemployment: (check if yes)			
a. laid off previous job . . . . . _____		( )	212
b. fired. . . . . _____		( )	213
c. strike. . . . . _____		( )	214
d. illness. . . . . _____		( )	215
e. other _____		( )	216
Did drinking contribute to your job loss?	Y N	( )	217

Appendix B

( )  
or  
(R)

• Have you had any problems with your job(s) in the last 3 years? . . . . . Y N ( ) 274

(If yes):What kinds of problems are (were) they? (check if yes)

- 1. occasional friction with fellow workers or boss. . . . . ( ) 276
- 2. frequent friction with fellow workers or boss. . . . . ( ) 277
- 3. occasional trouble with work. . . . . ( ) 278
- 4. serious difficulty doing work, or accidents. . . . . ( ) 279
- 5. occasional absence. . . . . ( ) 280
- 6. frequent absences. . . . . ( ) 281
- 7. difficulty finding employment. . . . . ( ) 282
- 8. other \_\_\_\_\_ ( ) 275

• What is your main source of support?

- 0. none
- 1. salary
- 2. income other than salary
- 3. family/friend
- 4. savings, pension
- 5. disability benefits, social security
- 6. unemployment insurance
- 7. public assistance
- 8. other \_\_\_\_\_

(Put # in space at right) \_\_\_\_\_ ( ) 284

## Appendix B

( )  
or  
(R)

○ About how much was your total family income in the past year? (gross)

1. \$2000 or less
2. \$2000 - 3999
3. \$4000 - 5999
4. \$6000 - 7999
5. \$8000 - 9999
6. \$10,000 - 14,999
7. \$15,000 - 24,999
8. \$25,000+

(Put # in space at right) \_\_\_\_\_

( ) 285

How many children and adults are living on this income?

( ) 286

children # \_\_\_\_\_ ( ) 287

adults (18+) # \_\_\_\_\_ ( ) 288

○ How many large debts do you have? . . . . . # \_\_\_\_\_ ( ) 289

○ Do you have close friends that you can confide in?

(check if yes)

1. has no friends. . . . . \_\_\_\_\_ ( ) 291

2. has only casual acquaintances. \_\_\_\_\_ ( ) 292

3. has close friends (one or more) \_\_\_\_\_ ( ) 293

○ Would you describe yourself as being lonely a good deal of the time? . . . . . Y N ( ) 228

○ Do you feel that your life is difficult to manage and you are not sure how to straighten it out? . . . . . Y N ( ) 229

○ Do you feel that you are a problem drinker? . . . . . Y N ( ) 245



## Appendix B

( )  
or  
(R)

INTERVIEWER'S INITIAL DIAGNOSIS  
(THIS SECTION CAN BE FILLED IN AFTER THE INTERVIEW IS OVER)

- Drinking pattern:
- Has person previously exhibited a pattern of controlled drinking? . . . . . Y N ( ) 231
- How experienced is this person at drinking? (Select a value from 1, very inexperienced, to 5, very experienced). . . . . # ( ) 232
- Interviewer's conclusions
- Do you feel that this drinking situation was unique and unlikely to happen again? Y N ( ) 88
- Did the client give you evidence of a past behavior pattern of heavy drinking? Y N ( ) 89
- Do you feel that without any therapeutic intervention he is likely to repeat this drinking behavior within the next 5 years? Y N ( ) 90
- Problem diagnosis:
1. person has no problems related to drinking
  2. person has a temporary drinking problem
  3. person has a long standing drinking problem
- (Put # in space at right). . . . . ( ) 234
- Interviewer's physical observation of client:  
(check if yes)
- a. looks older than stated age. . . . . ( ) 235
  - b. looks ill. . . . . ( ) 237
  - c. has a hand tremor. . . . . ( ) 239
  - d. has bloodshot or glassy eyes. . . . . ( ) 240
  - e. has a flushed face. . . . . ( ) 241
  - f. has language difficulty. . . . . ( ) 242
  - g. appears to be markedly below average in intelligence. . . . . ( ) 243
  - h. nicotine stains or blisters on fingers. . . . . ( ) 294.

QUESTIONNAIRE AND INTERVIEW SUMMARY SHEET

CASE # \_\_\_\_\_

1. QUESTIONNAIRE #	2. YES	3. SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
MENTAL HEALTH		
9, 18, 22, 35, 36, 40		Abnormal Problems
12, 16, 29, 30, 33, 40, 53, 57, 58		Nervousness, Restlessness, Agitation
17, 28, 31, 39, 55		Sadness or Depression
23, 26, 48, 49		Self-Denunciation
28, 34, 52, 54, 55		General Dissatisfaction
20, 30, 41		Sleeping Problems
19, 42, 47		Worry, Fear
52, 58		Boredom
27, 46		Resentment
12, 14, 25, 29, 34, 36, 43, 44		Inability to Cope
18, 25, 37, 38, 43, 44, 45, 50, 51, 57		Drinking-Related Problems

QUESTIONNAIRE SCORE	Key-1	PAGE			PAGE TOTAL	KEY TOTAL
		1	2	3		
	Key-2	0				(Key-1)x2 =
						(Key-2)x1 =
Q=QUESTIONNAIRE SCORE =						

INTERVIEW PAGE #	YES	SUBJECT AREA
2,3		Poor Physical Health
3		Disability: Related Problems
4		Previous Arrests # _____ Had Been Drinking # _____
4, 5		Poor Driving History
5-8		Poor Drinking Controls
5, 8		Indication of Physical Dependence on Liquor (Compulsion to drink; trembling hands, morning vomiting and nausea)
9,10		Marital Problems
9,10		Family Problems
11,12		Poor Work History

INTERVIEW SCORE KEY-3	PAGE														PAGE TOTAL	KEY TOTAL		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
			0							0	0	0						(Key-3)x4
I=INTERVIEW SCORE=																		
QUESTIONNAIRE SCORE= Q																		
FINAL TOTAL SCORE=Q+I =																		

MR. FLORES. Second, I think it provides the judges—well, in addition to the first provision, I think it provides the judges also with information as to why this individual may be drinking, the reason or reasons behind this individual's present abuse-of-drinking behavior, and we think that is valuable.

I think it gives the judge—Judge Bell stated earlier—I think it gives him a place to start from with respect to deciding whether or not he is going to follow our recommendation for treatment.

Second, I think the evaluation specialist in their psycho-social evaluations also furnish the judge with rehabilitation options with respect to this individual DWI client and in that respect provides the judge with information that the judge can use in adjudicating this individual DWI client in deciding whether he is going to accept the recommendation.

Third—and this is very important; it is focal to what was just discussed between Judge Bell and Judge Spector—between now and, I guess, June 1977, because of the followup program, we will be involved in a very extensive and intensive followup program on those individuals that have been randomly assigned for the purposes of evaluation to the different treatment modalities that we assign people to.

Now, the issue of the control group came up. In my opinion, that is a misnomer. I would rather refer to it as a minimum exposure group. The reason for that is: In research terms, a control group, purely speaking, would be a group that would receive nothing, no exposure to anything. Now, these extensive followup interviews that we will be conducting will require this individual to report at least four times to the ASAP office. Initially, either prior to the individual entering treatment or right after entering treatment or initially after being assigned to the control group, he will report for what we call life activities inventory interviews, the purpose of which is to determine whether or not the treatment programs that we are assigning these people to, No. 1, are effective—is the client showing any type of positive progress or personality changes as a result of this treatment or as a result of not receiving the treatment. These are the purposes of the life activities inventory.

Another purpose of it is, since there are different types of treatment approaches we can use on these individuals, which approach is best suited for which individual. Each individual is different; he has a different personality type; he has different characteristics, and so are the treatment approaches. They are different.

So maybe it is a question of finding out whether or not this particular individual with this particular personality type requires this particular form of treatment. This is what we are trying to find out if we can.

We are not the only ASAP site that is trying to determine this. There are other sites—there are eight other sites, I believe, or seven other sites in addition to San Antonio that are trying to determine this.

So we feel that it is valuable. It is going to provide not only ASAP and the taxpayer, the Federal Government, with information concerning how effective our treatment is, but I think the judges, too, the judiciary, the probation office, and the treatment people and the clients, certainly.

We feel that another function, the problem drinker evaluation center serves—meets—is that it serves as a referral and coordinating agency between the judges, between the probation office, between the treatment agencies.

Once we see an individual and if we have the proper authorization, we can release our psycho-social evaluations to the treatment agencies so that when this individual reports for treatment, they at least have a headstart. They at least know something about why this individual is drinking the way he is, why he is drinking abusively, and how often is he drinking. That is important, I think.

I think Mr. Bradshaw, when he testifies later, can kind of support me on that. I think that is a tremendous help to him.

Fifth, I think the evaluation center serves the driving-while-intoxicated client by giving him the opportunity to discuss his arrest and drinking behavior in a nonpunitive, nonthreatening, noncritical atmosphere. All of our evaluation specialists try and provide an atmosphere of acceptance, an atmosphere of concerned involvement and honesty in talking with these people, whether it is talking about their particular driving-while-intoxicated arrest or arrest or their drinking behavior or any other life-related problem they may be having at the time. It may not necessarily be a drinking problem. Maybe he has other problems and drinking is just a manifestation of them. We need to find that out so that we can do something appropriate for that individual. So, for that reason, we think we serve a pretty vital function.

Also—this is my final point—the evaluation center provides the ASAP project and Southwest Research with statistical data and information the project and Southwest Research use to evaluate the overall progress of the project, so we provide several vital functions, and we think we do those pretty well.

This was intended primarily to kind of give you an idea of what we do and why we do those things, and now it might be a good idea to kind of give you a clear picture of how we get the individual and what goes on from that point.

Usually the evaluation effort begins with the referral of the driving-while-intoxicated client from either the county courts or the district attorney. A referral from the county court is made by the judge when the individual has applied for probation and the judge is considering granting probation. Usually he is referred from the district attorney's office when the individual is being considered for a reduced charge, possibly. So this is when we get him.

Once the driving-while-intoxicated client reports to our evaluation center, then the evaluation effort begins, of course, with the administration of the Mortimer test.

Now, the Mortimer test consists of essentially two parts, the self-administered questionnaire which is comprised of 58 questions. These 58 questions try and get at mainly background information such as whether the individual is married or not; whether he and his wife have ever been separated or considered divorce; whether he has ever been arrested before; whether or not anyone in his family has ever had drinking problems or alcohol-related problems; whether he is having problems at home of any particular nature. It gets into things like does he ever feel depressed or restless, bored, these kinds of things.

That takes about 10 to 15 minutes, depending on the individual, to complete. Because of the clientele that we serve, sometimes it may take

longer. Sometimes we may even have to read the questionnaire to the individual or translate it into Spanish.

The interview, again depending on the individual, can take anywhere from 45 minutes to an hour, and that is a very structured interview and each evaluation specialist has a set of specific questions he has to ask during that interview. Basically, it tries to get at such things as general health, previous arrest and driving history, drinking behavior and history, marital, family, and work history, and these kinds of things so that we have an overall picture of just what kind of an individual we are dealing with.

The scoring keys show those responses which are expected to be given by an individual that has a drinking problem.

The scores of the questionnaire and interview are interpreted in the following manner: He is considered a problem drinker if he scores between 85 points on the Mortimer test and, I think, approximately 125—would be a problem drinker; above 125 we consider him an alcoholic. He is pretty bad off. An individual who scores between 60 points and less than 85 points is considered a borderline problem drinker.

Mr. WRIGHT. Let me intrude a question at this point. We asked a moment ago for a copy of a test. Is this the test to which you then were referring, the so-called Mortimer test?

Mr. FLORES. Yes, sir.

Mr. WRIGHT. And it is a copy of that that we will receive?

Mr. FLORES. Yes, sir.

Mr. WRIGHT. Thank you.

Mr. FLORES. A social drinker, an individual is considered a social drinker if he scores anywhere below 60 points on the Mortimer test.

Of course, this is backed up, again, by the individual's arrest record and by the individual's behavior during the interview, during the testing. We back that up with the rap sheet, also.

There are bits of information that are necessary in order to make that type of evaluation. You need to talk to the individual; you need to assess his behavior during the interview—an individual can come in and take any kind of a written test and if he knows what answers are expected, what answers are socially acceptable, gosh, he can con the heck out of you, so this is why we figure that the interview part of this Mortimer-Filkins test is essential, because it gives us a lot of information.

The rehabilitation modality that is recommended to the judges or to the district attorney's office is contingent upon this individual's classification; that is, whether he is a social drinker, borderline or a problem drinker or an alcoholic.

As I mentioned earlier, at the present time we are conducting pretty extensive followup studies to try and determine if the treatment modalities that we assign people to are effective.

What we do, essentially, when we determine this individual's drinker status, once we know whether he is a social drinker or a borderline problem drinker or a problem drinker or an alcoholic, then we explain to him fully what the ASAP project is trying to accomplish, and that is in the following manner: "The alcohol safety project is conducting an evaluation study to determine whether or not its treatment program modalities are effective. If you volunteer for this study"—and you ask them if they want to volunteer, and this is where the control group comes in—"at most you will be expected to do such and

such. You will be required to attend the alcohol treatment program"—or he may be required to attend the alcohol treatment program in addition to power motivation training. That will be discussed a little bit later on in the statement.

Or, "You may be selected for a minimum exposure group," that being the group that will receive no treatment but will be required to report to the ASAP office four times within an 18-month period of time to determine the effectiveness of no treatment.

Mr. WRIGHT. Well, you say the decision to recommend one or another of these modalities is based upon the classification into which this individual falls as a result of his test and interview and so forth. If a different type of individual is selected for the minimum exposure group than he who is selected for one of these treatment programs, how would we have a comparable situation on which to base an appropriate comparative analysis?

Mr. FLORES. I do not think I heard all of your question, Mr. Chairman.

Mr. WRIGHT. All right. I believe I understood you to say that your decision to recommend one or another of the modalities of treatment was based on the individual's responses and how you classified him. Certain classifications you felt would respond best to one type of treatment; other classifications you felt might respond best to another type of treatment.

Another classification would be selected for the minimum exposure group.

Now, this is determined—people fall into these different baskets, right?

Mr. FLORES. Let me explain how this is accomplished. Let us say we test an individual—this is an example—and we feel that he is a problem drinker, let us say.

Mr. WRIGHT. All right.

Mr. FLORES. And we have three—well, we have actually two therapy options to pick from, but we are going to do it randomly. Here is this problem drinker; we can either randomly assign him to the alcohol treatment program or randomly assign him to the alcohol treatment program and power motivation training, or he may be assigned to the minimum exposure group. This is done on a random basis.

Mr. WRIGHT. Well, now, then, this random choice is not, then, a specific choice based upon the analysis of his specific problem.

Mr. FLORES. It is in the sense that we have to determine whether he is a problem drinker or a social drinker. In other words, we know a social drinker power motivation training, although it may be nice for him to have, is not essential because he does not have a drinking problem.

Mr. WRIGHT. All right.

Mr. FLORES. It would be a waste of the therapist's time to conduct power motivation training on a group of social drinkers.

Mr. WRIGHT. I understand that. What I do not understand is what appears to be a contradiction in the information the committee has received as to how a determination is made for an individual to be placed in a category to receive minimum exposure.

As I understood you earlier, these recommendations which you make are based upon the basket into which these individuals fall.

Mr. FLORES. Right.

Mr. WRIGHT. But then you say a decision is made randomly, and this seems to me a contradiction in terms. I am trying to understand.

Is it a different kind of an individual for whom minimum exposure is recommended?

Mr. FLORES. It is the same individual with respect to drinker category. In other words, a social drinker can only be randomly assigned to attend either the AIDE school or its respective minimum exposure group.

Mr. WRIGHT. All right.

Mr. FLORES. A borderline problem drinker or a problem drinker can only be randomly assigned to attend either ATP or ATP in conjunction with power motivation training or its respective minimum exposure group.

At no time is an alcoholic randomly assigned to any treatment—to a control group, I mean, or minimum exposure group. He is not at all involved in the random assignment of anything.

At that point the individual evaluation specialist makes his recommendation as to what type of treatment this individual should receive. This is only for alcoholics, because that became a very controversial issue and we decided it would be better if we not deal with it.

Mr. WRIGHT. OK. So we have apples, oranges, and bananas.

Mr. FLORES. Right.

Mr. WRIGHT. Now, if you are an apple, you can either be made into apple juice or applesauce, and you make this choice randomly, but you would not take that apple and put him in a banana daiquiri.

Mr. FLORES. No.

Mr. WRIGHT. OK.

Mr. MYERS. May I follow up one thing, Mr. Chairman?

In order to do something randomly, you have to have a random pattern. Do you have a random pattern knowing that the next alcoholic in the door under classification A is going to be random, regardless of who he is, as long as he falls into that classification, he is going to be in a control group or he is going to be in the ASAP program?

Mr. FLORES. We have no idea in advance. It is just a stack of cards that each evaluation specialist has on his desk. And the way that is done: They are all face down; they have all been assigned according to the table of random numbers, so he has no way of knowing in advance—well, I guess he could pull them up if he wanted to. We have never had that kind of problem.

In other words, the individual comes in and only after the testing and interview have been completed does he pull the random part, and this is only after the individual has agreed to participate in the ASAP program.

Mr. MYERS. How many cards do you have in the deck at the time you assign random numbers?

Mr. FLORES. Well, I am really not sure.

Mr. MYERS. Well, is it not true—

Mr. FLORES. It is enough cards to last at least 3 months.

Mr. MYERS. Is it not true that in order to have a proper random distribution of the total population that it has to be representative of that total population; you just cannot take a week's number or a month's number and assume that that is going to be random?

I would think you should have a set of random numbers that was just a continuous—I am not a statistician, but I would assume that you should approach it from that standpoint.

Do you have a statistical design on the random selection?

Mr. FLORES. Yes; we do, the ones provided by Southwest Research and the people from the Department of Transportation.

Now, they are the ones who suggested using the table of random numbers with the stack of cards.

Each evaluation specialist has enough cards to last at least 3 months, and that has got to be something like well over 300 or 400 cards.

Mr. WRIGHT. This procedure was suggested by Southwest Research and by the Department of Transportation?

Mr. FLORES. Yes, sir.

Mr. WRIGHT. Do you agree with it basically?

Mr. FLORES. I think it is pretty sound.

Mr. WRIGHT. Among the apples—you have decided these people are apples—are there not some that you think would do better for apple butter and some that you think would do better for apple juice.

Mr. FLORES. Sure, but in the interest of determining whether or not the program is going to be effective, we have to maintain some kind of objectivity. Yes, we get those feelings—"Gosh, I feel this individual would probably benefit more from power motivation training than this individual," but because we have to do it on a random basis, that is the way it is done.

Mr. WRIGHT. You have to do it on a random basis if you are to get a true evaluation.

Mr. FLORES. A true evaluation; an accurate evaluation. And it is very hard, really, to isolate those feelings, but it has to be done in the interest of the study.

Mr. MYERS. Could I ask, Mr. Chairman, why you would have a 3-month backlog of cards with which to deal with?

Mr. FLORES. I guess just for convenience.

Mr. MYERS. In other words, you have people waiting 3 months to be designated—

Mr. FLORES. Oh, no; no. The cards are just there for our convenience. In other words, they are prepared in advance and randomly stacked in advance.

Mr. MYERS. Then you pick a card out—

Mr. FLORES. As each individual comes.

Mr. MYERS. Thank you.

Mr. MILFORD. Are you doing any surveys or do you have any studies in progress here to evaluate as a function of education the programs? In other words, I noticed in the supplement that was just given to me that the average education was a sixth grade education, for example, of your clients?

Mr. FLORES. Right.

Mr. MILFORD. Are you breaking that down further to evaluate whether high school graduates might respond better as opposed to a fifth grader or a person with no formal education?

Mr. FLORES. I am not.

Mr. MILFORD. That is not part of this program?

Mr. FLORES. That is not part of the program.

In order to have these people randomly assigned to the different treatment programs that are available or the respective minimum



exposure groups they have to meet certain criteria, and those are an education level—I think we have that cut off at seventh grade. The reason for that is they have to be able to read and write.

Mr. WRIGHT. I believe you have prepared and submitted to the committee a profile taken from 100 cases selected at random.

I notice that 95 percent are male. At the risk of being facetious, I would ask if anyone from the women's lib group has suggested that you are being chauvinistic or discriminatory or is it—this is really typical, then—that most of the people who are arrested for driving while intoxicated are males?

Mr. FLORES. Yes, sir.

Mr. WRIGHT. I was a little alarmed to discover your conclusion that 95 percent in these randomly selected 100 had received at least one previous arrest for alcohol-related offense and that the average number of arrests was 4.2, ranging all the way from zero up to 4.7.

Mr. FLORES. Yes, sir.

Mr. WRIGHT. This 100, you think, then, might be fairly typical of all the cases you handle or do you think the average person coming into your evaluation program has been arrested 4.2 times?

Mr. FLORES. I think that is pretty representative, yes, sir.

Mr. WRIGHT. Any other questions?

We certainly do thank you and we have sat here and some of us have tried to read the remainder of your statement, which I assure you we shall give it very careful attention.

Mr. FLORES. I would just like, if I may, to make a few points that were brought up earlier in the context of control groups versus treatment and this kind of thing, if that is all right.

Mr. WRIGHT. By all means.

Mr. FLORES. Well, one of the things that kind of struck me was: We are not deliberately trying to hide the fact that we are placing people in control groups. The yellow sheet that I think Judge Spector and Judge Bell showed you has no specific section where we mention the fact that he is in a control group, but we do mention it in the summary diagnosis—we do not for Judge Spector because Judge Spector has already advised me of the fact that she will not comply with that kind of recommendation.

She and I talked about this at great length, and I see her point. I can appreciate that there are arguments for both sides. So for Judge Spector we make no such control group recommendations or minimum exposure group recommendations. We just do not do it. We understand her position and we leave it at that.

The other point that I would like to make is that if, for example, someone were to develop what they thought was a treatment modality or a therapeutic approach for a problem drinker or an alcoholic and label their treatment, and then you got a group together, a group of problem drinkers or alcoholics, and exposed them to this so-labeled treatment modality, in my opinion I would say that that is using these people just as much for guinea pigs as putting them in a control group because we really do not know, as Congressman Myers pointed out earlier, whether or not it is treatment. You are calling it that; we are assuming it is; but is it really?

Are we taking an apple and trying to turn it into a banana daiquiri? We do not know, and I think we need to find out. I think it is essential.

And, as I said, there are arguments for both sides. This is one point that I would like to bring out.

I believe, Congressman Wright, you mentioned something about using a retroactive control group. I think that the people that are going through the program now are different for various reasons than the people who went through the program 3 years ago, and I think that we would come out with an unequal comparison if we did that.

Mr. WRIGHT. In what ways are they different?

Mr. FLORES. Well, the things that they were exposed to were different. The judges are different; the judicial process is different.

We have Judge Bell here who considers each individual case on its own merits. The other judges prior to Judge Bell did not do that except, maybe, for Judge Garcia. So in that respect it is different.

And I think you would end up with probably a very biased retroactive control group, and, so, that would need to be considered before, you know, applying it.

Those are the only points I would like to make, and if I can answer any other questions later, I will be glad to. You came a long way.

Mr. MYERS. Mr. Chairman, I had one other question I meant to ask, and just briefly—

Mr. WRIGHT. All right.

Mr. MYERS. In regard to your testimony, you indicated that some of the cases in filling out the test, did not read English and were given it verbally.

Have you tested whether or not the answers—whether when somebody cannot read they tend to give a different type of answer when it is read to them and if that is true, if there is any validity to that, I think that probably it would be well to say that the difficulty that people have in reading English is because they speak Spanish and read Spanish.

Do you not have any test forms printed in the other native language here?

Mr. FLORES. Yes, we do. I may have given the wrong impression.

For those people who are able to read Spanish, we do have copies of the Mortimer test in Spanish—well, of the questionnaire, anyway—so that they can sit down and fill out the questionnaire on their own, provided they are able to read Spanish.

The interview is printed up in Spanish so that the evaluation specialist can conduct the interview in Spanish. This is one reason why we have kind of a job requirement that the people we hire be bilingual in English and Spanish because we do very often come across that type of problem where we have to conduct the interview in Spanish and it is difficult to do if you are not bilingual, so we have that requirement, and it causes problems sometimes, but I think it is necessary.

Mr. MYERS. Thank you.

Mr. WRIGHT. Thank you very much, Mr. Flores.

Mr. FLORES. Thank you.

Mr. WRIGHT. You have been extremely helpful to us. Mr. Flores, incidentally, the staff has advised me that in its inquiries with numerous people, the judiciary and others, preparatory to these hearings they repeatedly heard very enthusiastic comments about the value of your activity, so it might please you to know this.

Mr. FLORES. Thank you.

Mr. WRIGHT. Charles W. Nail, Jr., is the chief adult probation officer for Bexar County.

Mr. Nail, thank you for coming and being with us.

**TESTIMONY OF CHARLES W. NAIL, JR., CHIEF ADULT PROBATION OFFICER, BEXAR COUNTY, TEX.**

Mr. NAIL. It is my pleasure, sir. It is a pleasure to appear before such a distinguished panel.

I am not quite sure what you expect of me, but I presume that you would like for me to explain my office a little bit.

Mr. WRIGHT. Whatever you feel would be useful to us, Mr. Nail, in analyzing this project and its effectiveness.

Mr. NAIL. I am appointed by the 11 district judges here with the advice and consent of the Bexar County Commissioners' Court, Judge Reeves and the commissioners, and I serve at their pleasure.

My full-time career prior to that was in the FBI. I retired in 1962. When I inherited the office, we were in the old courthouse in 1970; we had a very small office and very few services were rendered or furnished for probationers. They had a large caseload and a small number of personnel.

Our responsibility by statute is to conduct presentence investigations when directed by the court, and in felonies it is in every case, and in misdemeanors we do a brief presentence. We are charged with the responsibility of enforcing the conditions of the probation and charged with the responsibility of attempting to help these people or rehabilitate them.

The statute also goes into some aspects of furnishing a medical history, a psychological history, where that can be done.

After I had been there a little while, I was able to apply to the criminal justice council for \$200,000 to enlarge the office with the blessings of my judges and the commissioners' court. We got that. We got new offices across the street in a remodeled building. I doubled my personnel.

I hired a doctor of psychology, and we brought in a psychometrist. So that everybody who applies for probation goes through our psychological department on felony cases and all felony-reduced cases and all misdemeanor cases that we think should go through there.

We set up a job placement department in which we would get jobs for these people and which has been very successful.

We designed our office so we could bring counselors from the Texas Rehab Commission into our office who handle people who are handicapped emotionally, mentally, or physically. They do a fantastic job.

We set our office up just prior—or we were in negotiation just about the time that ASAP came into being here in San Antonio.

They spent a considerable amount of time with me in my office. I was glad to help them, and I am still glad to help them in any way that I possibly can.

There are a number of alcoholic treatment centers in San Antonio, M.H. & M.R., the Alcohol Treatment Center; there is CARP; there is MAUC; the San Antonio State Hospital. We use them all. They all have different features that we like from time to time.

For instance, CARP is the only agency that will go out to a man who has beaten up his wife and is breaking the furniture. The rest, as I understand it—and if I am wrong, correct me—want the alcoholic to come to them voluntarily.

Well, you can see in some instances we like to use CARP. Any agency that can help an alcoholic, any agency that can help a drug addict—and in this State we have about 300 of those on probation—any agency that can help any of our people, we appreciate and we go to. We want to go to them.

We had about 600 DWI cases a year before—am I talking too fast?

Mr. WRIGHT. Go ahead.

Mr. NAIL. Before ASAP started, we would average about 600 DWI cases a year and we knew that they were going to increase our caseload because when the San Antonio Police Department, which is a fine organization, concentrates on a certain area like DWI's we are going to get more cases. There is no question about it. So we jumped to several thousand a year.

I felt at the time that I was getting my additional personnel that I was sufficiently able to handle the increase of cases, which I think that we were.

I do not think there is any question but that ASAP's impact upon San Antonio has been terrific. The mere fact of the arrests in itself indicates that it has had a tremendous impact. I think the purpose of it is excellent.

I think they go to high schools and they show photographs and films and they pass out brochures, and they have a lot of publicity on DWI which is excellent.

I do not think that—well, we have never had another agency that had the money or the time to devote to that, and I think prior to ASAP DWI's were more or less brushed under the rug, so to speak, and now we are all conscious of it and it can never go back to what it was before. We realize there is a tremendous problem. We want these people off the roads if we possibly can.

I have no quarrel with anybody. My only comment is that I think the funding by the Department of Transportation pertaining to probation should have come through my office or at least control or the supervision of it should have come through my office. We are set up to do it and we are prepared to do it, and I would hope if there is any future funding that we will have an opportunity to apply for that.

I think a profile of the people that come through our office as DWI's shows that he is about 35 years old, male, has about an eighth grade education; he is totally unskilled as far as work is concerned; and he makes about \$400-\$500 a month. That is not too far off from our regular poverty profile. He is younger; he makes a little less money; and he is single, but he still has an eighth grade education and he has no skills by which he can make a living.

Any of these DWI's that come through our office go through our job placement if they need a job. We will find them a job. They will go to Rehab if they need to go there. And we will help them in any way we can.

I think we have been working fairly smoothly together. I see no real tension except recently when this random selection or control was first brought to our attention—and we were not told about it; it came to our attention through the courts and my people.

Please understand me, I do not know as much about it as some of my people. They handle it; I do not. I have six officers who handle misdemeanors.

They had some cases in which a man was an alcoholic; there was no recommendation for treatment.

Well, the man enters into a contract with the court, a behavioral contract. We have a printed form that says certain things on it. It is behavioral. The judge signs it, the probationer signs it, the probation officer signs it. We bring these people back to the court, they go over the conditions in English and in Spanish so that they understand it, and then they report to us once a month or wherever else they have to go to.

If it is treatment, we add a special condition on it that they go to M.H. & M.R. that they go to CARP, or they go to whatever it is.

I do not know what else I can tell you about my office. If you have some questions about it—we stand committed to help anybody and everybody, but I cannot accept a recommendation of an alcoholic that he gets no treatment, because we make our own recommendations to the court at the same time. The court gets two recommendations; it gets one from ASAP and it gets one from us.

And in theory the ASAP evaluation is supposed to come to my office and it is attached to our report and our recommendation and then it goes to the court. We get the file 30 days before the hearing and we get the complete DA file at that time.

Where they agree, fine; I have no objection. But by good conscience and by my obligation to my office, I have to have my men recommend treatment for anyone who needs it. That is about all I can say to you.

Mr. WRIGHT. I thank you. I have observed that Mr. Nail has remained here all day to be available to us, and we are sorry we were so late in getting to you, notwithstanding the fact that he has an appointment in Dallas tomorrow, and we do not want to belabor you and keep you here overly long, but we appreciate your appearance before us.

Mr. MYERS. I think Mr. Milford has to leave.

Mr. MILFORD. I just have one thing that I am trying to get straight in my own mind here. As a probation officer, your work is primarily one which is, I will say, an operational technique. You are at all times trying with whatever means known to you to rehabilitate the person. Am I correct?

Mr. NAIL. That is right.

Mr. MILFORD. As I understand ASAP, this is an experimental program that is desired to develop totally new concepts, totally new techniques that may not even be known to the operational factions in our country at this time. Do you understand it the same way?

Mr. NAIL. I really do not understand the evaluation operation. I think they tried to tell me about it.

Mr. MILFORD. I think this may be a real key thing here. As I understand the ASAP program, they are not out there to take your job or to replace even your function, but it is as if it were an experimental lab trying to devise a new drug that does not exist at this time, and in order to devise that new drug, there is a certain amount of experimentation that must take place.

It is, as we discussed earlier, kind of a difficult thing because you are going to have to have a control group or a group that is a known

or a norm before you can get over here and find out whether this new technique or this new drug is going to work, and as such, really, it should be perhaps a separate function from normal probation activities, because perhaps they can give you a better drug that can help do exactly what you are trying to do. Because I gather from your conversation you are a very dedicated individual that wants to protect every person that is assigned to your jurisdiction.

But I wonder if in your own mind you are making this recognition of what ASAP really is, is an experimental unit. Perhaps the thing they are trying to do, if it works, could give you a better tool.

Mr. NAIL. I will accept it if they can. I am for them. If they can come up with something that will help an alcoholic, which is one of the hardest things to handle—even over dope or drugs—I am for it. I will take anything that I can get. I will do everything that I can to help, provided that it does not cost me my manpower and put more burden on my men.

Mr. MILFORD. Because I am the last man in the House of Representatives that wants to send somebody from the Federal Government down to San Antonio to run San Antonio's business.

Mr. NAIL. I understand that.

Mr. MILFORD. Thank you.

Mr. WRIGHT. Mr. Myers.

Mr. MYERS. Mr. Nail, if the Federal Government had not decided to extend the grant to the ASAP program for San Antonio, what would your recommendation have been to the county officials in regards to the program?

Mr. NAIL. I would have asked for one more psychometrist and run them through my psychological department. They said that they were going to send them and I had to prepare for it. I had 2,000 or 3,000 people on DWI's.

And I had asked—I was proposing that M.H. & M.R. conduct the driver education school or AIDE, that they call it. I think the San Antonio Safety Council developed that, that driver's education or AIDE school, with the funding or the backing of ASAP, and they show pictures and films and whatnot, and I think Mr. Langland at one time offered that to Judge Reeves, and we were prepared to go right on.

Bexar County is taking this a step further and they hired a psychiatrist. We now have a psychiatric, psychological department. We have Dr. Cannon, the psychiatrist; we have Dr. Schraeder in my office who is a psychometrist; and they recently hired a doctor and psychometrist; and they recently hired a doctor and psychometrist for the juvenile department, so we have every case that the courts try—all they have to do is pick up the phone and they have a psychiatrist or psychological expert down there to testify.

Mr. MYERS. I gather your staff is probably like most staffs either in Government or private in terms that it is probably busy and staffed to the degree of the workload that you now have. Is that true?

Mr. NAIL. The workload is outrageous. I have 20 probation officers and I have 5,300 people on probation.

Mr. MYERS. I would assume that with that workload you are probably somewhat limited in your ability to research and develop new techniques for dealing with probation and with solving the problems related to the clients you handle. Is that true?

Mr. NAIL. That is correct. I have personally called a community research specialist whose job it is to go out and find different places and

different treatment centers for us, and they find something almost every week—something new has cropped up that we can use, and we are continually looking for it.

Mr. MYERS. But is it not true that the agencies with which you find yourself dealing are not designed to specifically attack the problem of the driver that has a drinking problem, that they are either mental health and retardation programs, general application of alcoholics, or some sort of community development, but they really are not designed from the ground up to determine what it is that must be done or should be done in regards to the drinking drivers?

If that is true, would you not feel that it is actually a crutch for your future that the Federal Government has been willing to subsidize a program to do this specific research which, if it turns out well and if it gives someone some insights on what should be done, that they would then be available for you to incorporate in your normal day-to-day activities without allocating, say, 10 percent of your staff or something, to research and development? Do you not see that as an asset?

Mr. NAIL. Yes, I agree. Anything that is going to be an asset if it is successful and if it is—if it can be incorporated into my office in the proper manner.

Mr. MYERS. Do you see the ASAP program as it is developed will be transferable to offices such as yours with little or no—once it goes operational—little or no difficulty?

Mr. NAIL. All I have to do is add some psychometrists to my office for evaluation purposes. In fact, Dr. Schraeder—we could even make an evaluation of the evaluation by Dr. Schraeder in our office if necessary—of course, she does not have time to do that, but all I have to do is add personnel to my office.

Mr. MYERS. Who in your county would make the decision to continue such a program?

Mr. NAIL. Bexar County Commissioners' Court.

Mr. MYERS. And what information and statistics would you expect them to act favorably or unfavorably on a suggestion of such a program?

Mr. NAIL. I think they would be favorable.

Mr. MYERS. Well, I am asking you what sort of statistics do they need to act favorably or—say, for instance, the Federal Government got out, and someone in the county made a suggestion that the program be transferred to your department. What are they going to need in the way of statistics and evidence to convince them that it is a program worth funding at this level?

Mr. NAIL. I really do not know what they are going to come up with for evaluation. Now, I would assume that they would come up with a program or an equation that they could take one individual as he comes in—

Mr. MILFORD. Would the gentleman yield at this point?

Mr. MYERS. Yes, sir.

Mr. MILFORD. I am with you, and perhaps we can assist you. Here this morning the mayor testified that to pick up the cost of this program, which roughly is \$2 million, that the city would have to increase the tax rate by about 8 cents. Well, the County Commissioners would have to do something similar to that, and do you think that under this stage right now they would be willing to do it?

Mr. NAIL. Well, as you know, when you are talking about money, it becomes rather difficult.

Mr. MILFORD. This is our point, and to follow up what the gentleman from Pennsylvania is trying to find out, we have got to first prove to somebody that this concept is—that it works.

Mr. NAIL. I want to try to bring to your attention—what I am trying to get across to you gentlemen is that the Commissioners' Court has already contributed some money to this evaluation program by giving it to the city. I do not know how much it is. And, then, the city is paying the salaries for this evaluation center, so they have already given in to the evaluation program.

But they would continue—I think Judge Reeves, if he is in office at that time—he is very progressive and he has been very helpful to me and my office—I think, without question, that he would go along and take it up.

Now, on the police department, you have a city problem which is a lot of money.

I do not know whether I answered your question. I do not know whether I can.

Mr. MYERS. Do you see any imminent barriers between you and ASAP that cannot be resolved over the continuation of this program?

Mr. NAIL. I see no barriers of any kind. There never has been. The only time that I object to ASAP is if they come in and request me to do something that is a burden on my people, I cannot do it, and then I refuse.

Mr. MYERS. Have they been doing that?

Mr. NAIL. Well, I think in the past there were some records and whatnot that they thought we should keep, and I cannot do it.

Mr. MYERS. Would you expect in the 2-year extension that those problems will not confront you?

Mr. NAIL. You mean 2 years from now?

Mr. MYERS. Yes; during the continuation of this Federal program.

Mr. NAIL. Oh, we have—

Mr. MYERS. You do not anticipate any problems?

Mr. NAIL. We have no particular problem at this point except when my people feel that their recommendations do not meet our requirements.

Mr. MYERS. Thank you.

Mr. WRIGHT. You have a very difficult task with each of your probation officers having maybe 250 probationers, so they are busy people.

Mr. NAIL. Yes, sir. We have streamlined our office to accommodate that. We are having job counseling, rehab, and so forth, and they send the people in there to do some of those projects.

Mr. WRIGHT. Thank you very much, Mr. Nail. We very much appreciate it.

I wonder if Mr. Myron D. Billy, medical social consultant for the Texas Department of Public Welfare, an instructor at the AIDE School, and Mr. Buddy M. Bradshaw, the program director of the alcohol treatment program, would come forward jointly.

Mr. Billy and Mr. Bradshaw, we appreciate your coming.



**TESTIMONY OF MYRON D. BILLY, MEDICAL SOCIAL CONSULTANT,  
TEXAS DEPARTMENT OF PUBLIC WELFARE, INSTRUCTOR, AIDE  
SCHOOL; AND BUDDY M. BRADSHAW, PROGRAM DIRECTOR,  
ALCOHOL TREATMENT PROGRAM**

Mr. BRADSHAW. I am Buddy M. Bradshaw, program director for the alcohol treatment program.

Mr. WRIGHT. Gentlemen, if you would just proceed, either of you, at your convenience.

Mr. BILLY. Mr. Chairman, members of the committee, I am Myron Billy.

From June 1, 1973, through August 31, 1974, I was executive director of the Greater San Antonio Safety Council. From September 1 1974, to April 30, 1975, I was the AIDE program coordinator with the council.

While serving in both capacities, I also presented classroom instruction.

Prior to joining the Greater San Antonio Safety Council, I was in Federal service for approximately 22 years, a goodly portion of which was transportation oriented.

My topic is rehabilitation, specifically the AIDE program.

Under my predecessor, 44 behavioral modification—the former designation of AIDE—classes were conducted. During my affiliation with the council, there were 117 classes completed. To date, I have personally instructed 47 of these classes.

The San Antonio alcohol safety action program, through a sub-contract with the Greater San Antonio Safety Council, operated a four-session, 10-hour AIDE school. The classes were 2½ hours long and were held once per week for 4 consecutive weeks on the same week-day evening or Saturday morning.

Presently, the classes are 2 hours, four sessions, a total of 8 hours. The size of each class ranges from 15 to 50. The typical class has 25 to 30 new members and about 10 reenrollees who have failed to graduate from their original class.

The AIDE school enrollees, all of whom were arrested for DWI, came from the two sources already mentioned, Alcohol Learn and the county courts at law.

The AIDE program is one of the most heavily emphasized rehab countermeasures in the San Antonio safety action project. The objective of this measure is to minimize the occurrence of alcohol-related driving events through group education of court referred and Alcohol Learn drinking drivers.

The classes were originally conducted at the San Antonio Police Department classrooms. They were later moved to the civil defense headquarters classroom and subsequently to Our Lady of the Lake College, where they are presently located.

The method of instruction relies on individual response in a group setting. Therefore, the curriculum is structured for interaction between the student and the instructor. The objective of this curriculum is to educate social drinkers arrested for DWI toward an attitudinal

change, modification of their behavior, and personal preventive plans in order to minimize their chances of driving while intoxicated.

In respect that the school is geared toward attitudinal change in the individual, minimal instructor criteria was established as a master's degree in a behavioral science discipline; that is, a psychological guidance or counseling or social work degree.

The class orientation is multifaceted. In portion, it is didactic when alcohol education material is presented. The interaction phase occurs in group discussion about social and emotional situations often resulting from presented tape and film material or from the students themselves.

The AIDE school was funded by ASAP, and a \$12 tuition was charged to help defray costs. This cost has been reduced to an \$8 tuition presently. However, the fee is not pressed if the client is indigent.

I would like to discuss in condensed form the school curriculum, if I may.

In session 1, we approach the drinking driver. We give him some didactic type of information such as the seriousness of drinking driver problems, statistics; we go into such things as the number of alcohol-related accidents and fatalities.

We then assign a narrative stating what the student did 12 hours before arrest. He will present this at the next class. This is sort of an introspection type of operation.

When we come to session 2, we talk about how alcohol affects the body, through a film called "Alcohol and the Human Body," which traces the flow of alcohol through the body and indicates the effect of alcohol. We collect the papers from the previous class, we discuss them, and then we give them another assignment, and we ask them to come up with a paper discussing what alternate action they could have taken to prevent being arrested or to avoid the DWI.

In session 3, it is more or less a self-analysis for symptoms of the problem drinker. In this particular area, we use the test that has been established by the Council on Alcoholism. They self-test themselves, and then we talk and evaluate them on their results.

Mr. WRIGHT. Is this the so-called Mortimer-Filkins test to which reference was made?

Mr. BILLY. This is a different one.

Mr. WRIGHT. A different test?

Mr. BILLY. Yes, sir. It is a simple multiquestion test that can be answered "Yes" or "No". This is the only thing that is required. If they answer a certain number of yeses—to wit, three—then they must ask themselves: "Am I really looking at myself as I should because I am a potential alcoholic?"

Mr. WRIGHT. I wonder if it would be possible for us to have a copy of those questions for the record.

[The following was received for the record:]

#### NATIONAL COUNCIL ON ALCOHOLISM INVENTORY QUESTIONS

1. Do you sometimes drink excessively when you are disappointed, argued with, or aggravated by someone?
2. Do you drink more than usual when you are troubled or under pressure?
3. Are you able to drink more now without feeling it than when you first started to drink?

4. Do you suffer memory losses of events during the evening, and yet not pass out?
5. Do you try to squeeze in a couple of extra drinks during the evening, without other people knowing it?
6. On some occasions, do you feel ill at ease if alcohol is not available?
7. Are you rushing more to get that first drink than you did, say last month?
8. Do you occasionally have feelings of guilt about your drinking?
9. When your friends and family discuss your drinking, do you quietly resent it?
10. Are your "blackouts" more frequent recently?
11. Do you want to continue drinking when your friends say "enough"?
12. Do you have a reason when you get drunk?
13. Are you embarrassed by the things you say and do when drunk?
14. Have you switched drinks or changed your pattern to control your drinking?
15. Do you promise myself to control your drinking and then break the promise?
16. Have you changed jobs or moved to a new place to control your drinking?
17. Do you avoid friends and family when drinking?
18. Are financial and work problems increasing?
19. Do you feel people are treating you unfairly?
20. When drinking, do you eat irregularly and very little?
21. Do you take another drink in the morning to quiet your "shakes"?
22. Has your drinking capacity decreased lately?
23. Do you occasionally stay drunk for several days?
24. Are you sometimes depressed and feel that life isn't worth living?
25. Do you occasionally have hallucinations after a period of drinking?
26. Do you have vague fears after drinking heavily?

Mr. BILLY. At this time also, we hand out some fliers telling the people that if they do have problems what agencies they can contact and what sort of services are available for them.

In session 4, we get into a personal action type of session. Formerly we had a test at this point, but we found out that we did not require this any more to see the amount of information that they did receive in the three sessions prior to this fourth.

We talk about the personal effects to DWI's such as costs, loss of job, loss of homes, things of this nature, and then we can summarize our student responses.

The focus, in summary, of all the curriculum is to, one, find out what alcohol does to most people; two, what does alcohol do to me as an individual; three, what does alcohol do to you as a driver—really the focal point of the entire program—and what steps can you take to prevent driving while impaired or legally intoxicated.

Sir, are there any questions?

Mr. WRIGHT. That is very interesting. Mr. Bradshaw, now, let me see if I have the differentiation clearly marked in my mind. Mr. Billy, the program that you have been describing is that which has been referred to earlier as the AIDE program?

Mr. BILLY. Yes, sir.

Mr. WRIGHT. And this is a series of four 2-hour sessions for those who have been classified not as problem drinkers but more so social drinkers?

Mr. BILLY. Right.

Mr. WRIGHT. On the other hand, Mr. Bradshaw, you have the even more difficult task of trying to cope with those who have been classified as really problem drinkers; is that correct?

We have a very good, comprehensive statement from you here. I wonder, in the interest of time, if we could enter it in the record—

Mr. BRADSHAW. That is what I would like to do. If you would accept my statement for the record, I would appreciate it.

Mr. WRIGHT. Without objection, it is so ordered.

[The statement referred to follows:]

STATEMENT OF BUDDY M. BRADSHAW, DIRECTOR, BEXAR COUNTY MENTAL HEALTH  
MENTAL RETARDATION CENTER'S ALCOHOL TREATMENT PROGRAM

The following testimony concerning the Alcohol Safety Action Project is presented by Mr. Buddy M. Bradshaw. Mr. Bradshaw is a retired Lt. Col. from the USAF and is considered an authority on alcohol treatment and prevention. He established the Drug, Alcohol Rehabilitation system for the Air Force's Air Training Command and was one of the writers of the policy and implementing manual on Drug and Alcohol Education and Rehabilitation for the Department of the Air Force. He possesses a Masters Degree in Guidance Counseling from Our Lady of the Lake College with a specialization in Alcohol and Substance Abuse. He has worked for the Bexar County MHRM Alcohol Treatment Program for the past two years.

Mr. Bradshaw is currently the Director of the Bexar County Mental Health Mental Retardation Center's Alcohol Treatment Program. This comprehensive Alcohol Treatment Program is the most extensive in the San Antonio metroplex and has been accredited by the Joint Commission on Accreditation of Hospitals. The Program not only provides 24 hour Emergency Medical Services but a multifaceted after care service which includes both Residential Treatment and Outpatient counseling. The Program's Consultation and Education component has been a pioneer in alcohol prevention education in community services, schools, hospitals, business and industrial settings and law enforcement. Realizing the unique position of business and industry in combating alcohol abuse the Program's Occupational Alcoholism Department has made strong efforts to establish Employee Assistance Programs to assist employees with family living problems that impair their efficiency on the job. Mr. Bradshaw with a masters degree in guidance and counseling is both a therapist and an administrator who understands the problems and motivation of an alcoholic because he is a recovered alcoholic.

The Alcohol Safety Action Program has made it possible to reach a segment of the alcohol abusing population that has been almost impossible to reach—the functional alcoholic. There are 10 million adult and one million teenage alcoholics in this nation that cost the national economy over \$25 billion annually. 97% of this number are, what we call, functional alcoholics. By our definition a functional person is one who has a job, has a family, drives an automobile and is in the early stages of alcoholism or alcohol abuse. The other 3% are chronic inebriates who do not have a job, or a family and depend totally on the hand-outs of society for their existence. The major thrust of alcohol treatment facilities, up until the last few years, has been with the visible chronic inebriate and the recidivism rate has been excessive. The causes of this high recidivism rate lie in the very basic philosophies of the requirements for successful recovery of the alcohol abuser—constructive intervention or constructive coercion. To stop drinking the alcoholic must be faced with the loss of something he doesn't want to lose, i.e., his life, his family, his job, his place in society or his health. Neither moralizing nor scorn have historically been effective in getting individuals to accept responsibility for their arrant drinking behavior nor to recognize their need for treatment. Urgent pleas from family, loved ones and friends to stop "doing whatever they are doing" are not normally responded to in a positive way by the person with a runaway alcohol abuse problem. Alcohol abuse as in most illnesses is treated most effectively in its early stages. But as in most illnesses early detection of the problem is the most difficult part of the treatment. The functional alcoholic possesses things the chronic inebriate does not possess. The chronic street inebriate has nothing to lose and therefore intervention with him/her is difficult. Because of the lack of success with this type, the focus is being turned to the functional alcoholic, while not neglecting the "street person." However, the major problem has been in reaching the more functional individuals to get their attention to the degree that they will accept treatment. These same situations occur with women. Of the abusing population approximately 25% are ladies.

A lot has been done with prevention education but since monies appropriated for alcohol services has been inadequate to meet the total needs, most is being spent in treatment because the need is so great. Therefore, to reach the functional alcoholic we have had to depend on the referral by family, or business and the individuals' own recognition that he has a problem and his commitment to help himself.

The Alcohol Safety Action Project has given us that constructive coercion instrument so necessary to reach the functional alcoholic. Most functional alcoholics drive automobiles at one time or another. On apprehension the drinking driver goes to court to state his case and apply for probation. It is at this time that the judge calls for the assistance of the Alcohol Safety Action Project. Qualified staff conduct a pre-sentence investigation and recommend appropriate treatment for the drinking driver to the probation office and the court. The offender is then sent to the various treatment facilities in the communities as a condition of their probation. Involuntary referrals such as this comprise a significant proportion of our outpatient clients. Many of these people are functional and are in on various stages of alcohol abuse. The threat of stringent punishment has provided the impetus necessary for the alcohol abuser to assume a more responsible role in the community and to accept responsibility for his/her own recovery. This will in turn reduce the drain on the business and national economy. Referral through the court system, ASAP and Probation to our outpatient department constitute some 60% of those entering our treatment facility and although this represents only 5% of the total alcoholic population it is an extremely vital first step in reaching those who stand the best chance of recovery.

Alcoholism is the fourth worst major health problem in the nation. Considering that the major medical authorities agree that it is a treatable illness, it is difficult to rationalize the reasons that more money is not spent on the reduction of the numbers of people affected by it. Considering the money spent in finding cures for heart disease and cancer, the money spent on alcohol treatment is significantly small. Yet over 35 million people are affected, directly and indirectly by alcoholism, at a total cost of \$40 billion and immeasurable human suffering. More money needs to be appropriated to expand the ASAP Program and equally as important more money must be made available for alcohol treatment and prevention. To more fully understand the dilemma facing those who deal with this problem you must accept that to be effective in the reduction of alcohol abuse there must be equal attention paid to treatment and prevention. The austere funding level that we are required to operate under has created a paradox—because of money problems, it is an either or situation—either treatment or prevention. The result of that paradox is a natural response since the need for treatment is more vivid—monies for prevention have been necessarily limited. This has translated to doing less in the much needed prevention area or stopping the forest raging in treatment needs.

The Alcohol Safety Action Project has turned a new focus on the problem of alcohol abuse. Historically the courts and law enforcement agencies have viewed the problem of alcohol abuse as errant behavior with the offender simply being punished with fines and/or incarceration. This punitive approach has not been the answer. The results have *not* been effective enough. The number of deaths and disabling injuries due to alcohol related accidents have increased; suicides, and felony arrests because of alcohol abuse have risen and the drain of the national economy is staggering. Over 50% of the nation's traffic deaths are caused by the abusive use of alcohol, about 50% of felony arrests in this country are alcohol related and over  $\frac{1}{3}$  of all suicides are related to alcohol in some manner. It is suggested that a pragmatic view toward the problem of alcohol abuse would be more appropriate and that we accept the fact that the strictly punitive approach to alcohol abuse has not been the answer. However, when associated with treatment, judicial action provides the impetus, if you will, the constructive coercion, required to get the alcohol abuser and their family involved in the recovery process. The courts must be strong in directing proper treatment—it must apply to the affluent who can pay the fine as well as the less fortunate who cannot pay fines. The system should be so effective that all who are apprehended must enter the judicial process.

Not only the continuation but the strengthening of the ASAP Program is needed since it is primarily an investment in humanity as well as an investment that will pay dividends in dollars and cents by reducing the heavy toll of innocent lives lost and property damage.

Mr. BRADSHAW. There are some highlights from the statement that I would like to touch upon.

Mr. WRIGHT. We would like you to do that, and in particular, if you would, differentiate between the type of treatment that has just been described for the social drinker as to what may be required for the problem drinker.

Mr. BRADSHAW. Yes, sir. If I can start and follow the highlights of my statement, I would appreciate it.

As I introduced myself, I am the director of the alcohol treatment program of Bexar County Mental Health and Mental Retardation. We are a Federal-, State-, and county- and city-funded program.

We have viewed the alcohol safety action program from a very favorable point of view because it has made it possible for us to reach a segment of alcohol-abusing population that has been almost impossible to reach, the functioning alcoholic. There are 10 million adult and 1 million teenage alcoholics in the Nation, that cost the national economy over \$25 billion annually. Ninety-seven percent of this number are what we call functioning alcoholics.

By our definition, a functional person is one who has a job, has a family, drives an automobile, and is in the early stages of alcoholism or alcohol abuse. The other 3 percent are chronic inebriates who do not have a job or a family, and depend totally on the handouts of society for their existence.

The major thrust of the alcohol treatment facilities for the last few years have been with the visible chronic inebriate and the recidivism rate has been excessive. The causes of this high recidivism rate lie in the basic philosophies of the requirements for successful recovery, constructive intervention of some kind, constructive coercion.

To stop drinking, the alcoholic must be faced with the loss of something he does not want to lose; his life, his family, his job, his place in society or, in many cases, his life as it pertains to his health.

Neither moralization nor scorn have historically been effective in getting individuals to accept the responsibility for their errant drinking behavior nor to recognize their need for treatment. And I think that that is the most important thing there that I would like to bring out, is the fact that the Alcohol Safety Action project has provided the two-by-four to apply to the person and get his attention to a degree that he does need help, that he must come for help—under the condition of his probation he must come for help.

Therefore, we view it, from the treatment point of view, as being most helpful to us in the treatment process. A person must be receptive to treatment, he must be motivated to help himself.

Frankly, I think that motivation is one of the more key, essential points in the process of recovery.

Alcohol abuse, as in most illnesses, is treated most effectively in its early stages, but, as in most illnesses, early detection of the problem is the most difficult part of the treatment.

The functional alcoholic possesses things the chronic inebriates do not. The chronic street inebriate has nothing to lose and, therefore, intervention with him or her is difficult. Because of the lack of success with this type, the focus is being turned to the functional alcoholic, but not to the exclusion of the "street person."

I think it is kind of important—we have not discussed one area that I feel has received some benign neglect, and that is the alcoholic ladies or the alcohol abusing ladies. I have not heard any discussion and I have been here since the beginning of the testimony that would speak to the problems that some of our ladies are experiencing.

Mr. WRIGHT. Ninety-five percent, according to the little random sample that Mr. Flores gave us—95 percent of those arrested on DWI

charges are male. Now, what happens with the ladies? They are just not out driving cars, is that it?

Mr. BRADSHAW. Either that or they are sitting next to the man when he is driving and she is just as intoxicated as he is and, therefore, from a treatment point of view, we have not received the input from the alcohol safety program that we would like which would bespeak the true indication that about 25 percent of the alcohol-abusing population are female.

Mr. WRIGHT. Twenty-five percent, approximately?

Mr. BRADSHAW. Yes, sir, about 25 percent. I think another area that I think has not been spoken to is the fact that practically—and this is a kind of unusual statement for a treatment person—but the heavy emphasis has been toward the spending of money for treatment, when in fact I would suggest that programs such as ASAP, such as the educational programs that they have in the school systems, are probably where we have missed out on a lot of good opportunity, in that prevention is by far more important than the treatment. And that is, as I said, a very difficult thing for a treatment person to say, but we have nationally, I think, neglected the needs for preventive type—

Mr. WRIGHT. But what kind of preventive education would be useful? I think typically the person who is becoming a problem drinker does not want to admit it to himself.

Mr. BRADSHAW. I think in the context that I am speaking of it, sir, it is much more elementary than the drinking driver, and I hate to digress from your real effort.

Mr. WRIGHT. That is all right.

If a person is not a drinker, he is not going to be a drinking driver.

Mr. BRADSHAW. I think that the major effort in prevention as far as education is concerned should be leveled at the very early years, those years at second, third, and fourth grade where people are taught how to deal with their feelings about themselves, because if we are never taught anywhere other than simple things like how to brush our teeth and how to hang up our undies at night—this is considered the only way that children are taught about the problems that they are going to face in the years to come, but as they become adults they are not able to respond to some of the stresses that they are feeling in everyday life.

Mr. WRIGHT. And those stresses, I suppose, are becoming more and more intense.

Mr. BRADSHAW. Absolutely.

Mr. WRIGHT. Now, you are arguing for something that undoubtedly would be helpful at an early age, but it seems to me awfully difficult, too, is it not, to design the kind of curriculum or the kinds of warnings that would alert an individual to these dangers lurking down the road?

Mr. BRADSHAW. It is difficult but it is one, I think, that as a nation we must address if we are ever going to get at the tremendously difficult problems we are experiencing not only in alcoholism but in all the other mental health areas. It is something that—it is not an automobile that is coming down the highway; it is a person that is coming down the highway.

Mr. WRIGHT. That is right.

Mr. BRADSHAW. I think the thing that I have not heard enough of today is that the focus needs to be on the individual and his or her needs, and the focus toward treatment and toward rehabilitation is to

meet their specific needs. The focus needs to be on making them responsible for their behavior rather than other needs.

Mr. WRIGHT. I have heard a lot of commentary and read numerous treatises which take one of two viewpoints as to the cause of a persons' becoming an alcoholic, a compulsive drinker.

There is one school of thought which holds that it primarily derives from a deep psychological problem resulting from the person's environment or the stresses to which a person is subjected.

There is another school of thought to the effect that some people, by their body chemistry, are predisposed toward a susceptibility to alcoholism.

Do you have any fixed view as to whether either or both may be correct?

Mr. BRADSHAW. I will have to answer yes to both of them. I think in the context that probably in the main people abuse alcohol because of the stresses they are feeling both internally and externally, and yes to your second part which would say that there are certain groups of people who, because of body chemistry, have an affinity toward getting themselves into stressful situations, therefore, leading them to use alcohol. For example, I am an American Indian and we have the most outlandish percentage of people who die of alcohol, and die of suicide of any group of people in the Nation. Is it because of our cultural background? Is it because of our biological makeup? Is that the reason? I do not think that anyone really knows.

I do believe that there has to be something a little different in certain types of people that makes them have a propensity to that alcohol.

Mr. WRIGHT. Or a chemical imbalance or lack of tolerance for prolonged dosage of alcohol.

I think each of us has known in his personal span of acquaintances—people who seem to function quite well for a long period of time, who might even have received compliments from their contemporaries on how well they held their liquor, until at some point in their lives, perhaps in middle age, they would without their having realized it slipped over to the point that they were compulsive drinkers, lacking the capacity not to drink once they had one and for whom total abstinence was the only answer. To some, this occurs at a relatively younger age, and to others at a relatively later point in life.

Mr. MYERS. Would the gentleman yield?

Mr. WRIGHT. Yes; of course, I will.

Mr. MYERS. I would like to inject that I think if you make those assumptions, then you do not, I think, recognize the insidious pattern in which it creeps into the lives of many people.

It is my opinion that you should not just discard the assumption that possibly alcohol is neither, for a large number of functional alcoholics, a result of chemistry imbalance or a result of mental stress, but could quite possibly be the result of a pattern of just unconscious growth of a life pattern and lifestyle, that the consumption of alcohol was not to satisfy a need, but something which was there and available and grew into the pattern of life.

Mr. BRADSHAW. I could not agree with you more.

Mr. MYERS. And I think if we fail to recognize that, we just fail to recognize the insidiousness of the problem, how difficult it is to identify the problem at an early stage.



Mr. WRIGHT. I think all of us will agree with that. I do not see any inconsistency with that in what we had been saying prior to that.

Mr. MYERS. I do agree that statistics will say about 15 percent of the people who become alcoholics are alcoholics from the first drink.

Mr. WRIGHT. Can that really be, Mr. Bradshaw, from your standpoint?

Mr. BRADSHAW. I have heard it said by many people, that its true. I find it difficult to prove this. How could you say 15 years before that you knew at that time when you took that drink that you were going to become an alcoholic, or would a research person know that.

Mr. WRIGHT. You would not know it.

Mr. MYERS. You misunderstand the point I made. The statement has been proposed, and I do not disagree with it too much, that 15 percent of the people who become alcoholics are alcoholics from the first drink, when you use the assumption that an alcoholic is a person who cannot control his consumption of alcohol. And from that standpoint, I think that is what the Council on Alcoholism's theory is.

Mr. BRADSHAW. I think the thing that I want to leave you with is the fact that these are people and people have different needs and different reasons for finding themselves in the position that they are in and, therefore, in the treatment of people, if you choose a specific modality, choose a specific kind of a counselor, you choose a specific kind of anything and say: "This is the way we are going to do it," then we have missed an awful lot of the population of people and, therefore, the old cliché from the "Laugh-In" program, "different strokes for different folks," is very true. Different people get into their problems for different reasons and there are different kinds of methods of treatment to get them out of their problems.

Mr. WRIGHT. Now, the treatment programs that you administer must be considerably more intense than those that Mr. Billy has been discussing, for example. You could not expect to arrest a problem this deeply ingrained in four 2-hour sessions. Describe to us briefly how they differ, how a sometimes successful program will differ.

Mr. BRADSHAW. It is not "sometimes successful," sir. I would suggest—let me answer your question with a question: What is success? That is a question that haunts us in treatment. What would you view as being a successful treatment of a person if that person—and I do not mean to be facetious—is having problems to the degree that he is having family fights once a week and you, through your treatment, do something to make it once a year? Well, that is a form of success.

I think that in treating people you must look at their needs. Some of those persons can be treated in 2-hour-a-week therapy sessions either with the psychiatrist, a psychologist, a recovered alcoholic who has been well-trained. It can be done, in say, 2 hours per week for 6 weeks—depending on his needs.

There are others who may take years to do anything with.

So, to categorically say that one kind of treatment should be completed in a certain period of time is very difficult, because—our caseload, for example, runs anywhere from 500 to 600 persons at any given time, and of that group there are young people down to the age of 11, 12, 13 years of age, and there are elderly people who never have drunk before in their lives until they become lonely, they became bored, they became ostracized by their own society.

So, therefore, what I am saying is that the treatment must be responsive to their needs and, therefore, the length of that treatment has to be dependent upon what their needs are.

Mr. WRIGHT. And your position, do we understand, then, is that you try to make a matching of the individual with the type of treatment to which you feel that that individual might be most likely to respond?

Mr. BRADSHAW. Absolutely.

And I would also like to leave you with this further statement—and I repeat myself—that the alcohol safety action project and the court systems provide us with a client who is generally motivated to accept treatment because he has been placed there with a certain amount of constructive coercion. He must accept the treatment and it is up to us to get the right kind of treatment to fit his needs.

Mr. WRIGHT. To return to an earlier statement, you believe that the strongest motivation in the case of these problem drinkers is to be confronted with the loss or the prospect of the loss of something he does not want to lose, because absent that he is not going to want to quit drinking?

Mr. BRADSHAW. Absolutely.

Mr. WRIGHT. Thank you very much, gentlemen. Mr. Myers, do you have a question?

Mr. MYERS. Yes. First of all, very quickly, I would like to ask Mr. Bradshaw is he related to Terry Bradshaw?

Mr. BRADSHAW. No; he is about a foot taller and about 200 pounds heavier.

Mr. MYERS. Did you read the article in the Reader's Digest related to alcohol and its effect on the brain, the liver, and the heart?

Mr. BRADSHAW. Yes, I did. It was excellent.

Mr. MYERS. Do you submit information such as that to clients who come to you?

Mr. BRADSHAW. Yes. As a matter of fact, many of the rationalizations that the clients use is that, you know; "It does not hurt me physically; I can drink for the next 20 years, and the probability of me having cirrhosis is rather limited."

I think that the article in Reader's Digest suggests that if he drank eight drinks per day for a period of 2 years—1 year, I believe it says—then in all probability you will suffer some form of physical damage to either the heart muscle, to other organs of the body other than the liver, which has typically been the criterion for being a chronic inebriate—

Mr. WRIGHT. Eight drinks a day for 1 year—

Mr. BRADSHAW. I think that is right.

Mr. WRIGHT. Well, now, would the same thing apply to one drink per day for 8 years? [Laughter.]

Mr. BRADSHAW. No—

Mr. WRIGHT. It would not?

Mr. BRADSHAW. It would not. I think the body would be able to repair itself.

Mr. MYERS. I was amazed—just as a little extension to that—I happened to have attended a dinner here the other night and at the table a gentleman happened to describe the drinks that he had for that day, and I was just tremendously amazed at the correlation between what

he had given as an example of what he had done—he was just casually talking in somewhat of a boastful fashion about what he had been drinking, and I just generally think the American people are not aware of the effects of alcohol from the physical standpoint of the body and I would hope that when persons are directed to your agencies that you certainly are making an effort to communicate this.

Mr. BRADSHAW. Yes, sir, but I would like to interject that for some time now we have all known that cigarette smoking is very hazardous and it has not in any way, shape, or form, reduced the number of people who smoke. I think that more than just making them aware is necessary.

Mr. MYERS. Sometimes you have to wonder why people ask the Federal Government for national legislation in regard to health insurance, when in fact I would think that considerable billions of dollars of Americans' money which goes to satisfying the health bill could be eliminated or largely avoided, as an example, through alcohol and these other programs.

Mr. BILLY, I would like to ask: In your classes have you attempted to incorporate with the client his family members during the instructions?

Mr. BILLY. Yes. Oftentimes some of the people are forced to come with the student or the enrollee because his license has been taken away, so consequently they sometimes become a forced type of participant.

We give them an option. We do not force them into the class. We say: "If you want to accompany either your brother, sister, father or loved one, or husband or wife, you may if you so wish."

You see, the thing about this is that over a period of time now we have had exceedingly good fortune in that when one member of this type comes into a class, you can pretty well follow that within the next few classes we will see extra people in there that belong to the family. I have seen parents bring in children that are in that particular teenage group where they are just about in the problem age of drinking, and they obviously point to them—I can see them tapping them on the shoulder and saying: "Do you hear? Do you hear?" And this goes over.

Now, you also see many times—many times when we bring out some of the incidences of the male coming home in the condition that he is and the money that he spends on payday et cetera, and then you can see the wife saying: "Aha! What did I tell you?"

And these are the things that work because it becomes an interaction between the family members.

Now, remember, we are talking about people on a social plane that have not really been identified in total as alcoholic—total alcoholics. With this in mind, if we can reach more of the people, and we welcome them in, and have people bringing their friends in—this has worked out real well. When you get one individual in that will bring in four or five of their friends—and you are talking about the younger set; you are talking about people in the 18-, 19-, 20-year-old set—bringing these people in.

Mr. MYERS. Does the program invite members of the general public who have not been an arrest case just as an open invitation to the general public, those who are concerned about the problem of alcohol and drinking and driving?

Mr. BILLY. At this time, no, for the specific classes because there has got to be a certain degree of confidentiality within this particular class.

We preface our first opening remarks; we tell them that all that is said within that particular class structure, within those walls, is between the instructor and the students, but we will allow family or a personal friend to come in because it is an interchange, but I think that if we bring in outsiders and expose them to this particular group, we will find probably a withdrawal or a hesitancy on the part of the people that are enrolled to open up, because they do not really know who these people represent and where they may meet them again.

Mr. WRIGHT. It would be a lot easier for them to talk when they know the others in the room have been confronted with the same problem that confronts them now.

Mr. BILLY. One identifies with the other and says, "Where did you get caught? How did you get caught?"

And by the second session you may find that they have become rather close friends.

Mr. WRIGHT. But did you not tell one of our staff counsel a story of one fellow who came the first night and was so impressed that the second night he came and brought a lot of his friends who he thought needed it?

Mr. BILLY. They came in en masse and we had to go out and get some extra chairs.

Mr. WRIGHT. He rounded up all those that he thought ought to be exposed to this.

Mr. BILLY. I thought we were getting invaded. And that particular individual came in with a rather hostile attitude at the initial session, and afterward he asked us when he was departing if he could bring these other people—because, actually, they were dropping him off anyway, you know. When they left him for the first session they blew the horn and they all piled inside the car and said, "You go in." And he did, and then he brought them in to the next session.

In fact, we have had people come back to the sessions—we had one particular boy that for three sessions was probably the most hostile I had encountered. About a month and a half ago he showed up at the class and he asked if he could sit in on the class.

And I said, "Well, you are all finished."

And he said, "I know, but I am a student at San Antonio College and I am required to present a course, and I just thought that this could be my course. May I have some of the material and may I sit in on this particular session?"

That is most gratifying.

Mr. MYERS. Have you evaluated the peer effect in the classroom, the effect of interrelationship of members in the classrooms?

Mr. BILLY. You say evaluate them. In what respect, sir?

Mr. MYERS. Are there advantages to isolating some clients as opposed to an attempt to provide classes based on peer equality? Do some individuals get more out of it as a result of being with others of the same—

Mr. BILLY. I have not seen any isolation. We get various ethnic groups. We get various age groups, and we also get various academic groups from zero education on up to master's degrees. We have had

people come through there with—in fact, a biologist, a medical student came through, the complete spectrum.

Mr. MYERS. When you offer these classes do you get any requests for confidential classes as opposed to group classes, individual classes?

Mr. BILLY. No, sir.

Mr. WRIGHT. I would imagine Mr. Bradshaw would have a situation of that kind.

Mr. BRADSHAW. Yes. All our relationships are confidential and we are not permitted to share them with anyone unless the patient gives a specific release.

Mr. MYERS. But in the classrooms where you are structured for—what—20 or 30 members—do you find any significant number of individuals hanging afterward asking questions that they were not able to ask in front of the rest of the group or giving any indication that perhaps you should look at the possibility of selecting people out for individual contact?

Mr. BILLY. I have seen this happen, and when they feel that they have a point that they want to bring out—and they are a little bit hesitant. They do not know the people well enough and they do not know the instructor well enough to share, so they will stay around and—I recall one particular female that stayed around and she identified in the third person constantly.

She referred to her friend, her friend, her friend who had a particular problem, and then when we finally broke it down to the fact that it was she, she was willing to come back the next session and disclose this to all the people, because she said: "I am afraid that they will laugh at me, but I would like to talk about it."

And her problem was that she was a rather obese woman—

Mr. MYERS. I am sorry. I think in the interest of time—

Mr. WRIGHT. We really could stay all night and all day tomorrow. Thank you very much for giving us the benefit of this. It has been extremely beneficial.

We have one other witness—in some respects, the most important of all—and we are grateful for your having stayed around this long, Mr. Hawkins.

Mr. Thomas E. Hawkins, Director of the Department of Environmental Impact and Social Sciences for the Southwest Research Institute, and the evaluator of this San Antonio ASAP program.

You, too, Mr. Hawkins, have presented us with an excellent statement, which, with your permission, we would like to make a part of the record at this point.

Mr. HAWKINS. Yes, if you would, please.

[The statement referred to follows:]

## STATEMENT BEFORE THE

House Public Works and Transportation Committee  
Subcommittee on Investigation and Review  
San Antonio, Texas

August 8, 1975

## Evaluation of the San Antonio Alcohol Safety Action Project

Thomas E. Hawkins

Director

Department of Environmental Impact and Social Sciences  
Southwest Research Institute, San Antonio, Texas

Mr. Chairman:

It is a pleasure to appear before you today to discuss San Antonio's Alcohol Safety Action Project. Southwest Research Institute, a not-for-profit organization located in San Antonio, is responsible for the evaluation of the project. I am the Principal Evaluator and have served in that capacity since inception of the project. I have been involved with the evaluation of government programs for over ten years, both as Chief, Plans Evaluation Division, Coast Guard Headquarters, and in my current position. Based upon this experience, I have two points which I believe are pertinent to this hearing.

- The problem of how to alleviate the effects of the drunk driver is extremely complex and it is deep-rooted. Primarily, this is caused by the number of "power centers," each independent of another, which must deal with the drunk driver, and the apathy generated by years and years of drunk driving by a substantial portion of the public. Without question, the San Antonio ASAP has focused attention on the magnitude and seriousness of the problem, and has demonstrated that the only answer is the ASAP "systems approach."
- More time and money—approximately 13% of the overall ASAP budget—have been spent on evaluation than in any other program with which I am familiar. While I am convinced that all programs should be subjected to intensive evaluation, I am also well aware that evaluation is virtually useless unless it is integrated into the decision-making process. In this regard, I am fortunate. The Project Director, the Contract Technical Manager, and I have mutual respect for each other, and we function as a team. At no time during the four years that we have been involved in the project has any major decision been made without all of us discussing the matter at length.

The original objective of the San Antonio ASAP, "Through close coordination of all countermeasure actions, to seek the most *effective, practical* and *economical* countermeasures to achieve a substantial reduction in the number and severity of traffic accidents caused by drunk drivers, which may be established as a permanent traffic safety program for San Antonio and Bexar County," has never been changed. We felt that we must demonstrate effective, practical, and economical countermeasures before they should be converted into on-going programs of the City and County, and ultimately result in a closed-loop system adequate to all aspects of the problem. Our concept was to plan, implement, evaluate, and replan on the basis of the results of the evaluation. Under this approach, every countermeasure was altered during the last three years.

To assist the Project Manager in evolving an adequate closed-loop system, we developed and implemented evaluation designs for each of the countermeasure activity areas—law enforcement, judicial, rehabilitation, and public information and education—and for ultimate performance of the overall program. During the first 18 months—the planning period and the first year of operation—our primary emphasis was of necessity on data systems. Because of this emphasis, I considered the first year's evaluation rather elementary. However, during the past 24 months the development of evaluation designs has been our primary thrust. We have determined what does, and what does not, meet our objective. Our research designs fall into five basic categories:

- For monthly and quarterly reviews to determine the degree to which the “system” was operating as planned, measurement has been made of actual performance and compared against predetermined performance estimates. These rather simple measures (for example, patrol man-hours per DWI arrest) have been most helpful in uncovering system malfunctions almost on a real-time basis;
- For annual analyses of effectiveness and cost effectiveness, statistical analyses have been made of one group against another comparison group, and of longitudinal trend analyses of results during baseline and operational ASAP periods;
- For determination of public attitudes and overall project impact, Voluntary Roadside Surveys and stratified, random sample Household Surveys were conducted annually;
- While it is not a formal evaluation design, the constant interaction between the Project Director, myself, and the Countermeasure Leaders has been integral to our objective of determining what is practical; and
- For those areas where our routine evaluation designs reveal problem areas, but no answers, we have conducted special research experiments and analyses.

The results from the evaluation of the first three years are summarized in the attached document. Full copies of the six analytic studies also have been made available to your staff.

Evaluation of the San Antonio ASAP has largely achieved the project's objective “to seek the most effective, practical and economical” alcohol-related accident countermeasures. Only two major questions remain unanswered:

- To what degree can enforcement, through its own patrolling activity, directly accomplish a reduction in alcohol-related accidents?
- For what type of clients are the rehabilitation countermeasures effective in rehabilitating drunk drivers?

The objective of the ASAP is now focused on answering these two questions. The research plan which the San Antonio ASAP is implementing during the 2-year extension period will provide the answers. This sophisticated research plan builds upon our findings from the initial ASAP period. In enforcement, three different patrol strategies are being evaluated using accident rates and frequent roadside surveys. The strategies are city-wide patrolling, expressway patrolling on Friday, Saturday, and Sunday nights, and emphasis patrolling of two relatively small areas located in the north and south sides of the city. A concurrent “fear of arrest” public information campaign is also being

conducted. In rehabilitation, the effectiveness of various treatment programs is being evaluated through random assignment of DWI clients to suitable rehabilitation or probationary programs, in-depth follow-up interviews to measure improvement in their life style, and examination of their DWI re-arrest and accident rates. The project, with the cooperation of the Texas Education Agency, also has implemented special alcohol-drinking instruction in the driver education classes of a local school district. The knowledge gained will be evaluated by comparison with another district having similar socio-economic characteristics.

The two-year extension should provide sufficient time to develop definitive answers to the research questions. However, I am less confident that it will provide enough time to substantially reduce alcohol-related accidents in San Antonio. Based on annual roadside surveys throughout the city during the initial years, and a more recent survey conducted on the expressways, I estimate that on a typical Friday or Saturday night there are as many as 12,000 DWIs on the streets of San Antonio. In order to achieve a substantial impact on this problem, a long-term program is required with concerted effort by all agencies involved with the DWI control system, and active support by the general public and community leaders.



**TESTIMONY OF THOMAS E. HAWKINS, DIRECTOR, DEPARTMENT OF ENVIRONMENTAL IMPACT AND SOCIAL SCIENCES, SOUTHWEST RESEARCH INSTITUTE, AND EVALUATOR, SAN ANTONIO ASAP, ACCOMPANIED BY DAVID CANANN, STATISTICIAN**

Mr. WRIGHT. We will let you proceed in such a way as you would like and have a colloquy and we could utilize the few precious moments remaining to the best possible advantage to get the maximum information.

Mr. HAWKINS. Very good, sir.

The objective of the San Antonio alcohol safety action project is rather basic, to seek the most effective, practical, and economical countermeasures to achieve a substantial reduction in the number and severity of traffic accidents caused by the drinking drivers.

Our approach has been to plan, implement, evaluate, and replan on the basis of the results of the evaluation. Under this approach, every countermeasure, every activity that ASAP has run, has been altered in the last 3 years. We had no wisdom when we started.

ASAP, I think, has achieved a great deal and I do not want to dwell on that because I think that was really adequately covered today, sir. Witness after witness has covered the accomplishments, so I guess it falls to me to give you some of the negative aspects.

ASAP did not achieve a significant reduction in alcohol-related accidents. Why? There are a number of reasons.

The project was overwhelmed by some external factors, increases in licensed drivers, annexation, rainfall, no new roadway construction, economic prosperity, increases in the number of drivers who drank—not excessively, but did drink—and the general movement of youth away from hard drugs back toward alcohol. These things by themselves, in my opinion, could well have overwhelmed everything that ASAP did.

Second, when we started the project, we all assumed—and by “we” I mean NHTSA, the city and the county when they accepted the project, the project director, and the project evaluator when we designed it, and I suppose the Congress also assumed the same thing, that 3 years and \$2.3 million was enough to have a significant impact. We were all wrong. It just simply is not enough time.

The problem, as you phrased it, is very pervasive and overall its solution is extremely complex, and 3 years were not enough. It just simply was not enough time.

Now, what was the magnitude of the problem that we were trying to come to? We have a very significant drunk driving problem in the city of San Antonio. Our most factual and scientific information comes from the voluntary roadside surveys which are conducted every year at the same spot, the same day of the week, same general time of the year, the same time of the night. Based on these, we find that overall on a Friday or a Saturday night about 11 percent of the drivers in San Antonio are DWI. That is the basis. I am the source of the 8,600 figure mentioned earlier in the day.

In May of this year I, for the first time, conducted roadside surveys on the expressways. I have now increased the number to 12,000—just any Friday or Saturday night, I think we have at least 12,000 drunk drivers on the road.

Early in the evening it is about 5 percent; late in the evening, 19 percent. We have several areas in the city that if you are driving there and you are not yourself DWI, almost assuredly either the driver of the car in front of you or the driver of the car in back of you is DWI.

It is absolutely incredible to go out on the roadside survey—and there are just hundreds of cars passing by and every 5 or 6 minutes you randomly go out and pick one, and when you are all done, 40 percent of the particular site has been DWI.

Mr. WRIGHT. How many people in the course of these random surveys have you stopped and interviewed?

Mr. HAWKINS. We have a sample design of 640 for the citywide samples that we have done for four times, and we have a survey design of 300 for the expressway.

Mr. WRIGHT. You have done 600 four times?

Mr. HAWKINS. Yes, sir.

Mr. WRIGHT. So there is 2,400 and more—2,500.

Mr. HAWKINS. I have done about 2,700 or 2,800.

Mr. WRIGHT. In all?

Mr. HAWKINS. Yes, sir.

Mr. WRIGHT. Over this period of time. This many you have stopped and individually invited in for an interview?

Mr. HAWKINS. Right.

Mr. WRIGHT. They are not required or compelled to do this, but most of them do it, you tell me?

Mr. HAWKINS. It is very near 99 percent volunteer.

Mr. MYERS. If I remember—Mr. Chairman—

Mr. WRIGHT. Go ahead.

Mr. MYERS. A sample size of 600 randomly would effectively represent about 99 percent—about a half a million people, is that correct? With 99 percent assurance factor?

How many people are we dealing with in the total population that you are attempting to—

Mr. HAWKINS. We have about 440,000 licensed drivers.

Mr. WRIGHT. Let us identify the statistician.

Mr. CANANN. My name is David Canann, Southwest Research.

Mr. WRIGHT. Would you spell you last name?

Mr. CANANN. C-a-n-a-n-n.

Mr. MYERS. For the population that we are attempting to pull out a representative sample, for a safety factor of 1 percent—is that what you are aiming at—confidence level?

Mr. CANANN. Well, our survey is not designed to determine what percentage of the drivers are drinking—that is really not our objective. Our objective is to determine whether there has been an increase or a decrease in 1 year, and, so, we are not really trying to estimate that percentage. That was not our objective.

Mr. WRIGHT. But it is an interesting byproduct of your investigation.

Mr. CANANN. It is interesting, right. I believe normal samplings like national surveys, they use—and I am not certain of this, but I believe they maintain a sample of about 1,300 to 1,500 to have a confidence of plus or minus 3 percent.

Mr. WRIGHT. The Harris polls and the Gallup polls and the State polls in our State operate on a much smaller sample as a percentage of the whole than you have been operating.

Mr. CANANN. Well, the idea is that it is the sample size itself. It is 1,300 versus our 640. So I would say our level of uncertainty is on the order of 6 or 7 percent of the value, 10 percent plus or minus less than 1 percent.

Mr. MYERS. A 95 percent confidence level in each study. Now, did the studies differ between themselves?

Mr. CANANN. Each study was done at the same sites, the same time of night. We tried to keep it as identical as possible so that we could identify changes.

The first year I think the over-all percent was about 12.8 percent. That was before ASAP. The next 2 years it was down to 10.8 percent, and the last year it is back up to 11.7 percent, something like that. Those are not significant changes, but we did have a slight reduction those first 2 years, but it is not enough to be statistically significant. To be statistically significant, it would have had to have dropped from about 12.8 percent to roughly maybe 6 percent.

Mr. HAWKINS. Now, the extension of the problem to the drinking or drunk drivers who cause fatalities, in the absence of some legislation requiring a BAC test for all drivers involved in fatal or serious injury accidents, this is a difficult question to handle.

Mr. WRIGHT. What is a BAC test?

Mr. HAWKINS. Blood alcohol concentration test, the breathalyzer.

Mr. WRIGHT. OK.

Mr. HAWKINS. It could be a breathalyzer or in the case of an autopsy, an actual blood specimen.

And I do, by the way, sir, recommend this as needed legislation. Legislation to determine the degree of alcohol in the blood of every driver involved in a fatal accident or a serious injury accident. That is the only way we are really going to find out what the real problem is.

Mr. WRIGHT. You recommend this as national legislation, Mr. Hawkins?

Mr. HAWKINS. It may have to be passed at the State level, sir, but, yes, I would recommend it at least as a national goal.

In the absence of this kind of legislation, we tapped every data source that we have to try and find out for 1973 and 1974 what was the alcohol involvement of the 283 people who were killed in traffic accidents, the alcohol involved in the drivers. DWI drivers caused 40 fatalities; that is, they had a BAC level above 0.10 percent known tested; 16 other fatalities were caused by pedestrians with blood alcohol concentrations above 0.10; impaired drivers, that is, above 0.05 were involved in 49 additional fatalities; impaired pedestrians in 4.

We believe that another 46 fatalities were probably alcohol related, but there was simply not enough hard data for me to say so with absolute certainty.

If I include all of these, alcohol-related fatalities were 55 percent of the total, and if I exclude the pedestrians and include only drivers, 48 percent of the total people were killed in alcohol-related accidents.

The question was asked earlier what kind of a risk are we running with the drivers; do they drink near home? Do they drink a long

way from home? Of the drivers who were DWI in the most recent expressway survey, about 30 percent were within 1 mile of the site that I stopped them at—that is where they were drinking; 18 percent within 1 to 2 miles; 27 percent, 3 to 5 miles; 21 percent, 6 to 10 miles; 3 percent over 10 miles.

Impaired drivers, 0.05 to 0.09, show much, much less within the 1 mile and over 31 percent have traveled over 10 miles in the expressway system—31 percent, they drank over 10 miles away from where I stopped them. That is 0.05 to 0.09, and I think there is enough scientific evidence to say that they are a hazard. They may not be DWI, but they are a hazard. They are traveling long distances, some of them.

We have never asked this question before in a citywide survey and I think we will find a much different answer. It will be much closer to home within the city, but on the expressway system today they are going long distances.

The major question that remains unanswered in enforcement is: What enforcement—certainly through its own patrolling activity, what kind of a deterrent can it have? Or, phrased another way, if the city of San Antonio were considering continuing this project on its own and they asked: "How much enforcement do I need?" I cannot answer the question. We have never gone in with enough enforcement to find out.

We did an alternative force level study—by that I mean, we drew some very tight boundaries around the roadside survey sites, and then put in one unit or two units or four units or eight units—we did all of these combinations—and I was looking for what we call the knee of the curve. In other words, there should have been a point at which we had saturated, and the patrol would change. The curve was a straight line. We never did achieve saturation to the point where we were getting all the drunk drivers.

Mr. WRIGHT. If you had eight patrol cars in one area there would be more arrests—

Mr. HAWKINS. Yes, sir, there were more arrests. There were eight times as many arrests as when we only had one car.

Mr. WRIGHT. But your point is that if you had eight cars, there would not be fewer arrests per car than if you had one?

Mr. HAWKINS. Right. I thought when we designed it that we would find the knee of the curve, but we did not. I would have gone over it again with 16, except that we did not happen to have 16 vehicles.

Mr. WRIGHT. You were trying to find out how many cars it would take patrolling in a given area to apprehend all those apprehendible so that the number per car would decline.

Mr. HAWKINS. Right. And then I could start doing some extrapolations. I never found the knee.

Mr. MYERS. Have you ever randomly chosen cars and tried to specifically estimate which cars had drunk drivers?

Mr. HAWKINS. No, sir.

Mr. WRIGHT. You would be able to find a saturation point by condensing the size of the patrolled area with eight cars.

Mr. HAWKINS. At the eight-unit level we were patrolling—the San Antonio Police Department was patrolling at one unit per square mile. In order to cover the city of San Antonio, that would require 252 units. I thought it was enough and it was not.

Mr. WRIGHT. One unit per square mile is just not enough to saturate.

Mr. HAWKINS. It was only one night; it was only one night. So it was not a good experiment, but I thought it was going to find some indication of what the answer was.

Mr. WRIGHT. You do not have any way of comparing San Antonio with a city of smaller size, I suppose, or another city of this approximate size, because this is the only place you have conducted this kind of a survey.

Mr. HAWKINS. Right, sir. We tried three other saturation experiments, or what we termed "saturation experiments," and they were of relatively short duration. We did not have enough manpower to go in, and the results on that were inconclusive.

Now, what we have done is designed the experiment that Inspector Fitch described. We have two experiments going; one is on the expressway—we just divided the expressway into 10 sectors. We are now patrolling 5 of those 10 and we are going to continue to patrol until we create a reduction, and then we are going to shift to the other 5 and find out what the residual effect is, how long does it force people off the expressway.

Now, we may simply be forcing them to other areas of town, and we accept that. The same rationale as for the two evaluation areas that Inspector Fitch mentioned, A and B, the one on the north side of town and one on the south side of town. These are relatively small areas. We feel we are going in with enough manpower to make a significant reduction.

Mr. WRIGHT. The Chair observes that it is 6 o'clock. I wonder if it would be possible for those of us on the committee within the next 10 days or 2 weeks, perhaps to submit additional questions to you that you might be willing to provide us answers for—

Mr. HAWKINS. I would be happy to.

Mr. WRIGHT [continuing]. And submit them in writing. I am about to finish with the hearing—

Mr. MYERS. If I might, do you know of any convenient tests of coordination that is being developed to be placed in the hands of potential drivers to test and evaluate their ability to function?

Mr. HAWKINS. I know that the Department of Transportation is working on several, but to my knowledge I do not know of any that are operational, sir.

Mr. MYERS. I had a suggestion during the break here from a Mr. Pat Markham of Boston who earlier was here and left. He made what I thought was a rather interesting and intriguing suggestion, that part of the problem with DWI's is that they get off—or they get their license suspended and they get an occupational license, and that really does not solve the problem. He made the suggestion that possibly that not only an occupational license but an occupational license plate would identify the car as a car which has had this particular type of problem to the police out on the highway and that a person who was assigned an occupational license would only be able to drive a car with an occupational license plate on it. What is your reaction to that?

Mr. HAWKINS. Well, I understood that this was considered in our original program design and it was not approved because of the stigma effects. It was considered that when you were convicted of DWI, you

would have an orange license plate, "I am a DWI," but how can your wife drive such a thing?

That was the difficulty. They did consider it and that kind of a ground rule was not within the options that we had here in San Antonio.

Mr. MYERS. In your opinion, when you look at 30,000 deaths a year, would the orange license place stigma not—

Mr. HAWKINS. In my opinion, we should have orange license plates, yes, but that is a personal opinion.

Mr. WRIGHT. At least for the individual who is a repeated offender, perhaps.

Mr. HAWKINS. Yes, sir. Something along those lines. I think we have covered this subject with almost every witness and the last five, six, seven have discussed the problem of the random assignment. I happen to support it, sir. I think we have got to find out what is effective.

Somebody asked me what was recidivism. Since we started, some of the people have been tracked for 12 full quarters, 3 years; there are people who have only been tracked for 1 quarter, but we have in our system 14,348 people DWI's. We have had 1,294 recidivists. Is that good? Is that bad? I do not know.

I have 27 different recidivism rates here, and I simply cannot make any sense out of it.

We have tried to go back and create after-the-fact comparison groups. They were not very good.

Even if we had concluded that the AIDE school was marginal, the comparison groups were not good enough, and we would have still have had to say, we do not know.

Mr. Canann does it on a very scientific basis, on a man-month of exposure. None of the treatments prove significantly better than their comparison, so we simply do not know.

We looked at DWI recidivism and crash recidivism. We think likely these are negative aspects. We think very likely that we may be missing the boat—there are rather rare occurrences. Maybe we are trying to measure the wrong thing.

NHTSA has developed a life activities interview which is more measuring the positive changes in a man's life, and that has been introduced into the San Antonio program.

I think sometimes you might have gotten the impression from the judges and so forth that we designed a system that had no flexibility. This was not so. We respected Judge Spector's request that she just simply could not assign people to a control group. That is quite acceptance to us. We simply do not include her in the evaluation. The people that she sends to AIDE or ATP we do not include in the evaluation.

We built in flexibility so that the judges would have the freedom of choice. We recognize that it is their choice. Simply when they do not go along with the recommendation of Mr. Flores, we exclude them from the analysis.

There is one element of the program that I do not think we really covered and that is public information and education. I will try and answer your question about the BAC card. We distributed about 40,000 of those, but we had many other elements—pamphlets, brochures, fliers—that also have that same kind of information on them.

I think we probably got to 25 to 30 percent of the people through that kind of information, possibly more. I never measured that one directly.

One of the questions that we have asked on household surveys and in the roadside surveys is the number of drinks versus weight to become DWI. Beginning in 1971, the base line year, about 25 percent of the general public knew the correct answer. That has steadily gone up each year. It is now 48 percent.

That is in fact one of the major elements of the San Antonio public information and education campaign, to know your limit.

However, before we get too excited about, you know, how well we have done, I think we have to realize that the general public is not the drinking public. Where of the general public 48 percent knew, those people who were driving or who say they do drink but had negative BAC's, only 20 percent knew the correct answer. Of those who drive and drink and were between .01 and .09—that is, they had had something to drink but were not drunk—about 24 percent knew. And, of course, the worst category was the drunk driver. Only 13 percent knew.

P.I. & E., I think, is a great program for the general public, but we just have not found one to get to the drunk driver, and I would like to conclude that we cannot get to him with a P.I. & E. program. We have got to arrest him, put him through the—

Mr. WRIGHT. P.I. & E., meaning public information and education?

Mr. HAWKINS. Public information and education. Put him through the adjudication process and then put him through rehabilitation, and then you have him for a long time. He is a captive.

After 3 years of sustained effort by the public information and education specialist of the project's staff, talking at high schools, at the school district level, the Texas education agency level, we have gotten Northside Independent School District to agree to a pilot program of putting in 3 hours of drinking and driving material into their driver education course. And they have also indicated that if it is successful, they would consider implementing that on a statewide basis.

It has taken us 3 years to get them to do the experiment. If it is successful and we can get them to implement that statewide—someone talked about the lower levels, and they do have what they call a K. to 12—a kindergarten through 12, 12th grade—educational program, and that would be the next step, to see if we could introduce that.

It is late, so let me go to the final question: What kind of a program and of what duration would be required in San Antonio in order to actually achieve a reduction?

It seems to me that the program will have to be very long term, if not permanent. With the kind of problem we have, it is simply not going to be cured overnight; it is not going to be cured in this 2-year continuation period.

Does that mean that the city or the county should ask the Federal Government to continue funding? I, personally, do not feel so, if that is appropriate.

If we can answer our two research questions, then, by and large, I believe the Federal investment will have served its purpose.

What can we do? My personal opinion is that the major financial burden should shift as rapidly as possible to the DWI who is the problem. In other words, I am proposing a violator-financed system.

There are other options. You can have a tax-revenue-financed system, whether it be the city or Federal-financed; you can also adopt the point of view that you raised this morning of having a drinker-financed system or some combination thereof of the three.

I am convinced that the city and the county can have quite an effective ASAP program, and my basis for saying that is another contract I have with NHTSA for the application of ASAP results to State and local programs. One of the elements of it is to look at the economics of ASAP. There is a great deal of money that moves around in this system. And based on some preliminary work that we have done—and I will be very happy to keep the subcommittee advised on the contract as it progresses—I am convinced that with some very modest changes the program can be made self-sustaining.

And that is all I have, if there are any questions, sir.

Mr. WRIGHT. Well, we can still sit here and think of questions, and there are some questions that were submitted by Mr. Levitas before he left. We will submit these to you in writing, if we may.

Mr. HAWKINS. That will be fine.

Mr. WRIGHT. And permit us, if you will, to do the same, because we expect, even after the hearing has gone to bed and been published, to retain a continuing interest in the progress of your inquiry, and to try to learn what we can from this experiment.

Mr. HAWKINS. I think everybody that is involved in this project in San Antonio is enthusiastic and hard working, and they very much appreciate your coming down here, sir, and we will be most happy to do anything we can to give you what advice we have.

Mr. WRIGHT. We certainly appreciate the excellent testimony we have received today, and I believe it has been uniformly excellent.

We want to express the thanks of all our committee members to all of the witnesses who have appeared today. We thank them for their candor, for their intelligence, for the information they have shared with us. You have been a great help to us.

I am certain that the information provided here today will be of value, not only to the Congress but to all the other areas which may be considering implementing some such program as we have been undertaking here.

And while I hesitate to say that this hearing is adjourned, because the inquiry is not adjourned—it remains very much alive—let me simply call a halt to it at this particular stage with the expectation that our subcommittee will continue its active interest in this vital field of endeavor.

The subcommittee is adjourned at this point.

[Whereupon, at 6:15 p.m., the subcommittee adjourned.]