



City of Cambridge

Comm. # 6

IN CITY COUNCIL

March 31, 1975

ORDERED:

That this City Council goes on record favoring the passage of House Bill #4809, the same being "An Act Relative to the Treatment of Alcoholics."

In City Council March 31, 1975.

Adopted by the affirmative vote of 6 members.

Attest: - Paul E. Healy, City Clerk.

A true copy.

ATTEST:

Paul E. Healy

President
MORT ARONS
ROGERS JEWELRY
653 Mass. Ave.
Tel. 547-1124

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CARL F. BARRON
PUTNAM FURNITURE LEASING
614 Mass. Ave.
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2nd Vice President
JAMES HILL
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Secretary
MERRILL SMITH
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620 Mass. Ave.
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Treasurer
LOU RICCI
CHARLESBANK TRUST
671 Mass. Ave.
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CENTRAL SQUARE BUSINESS MEN'S ASSOCIATION, Inc.

CAMBRIDGE, MASSACHUSETTS 02139

March 24, 1975

TO: The Honorable Members of the Cambridge City Council

RE: Request For Favorable Endorsement of House Bill #4803

Our Association requests the favorable consideration by the Cambridge City Council of the above-noted legislation, now pending before the Joint Committee of Human Affairs and the Elderly. Attached, you will please find a photostatic copy of a letter of transmittal to Representative Michael J. Lombardi, who both introduced our order and supported it.

After numerous conferences with the Cambridge Police Department, Judges Lawrence Feloney and Arthur Sherman of the Third District Court of Eastern Middlesex and a committee from our Association, Captain Henry Breen of the Cambridge Police Department drafted an excellent Bill, a photostatic copy of which is also attached hereto.

Among those appearing to support this Bill were:

Hon. Lawrence Feloney, Presiding Justice of the Third District Court of Eastern Middlesex

Chief Francis A. Pisani, Cambridge Police Department

Father John Hinckley, St. Mary's Church of the Annunciation

Mr. Brandon Powers, Representing the Cambridge Council of the Aging and the Committee of the Elders

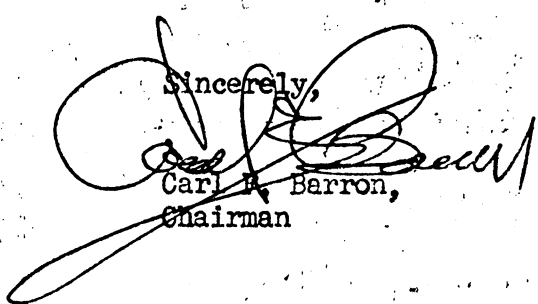
Mr. Mort Arons, President, Central Square Businessmen's Association

Mr. Carl F. Barron, President, Cambridge Property Owner's Association

Those attending the joint meeting on this problem are shown on the list, dated January 3, 1975, which includes representatives of the entire business community of all Squares in the City of Cambridge.

We trust that you will give serious and favorable consideration to endorsing our Bill, which, from a humanitarian point of view will provide compulsory medical treatment to those unfortunates who are unable to make decisions of their own. If such a favorable resolution is given by the Cambridge City Council, may I ask that the original be forwarded directly to the Joint Committee on Human Affairs and the Elderly, with a copy sent to me?

Sincerely,


Carl F. Barron,
Chairman

CFB/kg
encs.

By Mr. Lombardi of Cambridge, petition of Michael J. Lombardi for legislation relative to the treatment of alcoholics. Human Services and Elderly Affairs.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Seventy-Five.

AN ACT RELATIVE TO THE TREATMENT OF ALCOHOLICS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 8 of chapter 111B of the General Laws,
2 as most recently amended by chapter 1143 of the acts of 1973, is
3 hereby further amended by adding at the end of the fourth
4 paragraph the following sentence:—If the person has been
5 taken into protective custody three or more times within the
6 previous 12 months, the officer in charge or designee shall notify
7 the nearest facility and they shall take him into custody for
8 treatment for a period not exceeding ten days. If said person
9 refuses treatment he shall be held for the court under provision
10 of section thirty of chapter one hundred and twenty-three.

1 SECTION 2. Chapter 123 of the General Laws is hereby
2 amended by striking out section 35, as most recently amended
3 by section 2 of chapter 643 of the acts of 1973, and inserting in
4 place thereof the following section:

5 *Section 35.* For the purpose of this section, "alcoholic" shall
6 mean a person who chronically or habitually consumes alcoholic
7 beverages to the extent that (1) such use substantially injures his
8 health or substantially interferes with his social or economic
9 functioning, or (2) he has lost the power of self-control over the
10 use of such beverages.

11 Any police officer, physician, spouse, blood relative may
12 petition in writing any district court for the order of

social workers involved, such as Dr. William Clark of the Cambridge City hospital, and others of the staff at both the hospital and Detoxification Centers, that these people are really not criminals, but that the General Court is completely accurate in describing them as being sick. We were then advised that the bulk of the

13 commitment of a person whom he has reason to believe is an
14 alcoholic. Summons to be first issued by the court. If he does
15 not appear, then a warrant is to be issued.

16 The person shall have the right to be represented by legal
17 counsel and may present an independent expert or other
18 testimony. If the court finds such person indigent, it shall
19 immediately appoint counsel. When the person appears on the
20 summons or the warrant, the court shall order an examination
21 by a qualified physician.

22 If after the hearing, the court, based upon competent medical
23 testimony, finds that such person is an alcoholic and there is a
24 likelihood of serious harm as a result of alcoholism, it may order
25 such person to be committed for a period not to exceed thirty
26 days.

27 Such commitment shall be for the purpose of inpatient care in
28 public or private facilities approved by the department of public
29 health under the provisions of chapter one hundred and eleven B
30 for the care and treatment of alcoholism. The person may be
31 committed to the Massachusetts correctional institution at
32 Bridgewater, if a male, or at Framingham, if a female, provided
33 that there are suitable facilities available under chapter one
34 hundred and eleven B; and provided, further, that the person so
35 committed shall be housed and treated separately from
36 convicted criminals. A person so committed may be released
37 prior to the expiration of the period of commitment upon
38 determination by the superintendent that release of said person
39 will not result in a likelihood of serious harm. Said person shall
40 be encouraged to consent to further treatment and shall be
41 allowed voluntarily to remain in the facility for such purposes.
42 The department of mental health, in conjunction with the
43 department of public health, shall maintain a roster of public
44 and private facilities available, together with the number of beds
45 currently available, for the care and treatment of alcoholism and
46 shall make it available to the district courts for the com-
47 mon use on a monthly basis.

48 Nothing in this section shall preclude any public or private
49 facility for the care and treatment of alcoholism, including the
50 separated facilities at the Massachusetts correctional institutions
51 at Bridgewater and Framingham, from treating persons on a
52 voluntary basis.

This Document Has Been Printed On 100% Recycled Paper.

On January 15, 1975, the members of the Detoxification
Committee, and the Cambridge City Hospital facilities for the care of
alcoholics, and the Cambridge-Somerville Detoxification Center. As a result of the
interchange of information and the visits made, we discovered from medical and
social workers involved, such as Dr. William Clark of the Cambridge City Hospital,
and others of the staff at both the hospital and Detoxification Centers, that these
people are really not criminals, but that the General Court is completely accurate
in describing them as being sick. We were then advised that the bulk of the

~~ident~~
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CENTRAL SQUARE BUSINESS MEN'S ASSOCIATION, Inc.
CAMBRIDGE, MASSACHUSETTS 02139

February 7, 1975

Hon. Michael J. Lombardi
Commonwealth of Massachusetts
House of Representatives
State House
Boston, Mass.

RE: HOUSE BILL #4803 -

Dear Representative Lombardi:

Relative to the Treatment of Alcoholics

In response to your letter of January 20, I am enclosing herewith a completed questionnaire concerning the above proposed legislation.

I would appreciate your including this letter as part of the supplementary data to the questionnaire, inasmuch as it does give a history of our interest in this Bill.

Approximately a year ago, various members of our Association became acutely aware of the substantial number of alcoholics in the Central Square, Cambridge area. Approximately 20 seemed to be permanently affixed, regardless of rain or shine, sub-freezing or abnormally high temperatures. They were usually beyond the ability to control themselves, unkempt, dirty, ragged, and very unsightly in appearance. They ranged in temperament between extremely docile to highly argumentative, and, sometimes, even violent. They appeared to persist in remaining in the doorways and streets because of deliberate intent to be insulting, antagonistic, or even physically abusive. Complaints to the police advised us that the laws of this Commonwealth do not look upon alcoholics as criminals, but as sick people. Under certain circumstances, they could be picked up by the police, for very limited periods of time, a maximum of 12 hours, and, under certain conditions, they could be sent to detoxification centers. We checked with the Cambridge Police Department, and then we checked with the Courts. We then became more interested in the problem, and set up joint meetings with top officials of the Cambridge Police Department, the Judiciary, Cambridge Chamber of Commerce, and various business organizations, to attempt to resolve what gradually became clear to us, that these people were absolutely beyond any ability to make decisions by themselves, in their own behalf. Further investigation resulted in visits from personnel of the Detoxification Center, and then visits to Cambridge City Hospital facilities for the care of alcoholics, and the Cambridge-Somerville Detoxification Center. As a result of the interchange of information and the visits made, we discovered from medical and social workers involved, such as Dr. William Clark of the Cambridge City Hospital, and others of the staff at both the hospital and Detoxification Centers, that these people are really not criminals, but that the General Court is completely accurate in describing them as being sick. We were then advised that the bulk of the

hard-core individuals, both male and female, were, in most cases, suffering from brain damage to an extent that the all-pervading and probably sole interest of their lives was how to obtain alcoholic beverages. Additoinal testimony indicated that a very high percentage of them are susceptible to tuberculosis, a very highly contagious disease. (The attached news clipping makes reference to this aspect).

Primarily from humanitarian points of view, and, with some selfish ones (fear aroused in many people, young and old, male and female at the sight of people who are unable to control themselves, and who may be, potentially dangerous to others, as well as themselves), we feel that there is an absolute necessity that the same General Court which classified these people as being sick, should, when the sickness has reached such an advanced stage of making them ill beyond their own ability to make a decision to care for themselves, provide that care be given to them on a mandatory basis. It is beyond belief that these people, usually homeless, with no family, nor income, should be walking vegetables, unable to be cared for by their own resources, and without receiving care from the Commonwealth of Massachusetts through some means, such as the proposed legislation.

Further, there is also the safety of the general public which should be safeguarded from the actions of any of these unfortunate alcoholics who may be prone to uncontrolled violence, with resultant injury on the persons of innocent people.

We have ascertained that there is a very substantial degree of support for the proposed legislation from groups of the elderly, neighborhood groups, businessmen, social workers, members of the Judiciary, and the Police Department, as well as government officials. Although proposed by me, there is a very large amount of what must be a well-known prevailing condition, the proposed legislation has sufficient evidence in its favor to be passed, basically, as written.

Thank you very much for your consideration and assistance.

Sincerely,

Earl F. Barron

CFB/kg
encs.

cc: Mr. Robert A. Jones, President
Cambridge Chamber of Commerce
69 Rogers Street, Cambridge, Mass. 02142

cc: Dr. William Clark
CASPAR
Cambridge City Hospital
Cambridge Street, Cambridge, Mass.

cc: Mr. Brandon Powers
Committee of Elders
673 Mass. Ave., Cambridge, Mass.

Now 5th Highest in U.S.

Hub TB Rate Alarmingly High

By LORETTA McLAUGHLIN

Boston now has the fifth highest rate of tuberculosis in the country, according to a new government survey. In 1973 Boston ranked seventh.

This year 242 new active TB cases developed here. Moreover, the TB situation in Boston is considered unique since it is the only city where the lung disease primarily affects a native adult, white population.

Dr. Derek Robinson, deputy commissioner of public health, points out that the four cities with a worse TB rate than Boston are: New Orleans, Honolulu, San Francisco and Washington, D.C. "In New Orleans and Washington, D.C. the TB incidence occurs mainly in an indigent black population, while Honolulu's and San Francisco's is essentially among Orientals."

Although TB has dramatically declined since effective new drugs and public health programs became available, Dr. Robinson stresses that the disease is far from dead.

"TB is still lurking in the background as a real health threat," he said. "And it could become a great problem again if the standard of living goes down."

"No one really knows why, but whenever poor living conditions prevail—crowding, malnutrition, vitamin deficiency and cold, poorly heated apartments — there is a resurgence of TB."

To say, he pointed out, TB can be cured by keeping patients on strong anti-TB drugs for two years. The situation is far different from the years when TB could only be controlled by prolonged rest in sanatoria with no guarantee that the disease would not break out again later in life.

Largely because of public and professional education programs devised by the American Lung Association of Boston and funded through Christmas Seal campaigns, the overall incidence of TB in Massachusetts has declined steadily.

Only children in high risk cities are still routinely tuberculin upon entering school. Dr. Robinson noted. "However," he feels "they are not the group at greatest risk."

"Adolescents and young adults, especially as they begin working in industry, are the ones at risk, today" In Boston, for example, 31 of the new TB cases developed in patients under 25 years of age."

The most serious pool of TB patients is among homeless, alcoholics. Dr. Robinson explains, people who probably neither know nor care that they have TB.

Fewer than 100 of the 3,000 patients in Massachusetts with active TB now are in county sanatoria.

A new source of potential TB spread is the immigrant with the disease. Under new federal law aliens with TB now may enter the U.S. as long as a sponsor will assure that treatment will be sought.

TB is transmitted by an airborne bacillus. A person contracts it by breathing in air that someone with TB has exhaled. All possibility of contagion ends as soon as the patient is on the new anti-TB drugs.

JANUARY 3, 1975 MEETING ON ALCOHOLISM

NAMES OF THOSE ATTENDING MEETING

Honorable Lawrence Feloney, Presiding Justice of the Third District Court
of Eastern Middlesex

Captain Thomas Burke, Cambridge Police Department

Captain Francis Pisani, Cambridge Police Department

Mr. Mort Arons, President, Central Square Businessmen's Association

Mr. Robert A. Jones, President, Cambridge Chamber of Commerce

Mr. Alvin Thompkins, Managing Director, Cambridge Chamber of Commerce

Mr. Carl F. Barron, President, Cambridge Property Owner's Association

Mr. Alan Jones, Manager, Purity Supreme Market

Mr. Bernard Hill, President, Libby's Liquors

Mr. Daniel Woo, President, Hunan Restaurant

Mr. William Downey, Assistant Treasurer, Charlesbank Trust Company

Mr. Harry Kadis, President, Athenian Taverne Restaurant

Mr. Mac Herrling, Editor, Cambridge Chronicle

Mr. J. Kim or Mr. Gould, Boston Herald American

Mr. Joseph Szulewski, President, East Cambridge Businessmen's Association

Mr. Merrill Smith, Manager, WCAS Radio Station

Mr. Harvey Mason, President, Emily Rose Shoppes

Mr. George Berkowitz, President, Inman Square Businessmen's Association

Mr. Steven Zaglakas, President, North Cambridge Businessmen's Association

Mr. Charles Sage, President, Harvard Square Businessmen's Association

Dr. William D. Clark, Director, Cambridge/Somerville Alcoholism Program

Miss Sally Pickhardt, Director, Detoxification Center

Mr. John Griffin, Executive Director, Caspar Community Residences

Miss Lena DiCicco, Executive Director of Caspar, Inc. (Cambridge and Somerville
Program for Alcoholism Rehabilitation)

House Bill #4803

6 129
In City Council,

March 31, 1975

3/31/75

Order

Adopted-

copy sent to Mr. Carl
H. Barron 4/2/75 *ll*

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