

HUMPHREY FOR PRESIDENT COMMITTEE
Suite 740 Roosevelt Hotel
Washington, D.C.
ADams 2-3411

FOR RELEASE:
Tuesday AMs, Dec. 1, 1959

SEN. HUMPHREY CONDEMNS WASHINGTON "NAY-OLA" -- ITS "NO, NO" TO

EXPANDED MEDICAL RESEARCH

Excerpts of Remarks Before Meeting of Mt. Sinai Development Fund, Greater Miami,
Monday Night, Nov. 30, 1959

I want to speak to you tonight about a Summit: -

- Not just the Summit of a Big 4 Conference in Geneva next year -

- Not alone the "Summit" of mankind's wishes - the supreme goal of a peaceful
and just world. -

- But the very first Summit - Mt. Sinai - and its meaning to you and to me,
in terms of our gathering tonight.

SINAI OF EGYPT AND SINAI OF MIAMI

Mount Sinai was, and is of course, man's greatest Summit.

There, Man, through the great law-giver, Moses, met his Maker.

From there, man received the Commandments which are the heritage of all
civilization, as we know it.

Tonight, for this great campaign, you have joined hands and hearts to help
Greater Miami ascend to a new peak.

It is a peak of medical care and medical research. How is this peak to be
reached? Through the great institution which you serve by your presence tonight
and through your devoted support in the period ahead.

There is, of course, a golden link between Mt. Sinai Hospital of Greater
Miami and Mt. Sinai of the Ten Commandments.

For Mt. Sinai Hospital here is a living fulfillment of the message which was
brought on tablets by Moses. It is the message of the Brotherhood of man.

FIRST ANNIVERSARY OF MY MEETING WITH KHRUSHCHEV

It is my privilege to serve as Chairman of the Senate's International Medi-
cal Research Study. We have mobilized the judgment of medical experts in our own
country and in the farthest nations of the earth.

We have issued seven publications to date - on cancer, basic research, in-
fectious diseases and other topics. We will issue perhaps 20 publications in all.
You are invited to write to us for any or all of these publications.

It was as part of this study that I visited in Moscow on December 1, 1958
with the Chairman of the Council of Ministers of the Soviet Union, Nikita S.
Khrushchev. Since that day last year we have come quite a way in U.S. - U.S.S.R.
medical cooperation. But we still have a long way to go.

During the initial part of my talk with Khrushchev, I discussed one subject
exclusively - strengthening U.S.-Soviet Medical Exchanges and other health cooper-
ation.

After returning to the U.S. I wrote - over the course of months - a series of
letters relating to medical research cooperation to Premier Khrushchev, to the
Soviet Ambassador, Mr. Menshikov, in Washington, and to individual Soviet medical
specialists - so as to follow through in meeting specific problems of medical
cooperation.

How effective our medical discussion was in Moscow, together with the letters
which followed - is not for me to say. The record speaks for itself.

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It did not come as a surprise, however, when, within the last ten days, there was signed in Moscow a 2-year agreement, extending and broadening previous medical and other exchange programs.

The agreement contemplates - at least in out line - the substance of what I had recommended to Khrushchev last December 1st - more of a two-way movement of doctors between countries, joint research efforts against cancer and heart disease.

The only trouble is that the agreement doesn't provide for a "stream" of exchanges, only for the broadening of the "trickle."

It provides for the limited exchange of specialists numbering up to 20 persons, on each side, for a period of up to one year of work in each nation's scientific institutions.

It provides that each nation will exchange 5 delegations of 3 to 6 persons for a period of 3 to 4 weeks in certain specific fields. For example, U.S. delegations will study metabolism and genetics, maternal and child care, and related research in the Soviet Union.

We welcome this step forward. It is, however, modest to say the least, compared with the need. I hope, therefore, that it will serve not as the maximum goal, but as the minimal target for 1960-61. While it provides for the formal reciprocal exchanges, there is no reason why much more sizeable informal exchanges should not be attempted.

Yes, there is an enormous job to be done in international medical cooperation. It needs to be stepped up with all countries -- in Europe, Asia, Africa, Latin America -- including an expansion of activities of the World Health Organization.

Our Senate Subcommittee has not as yet formulated its findings. But I can tell you my own suggestions or findings based on preliminary research study.

1. There is an urgent need for the establishment of a National Institute for International Medical Research. The Senate has approved a bill for this purpose. But it is stalled in Committee in the House of Representatives.

The "monkey-wrench" in the legislative machinery is the opposition of the Executive Branch to the bill in its present form. The Executive Branch has stated that it favors the bill "in principle" but it doesn't want to see a new Institute in practice.

The fact is that much of the trouble in Washington today is that this and many other noble ideals are favored "in principle," but torpedoed in practice.

2. There is an urgent need for expanded funds for international cooperation in Medical Research. From all over the world, our Senate Subcommittee has received appeals from researchers asking for assistance. For but a few thousand dollars, these foreign scientists might be able to provide valuable clues in solving mysteries of major diseases.

What would they use U.S. assistance for? To hire one or more technicians, to secure a microscope or few pieces of other equipment, or to attend an important international seminar or meeting in some area of medicine and research.

Yes, for a few hundred or thousand dollars, we might be able to get the benefit of outstanding foreign researchers of Nobel scientist-ability.

3. We should enlist the cooperation of other nations in training tomorrow's medical researchers. We Americans shouldn't get the notion that we should be the only center for training tomorrow's medical research leaders. Many other countries, both large and small, can and will cooperate.

Not long ago, for example, our Subcommittee was visited by a distinguished medical authority of Israel. He pointed out that, right now, this small but great nation in the Middle East is training Asian, African, and other foreign doctors and scientists. With a little bit of financial assistance from ourselves, Israel can serve as an "incubator" for an enormous amount of international scientific talent in the years ahead. Here is a valuable ally in our war on disease.

January 1960 can be an important landmark for world health. At that time the Executive Board of the World Health Organization will take up my proposal for an

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International Public Health and Medical Research Year. If the Executive Board approves this, the World Health General Assembly will consider it in May 1960. The principal problem which the Health Year proposal has faced to date is that some of the smaller nations have been concerned regarding costs. This actually is a reason for observing an International Health Year, because through it the world can mobilize its resources in order to strengthen the ability of the emerging nations to meet their health problems.

4. Right now the U.S. budget for the 1961 fiscal year is being drafted. None of us here knows exactly what that budget will contain, so far as medical research is concerned. But evidence of the past indicates that the Executive Branch will seek to "hold the line" on existing levels of medical research spending, or for that matter, perhaps even to cut back. That attitude doesn't make sense.

If we can afford billions to send a man to the moon, we can afford to spend more to rescue men and women from death right here at home. We Americans don't want to be second best in the space race, but neither do we want to be second best in our race against death and suffering.

Every year a million and a half Americans die from various causes. For example, within the last two minutes, someone has died from cancer in the United States. It is too late for him or her, but it's not too late for 800,000 Americans now suffering from cancer. The time to help them is now. The time to help 11 million victims of cardiovascular disease is now. The time to help millions of victims of arthritis is now.

And there are millions of Russians in the same boat. Every year, $\frac{1}{4}$ million Americans die of cancer. Every year, $\frac{1}{4}$ million Russians die of cancer. That's why I have urged that health and medical research cooperation be put on the agenda of the Summit Meeting in Geneva.

Medicine unites, while ideology may divide. Pain or joy brings men together while political issues tend to separate men. Mr. Khrushchev himself isn't getting any younger. He could use, as millions of others 65 and older could, a few new findings from geriatric research. Everyone of us can benefit from research on the aging process and from other types of medical discovery.

It is time that Washington woke up to the full implications of this need. Fortunately, great progress has been made through Federally-sponsored research. Still more needs to be done - both in public and in private research laboratories.

As taxpayers, we have a right to expect more effort from the Federal Government. As citizens, we have an obligation to do more through our own efforts, as witness Mt. Sinai Hospital itself.

It is not in a partisan spirit that I condemn a Federal attitude of "too little, too late." We will never get more than half-way if Washington offers only half-hearted and half-financed efforts for human well-being.

We Americans do not want waste or deficits. But we do want to balance the human budget first. We know that sickness and disease are physical and economic liabilities. Health is an asset - an investment paying dividends.

WASHINGTON'S "NAY-OLA"

You've all read about the exposures of "Payola" -- the taking of gifts or bribes by disc jockeys. Well, the trouble with Washington is not "pay-ola," it's "nay-ola" - nay, that is, No -- to anything new, anything demanding, anything which doesn't fit in with the notions of the Administration's Bureau of the Budget and its near-sighted outlook.

"Nay" to more medical research, to more schools, more libraries, more hospitals. "Nay" to the needs of the 200 million Americans who will be crowding our cities in 1975; "Nay" to intelligent planning and preparation so as to head off tomorrow's crisis. This "Nay-ola" is far more alarming than "pay-ola," as bad as the latter is. "Nay-ola" stunts American growth and distorts the American dream. We are not a "no" people; we are a "yes" people. We need something better than Government policy that all too often fits the description of "no go, go slow, not now, veto"!

Here, then, is my challenge to you: Let us go to the Summit in Greater Miami with this marvelous institution, and - Let us help America climb to new peaks of achievement and service at home and abroad.

*Pharmacist
- daughter - arrived*

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Mt Sinai

Miami's Summit!

Mt Sinai Hospital

message of Brotherhood

*the Nurashom
Mrs. Lawrence
Leon & Gloria
10 million
Dollar Hosp*

Have Raised \$7 1/2 million

Hill Bv

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Israel
Pharmacy

Israel

Health
yr

World
Health
Year!

Israel (Red Cross)
Health Service

A Health yr!

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Billions more money for health!

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NAYOLA

HILL-BURTON

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✓
✓

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