HEALTH

92 CONGRESS, SECOND SESSION
1971-72

Nat'l Advisory Comm. on Health Science & Society (passed)-----Dec. 2,71

Nursing Homes STAR, TRIB, ST. PAUL DISPATCH articles----------Dec. 8

Cancer leg. S. 1828 letter to Pres. Nixon--------------------Dec. 9

Colman McCarthy srticle in POST on crib deaths---------------Jan. 20, 72

Nat'l Heart Lung Act notice of intro-------------------------Jan 20

Nat'l Heart, Lung & Blood Act-------------------------------Jan. 20

S. 3080 Kennedy bill to amend Lead Based Paint Poisoning Act--Jan. 26

Sudden Infant Death Testimony-------------------------------Jan. 31

S. 3127 intro of Part B Premium elimination under medicare----Feb. 4

Appointed confree---Feb. 14

SIDS Statement of intro of bill (repeated due to error)-------Feb. 25

Mankato FREE PRESS editorial "Life-Death study--Truly"--------March 2

Statement re Kennedy Health Maintenance Organization & Res. Dev. March 13

Child Health Amer. Academy of Pediatrics & HEW contract-------March 20

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

Vol. 117 WASHINGTON, THURSDAY, DECEMBER 2, 1971 No. 186

Senate

(Legislative day of Monday, November 29, 1971)

The Senate met at 8:45 a.m., on the expiration of the recess, and was called to order by the Honorable JAMES B. ALLEN, a Senator from the State of Alabama.

PRAYER

The Chaplain, the Reverend Edward L. R. Elson, D.D., offered the following prayer:

O God, without whose help we do nothing aright, help us to commit ourselves and the destiny of this Nation to Thy keeping. Consecrate us in body, soul, and spirit to Thy service. Make us mindful that we are trustees and not owners of this planet. Give us both the wisdom and the will to be good caretakers of the earth and to be faithful stewards of the Nation's welfare. May peace come on earth, beginning with each of us.

We pray in the name of the Prince of Peace. Amen.

DESIGNATION OF THE ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. ELLENDER).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, D.C., December 2, 1971.

To the Senate:

Being temporarily absent from the Senate on official duties, I appoint Hon. JAMES B. ALLEN, a Senator from the State of Alabama, to perform the duties of the Chair during my absence.

ALLEN J. ELLENDER,
President pro tempore.

Mr. ALLEN thereupon took the chair as Acting President pro tempore.

THE JOURNAL

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Journal of the proceedings of Wednesday, December 1, 1971, be approved.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

THE CALENDAR

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of items on the calendar, beginning with Calendar No. 503 and ending with Calendar No. 508.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

NATIONAL ADVISORY COMMISSION ON HEALTH SCIENCE AND SOCIETY

The Senate proceeded to consider the joint resolution (S.J. Res. 75) to provide for a study and evaluation of the ethical, social, and legal implications of advances in biomedical research and technology, which had been reported from the Committee on Labor and Public Welfare with an amendment, to strike out all after the enacting clause and insert:

That this joint resolution may be cited as the "National Advisory Commission on Health Science and Society Resolution".

ESTABLISHMENT OF COMMISSION

SEC. 2. There is hereby established a National Advisory Commission on Health Science and Society (hereinafter referred to as the "Commission").

MEMBERSHIP

SEC. 3. (a) The Commission shall be composed of fifteen members to be appointed by the President from the general public and from individuals in the fields of medicine, law, theology, biological science, physical science, social science, philosophy, humanities, health administration, government, and public affairs.

(b) Any vacancy in the Commission shall not affect its powers.

(c) The President shall designate one of the members to serve as Chairman and one to serve as Vice Chairman of the Commission.

(d) Eight members of the Commission shall constitute a quorum.

DUTIES OF THE COMMISSION

SEC. 4. (a) The Commission shall undertake a comprehensive investigation and study of the ethical, social, and legal implications of advances in biomedical research and technology, which shall include, without being limited to—

(1) analysis and evaluation of scientific and technological advances in the biomedical sciences, past, current and projected;

(2) analysis and evaluation of the implications of such advances, both for individuals and for society;

(3) analysis and evaluation of laws, codes, and principles governing the use of technology in medical practice;

(4) analysis and evaluation through the use of siminars and public hearings and other appropriate means, of public understanding of and attitudes toward such implications; and

(5) analysis and evaluation of implications for public policy of such findings as are made by the Commission with respect to biomedical advances and public attitudes toward such advances.

(b) The Commission shall make maximum feasible use of related investigations and studies conducted by public and private agencies.

(c) The Commission shall transmit to the President and to the Congress one or more interim reports and, not later than two years after the first meeting of the Commission, one final report, containing detailed statements of the findings and conclusions of the Commission, together with its recommendations, including such recommendations for action by public and private bodies and individuals as it deems advisable.

POWERS OF THE COMMISSION

SEC. 5. (a) The Commission or, on the authorization of the Commission, any subcommittee or members thereof, may, for the purpose of carrying out the provisions of this joint resolution, hold such hearings, take such testimony, and sit and act at such times and places as the Commission deems advisable. Any member authorized by the Commission may administer oaths or affirmations to witnesses appearing before the Commission, or any subcommittee or members thereof.

(b) Each department, agency, and instrumentality of the executive branch of the Government, including independent agencies, is authorized and directed, to the extent permitted by law, to furnish to the Commission, upon request made by the Chairman or Vice Chairman, such information as the Commission deems necessary to carry out its functions under this joint resolution.

(c) Subject to such rules and regulations as may be adopted by the Commission, the Chairman shall have the power to—

(1) appoint and fix the compensation of an executive director, and such additional staff personnel as he deems necessary, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, but at rates not in excess of the maximum rate for GS–18 of the General Schedule under section 5332 of such title, and

(2) procure temporary and intermittent services to the same extent as is authorized by section 3109 of title 5, United States Code, but at daily rates for individuals not in excess of the maximum daily rate for GS–18 of the General Schedule under section 5332 of such title.

(d) The Commission is authorized to enter into contracts with Federal or State agencies, private firms, institutions, and individuals for the conduct of research or surveys, the preparation of reports, and other activities necessary to the discharge of its duties.

COMPENSATION OF MEMBERS

SEC. 6. Members of the Commission (other than members who are officers or employees of the Federal Government) shall receive compensation for each day they are engaged in the performance of their duties as members of the Commission at the rate prescribed for positions at level II of the executive pay schedule in section 5313 of title 5, United States Code. Members of the Commission who are officers or employees of the Federal Government shall receive no additional pay on account of their services on the Commission. All members of the Commission shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties as members of the Commission.

APPROPRIATIONS AUTHORIZED

SEC. 7. For the purpose of carrying out this joint resolution, there are authorized to be appropriated such sums as may be necessary, but not to exceed $1,000,000 for each of the two years during which the Commission shall serve.

TERMINATION

SEC. 8. On the ninetieth day after the date of submission of its final report to the President and the Congress, the Commission shall cease to exist.

Mr. MANSFIELD. Mr. President, I ask unanimous consent to have printed in the RECORD an excerpt from the report (No. 92–517), explaining the purposes of the measure.

There being no objection, the excerpt was ordered to be printed in the RECORD, as follows:

COMMITTEE AMENDMENT

The amendment is as follows:

That this joint resolution may be cited as the "National Advisory Commission on Health Science and Society Resolution".

ESTABLISHMENT OF COMMISSION

SEC. 2. There is hereby established a National Advisory Commission on Health Science and Society (hereinafter referred to as the "Commission").

MEMBERSHIP

SEC. 3. (a) The Commission shall be composed of fifteen members to be appointed by the President from the general public and from individuals in the fields of medicine, law, theology, biological science, physical science, social science, philosophy, humanities, health administration, government, and public affairs.

(b) Any vacancy in the Commission shall not affect its powers.

(c) The President shall designate one of the members to serve as Chairman and one to serve as Vice Chairman of the Commission.

(d) Eight members of the Commission shall constitute a quorum.

DUTIES OF THE COMMISSION

SEC. 4. (a) The Commission shall undertake a comprehensive investigation and study of the ethical, social, and legal implications of advances in biomedical research and technology, which shall include, without being limited to—

(1) analysis and evaluation of scientific and technological advances in the biomedical sciences, past, current and projected;

(2) analysis and evaluation of the implications of such advances, both for individuals and for society;

(3) analysis and evaluation of laws, codes, and principles governing the use of technology in medical practice;

(4) analysis and evaluation through the use of seminars and public hearings and other appropriate means, of public understanding of attitudes toward such implications; and

(5) analysis and evaluation of implications for public policy of such findings as are made by the Commission with respect to biomedical advances and public attitudes toward such advances.

(b) The Commission shall make maximum feasible use of related investigations and studies conducted by public and private agencies.

(c) The Commission shall transmit to the President and to the Congress one or more interim reports and, not later than two years after the first meeting of the Commission, one final report, containing detailed statements of the findings and conclusions of the Commission, together with its recommendations, including such recommendations for action by public and private bodies and individuals as it deems advisable.

POWERS OF THE COMMISSION

SEC. 5. (a) The Commission or, on the authorization of the Commission, any subcommittee or members thereof, may, for the purpose of carrying out the provisions of this joint resolution hold such hearings, take such testimony, and sit and act at such times and places as the Commission deems advisable. Any member authorized by the Commission may administer oaths or affirmations to witnesses appearing before the Commission or any subcommittee or members thereof.

(b) Each department, agency, and instrumentality of the executive branch of the Government, including independent agencies, is authorized and directed, to the extent permitted by law, to furnish to the Commission, upon request made by the Chairman or Vice Chairman, such information as the Commission deems necessary to carry out its functions under this joint resolution.

(c) Subject to such rules and regulations as may be adopted by the Commission, the Chairman shall have the power to—

(1) appoint and fix the compensation of an executive director, and such additional staff personnel as he deems necessary, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, but at rates not in excess of the maximum rate for GS–18 of the General Schedule under section 5332 of such title, and

(2) procure temporary and intermittent services to the same extent as is authorized by section 3109 of title 5, United States Code, but at daily rates for individuals not in excess of the maximum daily rate for GS–18 of the General Schedule under Section 5332 of such title.

(d) The Commission is authorized to enter into contracts with Federal or State agencies, private firms, institutions, and individuals for the conduct of research or surveys, the preparation of reports, and other activities necessary to the discharge of its duties.

COMPENSATION OF MEMBERS

SEC. 6. Members of the Commission (other than members who are officers or employees of the Federal Government) shall receive compensation for each day they are engaged in the performance of their duties as members of the Commission at the rate prescribed for positions at level II of the executive pay schedule in Section 5313 of Title 5, United States Code. Members of the Commission who are officers or employees of the Federal Government shall receive no additional pay on account of their services on the Commission. All members of the Commission shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties as members of the Commission.

APPROPRIATIONS AUTHORIZED

SEC. 7. For the purpose of carrying out this joint resolution, there are authorized to be appropriated such sums as may be necessary, but not to exceed $1,000,000 for each of the two years during which the Commission shall serve.

TERMINATION

SEC. 8. On the ninetieth day after the date of submission of its final report to the President and the Congress, the Commission shall cease to exist.

SUMMARY

The resolution establishes a National Advisory Commission on Health Science and Society, to consist of 15 members appointed by the President. The members would be drawn from the general public and from a variety of disciplines relevant to biomedical research and technology and to the implications thereof.

The commission would make a two-year investigation and study of the ethical, social, and legal implications of advances in biomedical research and technology. After submitting to the President and to the Congress one or more interim reports and a final report, not later than two years after its first meeting, the commission would cease to exist.

EXPLANATION OF NEED

Advances in biology and medicine have been occurring at a rate which is sometimes startling. The tremendous benefits to mankind resulting from such advances are well known. But they are accompanied by a wide range of serious, indeed awesome, implications for man and society. We are acquiring the capacity to modify, perhaps even control, the behavior of human beings. Techniques already exist, and others are being developed, to intervene directly into and manipulate the bodies and minds of individuals.

Developments in the field of genetics have profound implications. The fertilization of human egg cells in the laboratory has already been accomplished. The probable success of efforts to implant such eggs in human beings, and have the fetus carried to full term, has already been suggested. The potential for developing so-called duplicate people has already been forecast by successful experiments in laboratory animals.

In the field of organ transplants and the use of artificial organs, significant new questions have been posed for which our laws and customs do not provide adequate answers. The opportunity to predict that parents may produce defective children, and prenatal diagnosis of genetic defects, present options to parents and potential parents which have not previously existed. Their interests, the interests of the child-to-be, and the role of the health professions and of society need to be reinterpreted in the light of these new possibilities.

Questions of the prolongation of life and the definition of death have long been with us. But the advent of new technologies has greatly increased the complexity of these issues and expanded the occasions when such difficult decisions need to be made.

It is clear that the issues that need to be resolved greatly transcend the area of expertise of health science professionals. We can no longer ask them to grapple with these issues alone. Scientists and laymen, ethicists and lawyers, philosophers and administrators, medical practitioners and humanists all have something to contribute to and learn from each other. We need to develop new in-

stitutions, procedures and mechanisms which will permit all of the relevant points of view to be brought to bear on these most important issues. Not the least, the general public must be brought into the debate and must conribute to the development of approaches to solving these pressing problems. Only in this way, can the necessary societal consensus be achieved.

BACKGROUND

Substantially similar legislation was first proposed on Feb. 8, 1968 as S.J. Res. 145 in the 90th Congress. The Subcommittee on Government Research of the Government Operations Committee held seven days of hearings on that proposal during the months of March and April, 1968. Oral testimony was received from two dozen leading spokesmen, including physicians, teachers, biomedical researchers, theolologists, lawyers, ethicists, economists, government officials and others. Prepared statements and letters were submitted by nearly 150 individuals.

A slightly revised resolution was introduced as S.J. Res. 47 on February 17, 1969 in the 91st Congress. The bill was referred to the Committee on Labor and Public Welfare but no action was taken on it.

The present resolution was introduced on March 24, 1971, by Senator Mondale and 17 co-sponsors. Since then, four additional cosponsors have joined in support of the bill. The Subcommittee on Health and the Special Subcommittee on the National Science Foundation held a full day of joint hearings on this resoluion on November 9, 1971. Testimony was heard from the Assistant Secretary of Health, Education, and Welfare for Health and Scientific Affairs and from five other witnesses representing medical education, law, medicine, ethics, and philosophy. The subcommittee also received supporting statements from research scientists who were unable to appear.

With some perfecting amendments, the committee reported the bill on November 16, 1971.

HEARINGS, AGENCY REPORTS, AND COMMITTEE AMENDMENTS

All of the witnesses presented testimony which strongly supported the need for intensive work on the subjects which the proposed commission would study. For example, Assistant Secretary of HEW DuVal said:

This century, beyond question, has witnessed a revolution in the biological and medical sciences—a revolution that raises a whole spectrum of critical problems, which at least in some instances appear to transcend the inherent capabilities of science and scientists alone to deal with them, and present acute challenges to both existing law and conventional wisdom.

He then mentioned, among the problems which need further study, population growth prenatal diagnosis, genetic engineering, production of "duplicate" individuals, the general question of human experimentation, organ transplantation, the prolongation of life, artificial organs and behavior modification.

Dr. Henry Beecher of Harvard Medical School commented on the significant advances which can be achieved by experimentation in man. But he observed that:

These purposes thus become deeper and more complex than ever before and so also do the ethical problems surrounding them.

Professor Abram Chayes, of Harvard Law School, is co-chairman of the Commission on Law, Biology and Ethics, established by the Council on Biology and Human Affairs of the Salk Institute. This commission has been concerned principally with problems arising in the field of genetics but has recently turned to behavior modification. After two years of experience with this commission, Professor Chayes said that this field is more baffling and difficult and, at the same time, is as portentious as any that I have dealt with.

Commenting on the limited resources which have caused this commission to make "very little concrete progress", he said that a National Advisory Commission was needed because it would have the time, staff and resources and the concentration of energy and effort sustained over a long time to make an impact on the problems in this area.

Professor John Najarian, from the University of Minnesota, stressed the contribution which such a commission could make to the development of guidelines which would be helpful to those engaged in medical research. He commented on ethical questions which had arisen, and been inadequately handled, in transplantation and "which may occur in genetic engineering and human research."

Professor Najarian also commented on he problem of definition of death which has long been discussed as something such a commission could work on. He said, concerning this issue:

What has happened is that a variety of people and a variety of groups have looked at this, and they all have definitions of death . . . they are all different, they are all relative, and in each institution, perhaps as standard has been established.

What I am saying is that there ought to be, here again, some specific guidelines on what we consider a definition of death in the modern sense, with the advent of the machinery we have and the capability we have of extending life and continuing heartbeat and breathing in a patient who is "brain dead."

Dr. Daniel Callahan, of the Institute of Society, Ethics and the Life Sciences, spoke about a number of the problems presented by new medical technologies. For example, he said that electrical stimulation of the brain: poses many unsolved scientific questions. But as an ethical and social problem, the questions are far more difficult:

Who would control such a power should it come to pass on a massive scale? What kind of society would it produce, and would it be the kind of society we would want to live in?

Dr. Callahan went on to say that there are many issues that arise even in the everyday practice of medicine for which ethical standards are lacking. In deciding how long to prolong life, for example, physicians are in need of "some minimum consensus . . . some public mechanisms for wise decisionmaking, some means of bringing out into full public view the private dilemmas of physicians, of families, and of patients."

He also saw the need for public examination and discussion in order to bring—

some common wisdom to decisions which are too often unnecessarily private and isolated; to establish ethical and social norms for assessing technical developments; and, finally, to enable the public to understand the exact nature of the issues at stake.

The committee felt that some of these important issues that were referred to by Dr. Callahan and other witnesses might not explicitly be covered by the charge to the commission to study "advances in biomedical research and technology." Accordingly, it added, as section 4(a)(3), to the duties of the commission, the responsibility to make an "analysis and evaluation of laws, codes, and principles governing the use of technology in medical practice."

Professor Hans Jonas, of the New School for Social Research, stressed the value of the proposed commission as a case of "foresight versus hindsight" and commented on the "supreme seriousness of the issues." He observed that—

The depth of interventions that are becoming feasible is such that they put the destiny of man at issue. A timely assessment of potential gains and losses, of promises and dangers, becomes imperative.

The testimony by Assistant Secretary of Health, Education, and Welfare DuVal and the reports received from other government agencies did not support enactment of S.J. Res. 75. No other statements or letters opposing the resolution were received by the subcommittee.

Basically, the agencies' views were that sufficient progress was being made through a variety of mechanisms and studies, both public and private, so that a new national advisory commission would be unnecessary. In addition, Assistant Secretary DuVal observed that:

The issues are so complex and the underlying currents of change moving so swiftly that in our view no attempt to describe this particular healthscape, at what would have to be a given moment of time, could be definitive for long.

The Committee, however, was impressed by the observations of Professor Najarian who had testified on a similar proposal in 1968. He said that "I feel the need for such a commission even more urgently today than I did at that time." Both Professor Chayes and Dr. Callahan, who are actively engaged in the kinds of studies referred to by Assistant Secretary DuVal, believe that a public commission is necessary in order to bring the issues to the necessary level of public participation and to provide the resources which would be needed to have an impact. In order to assure even greater public involvement, the committee revised section 3 to provide expressly for appointment of commission members from the general public, as well as from the fields of special competence already listed.

The committee has no fear that the commission would merely produce a "one-shot" contribution to policies which would soon be obsolete. Rather, the committee feels that the commission would most likely make recommendations for new procedures and mechanisms to grapple with these important problems on a continuing basis. Where feasible, specific policy recommendations by the commission would, of course, be valuable for the consideration of public and private groups.

As Professor Chayes said, the commission could be concerned (among other things) with the composition of review panels. The testimony revealed that such panels may have a sufficiently broad base of specialties at the NIH level, but did not necessarily have such composition at all of the institutions where the research was being monitored. And many of the problems which the commission would be concerned with, including those involving the application of technology in medical practice, are not now, necessarily, subject to any peer-review mechanism at all.

Furthermore, while the HEW witness expressed great confidence in the established mechanisms for review of experiments on humans, Professor Henry Beecher, one of the leading experts in the nation on the ethics of human experimentation, expressed serious doubts as to the adequacy of existing controls. He cited numerous examples of persons being used in experiments without their knowledge, let alone consent. Dr. Beecher has written about and referred to examples of hundreds of cases in this country where the patient's knowledge and consent was lacking.

The National Science Foundation, in a report dated Nov. 5, 1971, expressed concern as to whether the phrase "biomedical sciences" adequately covered research on organisms other than human beings. The committee intends that phrase to include such research in biology as is relevant to understanding the life processes of human beings. In addition, the committee believes that the word "advances," itself, should be interpreted broadly and has modified section 4(a)(1) make this clear.

NO ROLLCALL VOTES CAST

As the only vote cast on the bill was the unanimous voice vote to report it out of committee, there is no application of Section 133(b) of the Legislative Reorganization Act of 1946 as amended.

COST ESTIMATES

In accordance with Section 252(a) of the Legislative Reorganization Act of 1970 (P.L.

91–510) the committee estimates that the cost which would be incurred in carrying out this resolution in fiscal years 1972, 1973, and 1974 would be $250 thousand, $1 million, and $750 thousand, respectively.

SECTION-BY-SECTION ANALYSIS

Section 1 provides that the resolution may be cited as the National Advisory Commission on Health Science and Society resolution.

Section 2 establishes the commission.

Section 3 provides that the commission shall consist of 15 members appointed by the President from the general public and from individuals in the fields of medicine, law, theology, biological science, physical science, social science, philosophy, humanities, health administration, government, and public affairs. It also provides that the President shall designate the chairman and that a majority of members shall constitute a quorum.

Section 4 directs the commission to make a comprehensive investigation and study of the ethical, social, and legal implications of advances in biomedical research and technology. This is to include analysis of scientific and technical advances; evaluation of their implications; a study of laws, codes, and principles governing the use of medical technology; analysis of public understanding and attitudes, through seminars and public hearings; and evaluation of implications for pub public policy of the findings of the commission. The commission is directed to make maximum feasible use of all other relevant studies, whether public or private, and to make its final report, including conclusions and recommendations, to the President and to the Congress not later than two years after its first meeting.

Section 5 confers the necessary administrative powers upon the commission and directs other agencies of the government to cooperate with it.

Section 6 provides that members of the commission (other than those who are officers of the government) shall be compensated at the rate for executive level II and shall be entitled to expenses for travel and subsistence.

Section 7 authorizes appropriations, not to exceed $1 million for each of the 2 years during which the commission shall serve.

Section 8 provides for termination of the commission 90 days after the submission of its final report.

CHANGES IN EXISTING LAW

Since S.J. Res. 75 makes no changes in existing law it is unnecessary for this report to include material in compliance with subsection (4) of rule XXIX of the Standing Rules of the Senate.

Mr. JAVITS. Mr. President, I strongly support Senate Joint Resolution 75, a bill that would create a "National Advisory Commission on Health Science and Society" to conduct a study of the ethical, social, and legal implications of advances in biomedical research and technology.

Our rapid advances in the fields of biology and medicine have left us with some serious questions. While these advances serve to benefit mankind, their subsequent implications, for man and society, must be carefully studied. There are many efforts taking place in the medical field that leave open the question of how far we can or should go. We are acquiring the capacity to modify and perhaps even control human behavior. In the field of genetics, there have been many advances but also many questions. What are the implications when we fertilize an egg in the laboratory—and possibly implant that egg into a human being?

In the field of organ transplants and the use of artificial organs, new questions have been posed which our laws—and even ethics—are not equipped to deal with. Significant questions have been raised regarding the prolongation of life and the definition of death and with the advent of new technologies we have further increased the complexity and have expanded instances in which these decisions have to be made. I ask by whom and under what circumstances.

We are now at a point where we need to look toward new solutions if we are ever to be able to cope with the problems that present and future advances in our technology will bring.

It is significant that the members of this Commission would be drawn from many different fields. This would insure a final study that would be the result of various and divergent thoughts and beliefs, and no one interest would be represented. The membership of the Commission would be drawn from the general public, and from individuals in the fields of medicine, law, theology, biological science, physical science, social science, philosophy, humanity, health administration, government, and public affairs.

As our society and world progress, we must ask ourselves more and more questions about the nature of human life. The study provided by the Commission authorized under this bill should help us to deal with these increasingly difficult and complex questions, for which we must find answers if civilization is truly to progress on all fronts.

Mr. MONDALE. Mr. President, I am very pleased at the prompt action taken by the chairman of the Senate Health Subcommittee (Mr. KENNEDY) on Senate Joint Resolution 75, which would create a National Advisory Commission on Health Science and Society. I first introduced a similar measure in 1968, and I believe that developments since then have demonstrated that it is time to take this step.

Extensive hearings were conducted on the proposal in the 90th Congress. In the hearings this year, and in statements received by the subcommittee, it was suggested that the need for action was even more urgent. As I said in the Senate upon introducing this proposal last March:

> We can ill afford to wait until the crush of events forces us to make hasty and often ill-considered decisions.

This thought was echoed by Prof. Robert L. Sinsheimer, a prominent biological scientist at the California Institute of Technology, in a statement he sent in support of the resolution. He referred to "the potential for change in and control of the living world" and pointed out that—

> Such potentials to influence man's biological nature must affect our entire perception of the nature of humanity and the meaning and purpose of human life.

He went on to say:

> Profound thought and reflection is thus warranted and indeed demanded before such potentials are unleashed and their consequences cast casually into the social vortex. The proposed commission could consider such issues—and all possible means for the effective deployment of social conscience in this field—before it is too late and the irreversible steps have been taken.

Another prominent scientist who was unable to appear at the hearings, Prof. John T. Edsall, of the biological laboratories of Harvard University, observed that the Commission proposed by Senate Joint Resolution 75 "could perform a great service for the American community and indeed for other communities throughout the world." Referring to such developments as prenatal diagnosis, prolongation of life, definition of death, organ transplantation, cloning of human beings, and experimentation on humans, Professor Edsall said that these topics "illustrate the need for an authoritative commission of inquiry" such as that proposed.

I am glad that the resolution has such wide, bipartisan cosponsorship, including that of the subcommittee chairman and the ranking minority members of the Labor and Public Welfare Committee and of the Health Subcommittee. A companion measure in the House, H.R. 10301, introduced by Congressman TOM FOLEY, of Washington, has similar bipartisan cosponsorship. I think this reflects the growing concern in the public and in the professional community with such matters as were mentioned by Professor Edsall and with other troubling areas such as the modification of behavior.

I do not believe it is reasonable or fair to expect health science professionals, alone, to cope with these complex issues affecting the very future of our society. We must arrange for ethicists, lawyers, philosophers, administrators, and humanists, all to work with scientists and medical practitioners.

Not the least, the public must also be involved. For we cannot depend entirely on studies by academics, health professionals, and learned societies. We need public participation if we are to develop consensus as to how society should deal with these profound problems. The proposed commission would provide a vehicle for such broadly based discussions.

I welcome the greatly increased attention to these problems by a number of new organizations. The Kennedy Foundation has made possible the establishment of such an institute at Georgetown University and other leading study groups have been established at the Salk Institute and in Hastings-on-Hudson in New York. I think it is significant that the proposed resolution calls on the commission to make maximum use of studies conducted by other institutions, both public and private.

The time has certainly come when we need to develop new ways in which society can organize itself to cope with these unprecedented problems. I urge my colleagues to approve the establishment of the commission, under Senate Joint Resolution 75, which could provide substantial impetus to such a development.

Mr. President, I ask unanimous consent that the statements I have referred to be printed in the RECORD.

There being no objection, the statements were ordered to be printed in the RECORD, as follows:

STATEMENT CONCERNING SENATE JOINT RESOLUTION 75

I would like to record my strong support for the resolution introduced by Senator Mondale and others to create a National Ad-

visory Commission on Health Science and Society. The great advances in the sciences of physics and chemistry in the earlier part of this century have paved the way for equally great progress in the biological sciences and in our understanding of the nature of life—including human life. This progress has created the potential for change in and control of the living world comparable to the mastery we have already achieved over our physical environment.

Since the living world includes man, such potentials to influence man's biological nature must affect our entire perception of the nature of humanity and the meaning and purpose of human life. They thus affect our most profound philosophies and our most basic institutions.

Profound thought and reflection is thus warranted and indeed demanded *before* such potentials are unleashed and their consequences cast casually in the social vortex. The proposed commission could consider such issues—and all possible means for the effective deployment of social conscience in this field—before it is too late and the irreversible steps have been taken. There is a clear and present need for the establishment of ethical guidelines in this complex area.

I would hope that this commission could consider these problems not only in a national framework but also with regard to their international extensions—for science, like humanity, is international—and a world viewpoint must be developed (and soon) lest these great potentials be disastrously coupled to the virulent nationalism of our time.

I believe the questions as presented in Senator Mondale's introduction are urgent, and thus so is the need for this commission.

ROBERT L. SINSHEIMER,
Chairman, Division of Biology, California Institute of Technology.

HARVARD UNIVERSITY,
Cambridge, Mass., November 23, 1971.

Hon. WALTER F. MONDALE,
Committee on Labor and Public Welfare, U.S. Senate, Washington, D.C.

DEAR SENATOR MONDALE: I am glad to support your proposal (S.J. Res. 75) to establish a National Advisory Commission on Health Science and Society. The phenomenal progress of biology and medical science in our time raises difficult ethical issues of the utmost importance. It is, for instance, now possible to diagnose many genetic diseases by examining cells from a human fetus in its early stages, and to abort the fetus if a serious condition, such as Tay-Sachs disease, is discovered. (See for instance "prenatal Diagnosis of Genetic Disease" by Theodore Friedmann, *Scientific American*, Nov. 1971, page 34). The technique requires a highly skilled operator, in order to avoid damage to the fetus. It also raises the question: how serious must the genetic or other abnormality be, to justify abortion? Indeed the whole question of abortion, and its justification, requires careful examination. Certainly I for one would consider it justifiable for a large variety of reasons, but our community standards in this matter are in a state of flux, and we must search for guiding principles of policy that would command wide assent.

At the other end of our lives, modern medicine has learned to prolong the life of vast numbers of people who would have died earlier. Often this prolongation brings only grief and misery to many old people, and their families, during their last years. Many would rather die far sooner than they do. Our ethical standards forbid mercy killings, yet the effort to prolong the patient's life is often an act of cruelty. We must face the very difficult ethical dilemmas involved; these involve the problem of insuring, if possible, that the patient dies with dignity and in association with his family and friends, not in an impersonal hospital surrounded by medical machines and without people who care. There is also the difficult related problem of criteria of death, and the use of the dead person's organs for transplantation into other patients.

The cloning of human beings, which would permit the production of multiple copies of the same person, in unlimited numbers, is not yet technically feasible, although it may become so in the not very distant future. It would clearly raise extremely serious ethical issues, and it will be important to face these issues *before* such experiments on man become technically possible. Are we to ban certain type of experimentation, as my colleague James D. Watson has suggested might be desirable? Certainly experiments involving actual cruelty to the subject should probably be banned, although some people will and should undergo danger and suffering in experiments for sufficiently important ends. But here we must have the informed consent of the subject. What, indeed, is "informed consent"? How does it apply to the feeble minded or the mentally ill, or terminal cancer patients? Is it right that parents should give "informed consent" for experiments on their infant children? To state these problems is to reveal their complexity.

These topics do not exhaust the subject by any means, but they do illustrate the need for an authoritative commission of inquiry, such as your proposal calls for. I think it would probably be best, as the text proposes, that the commission should produce a report with recommendations, at the end of a specified interval, and then go out of existence. Such a report should clarify many important issues, for medical scientists and practitioners and for the public at large, and in doing so it could perform an immense service. However it will certainly not give what could be considered a final answer to many of the questions with which it would have to deal. These would have to remain the subject of continuing inquiry, but the level of the inquiry could be lifted to a higher plane by the analysis furnished by the Commission. It might be able to come up with what would be generally accepted as definitive answers on at least some matters. I believe that, if the commission could do this, for even a few of the questions, it would confront, it could perform a great service for the American community and indeed for other communities throughout the world.

Yours sincerely,

JOHN T. EDSALL.

The amendment was agreed to.

The joint resolution was ordered to be engrossed for a third reading, read the third time, and passed.

NATIONAL ENVIRONMENTAL CENTER ACT OF 1971—BILL PASSED OVER

The bill (S. 1113) to establish a structure that will provide integrated knowledge and understanding of the ecological, social, and technological problems associated with air pollution, water pollution, solid waste disposal, general pollution, and degradation of the environment, and other related problems, was announced as next in order.

Mr. MANSFIELD. Over, Mr. President.

The ACTING PRESIDENT pro tempore. Without objection, the bill will be passed over.

LIBERALIZATION OF DISABILITY AND DEATH PENSION

The bill (S. 2866) to amend title 38, of the United States Code, to liberalize the provisions relating to payment of disability and death pension, and for other purposes was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

S. 2866

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) subsection (b) of section 521 of title 38, United States Code, is amended to read as follows:

"(b) If the veteran is unmarried (or married but not living with and not reasonably contributing to the support of his spouse) and has no child, pension shall be paid according to the following formula: If annual income is $300 or less, the monthly rate of pension shall be $130. For each $1 of annual income in excess of $300 up to and including $1,000, the monthly rate shall be reduced 3 cents; for each $1 of annual income in excess of $1,000 up to and including $1,500, the monthly rate shall be reduced 4 cents; for each $1 of annual income in excess of $1,500 up to and including $1,800, the monthly rate shall be reduced 5 cents; for each $1 of annual income in excess of $1,800 up to and including $2,200, the monthly rate shall be reduced 6 cents; and for each $1 of annual income in excess of $2,200 up to and including $2,600, the monthly rate shall be reduced 7 cents. No pension shall be paid if annual income exceeds $2,600."

(b) Subsection (c) of such section 521 is amended to read as follows:

"(c) If the veteran is married and living with or reasonably contributing to the support of his spouse, or has a child or children, pension shall be paid according to the following formula: If annual income is $500 or less, the monthly rate of pension shall be $140 for a veteran and one dependent, $145 for a veteran and two dependents, and $150 for three or more dependents. For each $1 of annual income in excess of $500 up to and including $900, the particular monthly rate shall be reduced 2 cents; for each $1 of annual income in excess of $900 up to and including $3,200, the monthly rate shall be reduced 3 cents; and for each $1 of annual income in excess of $3,200 up to and including $3,800, the monthly rate shall be reduced 5 cents. No pension shall be paid if annual income exceeds $3,800."

(c) Subsection (b) of section 541 of title 38, United States Code, is amended to read as follows:

"(b) If there is no child, pension shall be paid according to the following formula: If annual income is $300 or less, the monthly rate of pension shall be $87. For each $1 of annual income in excess of $300 up to and including $600, the monthly rate shall be reduced 1 cent; for each $1 of annual income in excess of $600 up to and including $1,900, the monthly rate shall be reduced 3 cents; and for each $1 of annual income in excess of $1,900 up to and including $2,600, the monthly rate shall be reduced 4 cents. No pension shall be paid if annual income exceeds $2,600."

(d) Subsection (c) of such section 541 is amended to read as follows:

"(c) If there is a widow and one child, pension shall be paid according to the following formula: If annual income is $600 or less, the monthly rate of pension shall be $104. For each $1 of annual income in excess of $600 up to and including $1,400, the monthly rate shall be reduced 1 cent; for each $1 of annual income in excess of $1,400 up to and including $2,700, the monthly rate shall be reduced 2 cents; and for each $1 of annual income in excess of $2,700 up to and including $3,800, the monthly rate shall be reduced 3 cents. Whenever the monthly rate payable to the widow under the foregoing formula is less than the amount which would be payable to the child under section 542 of this title if the widow were not entitled, the widow will be paid at the child's rate. No pension shall be paid if the annual income exceeds $3,800."

(e) Subsection (d) of such section 541 is amended by striking out "$16" and inserting in lieu thereof "$17".

(f) Subsection (a) of section 542 of title 38, United States Code, is amended by striking out "$40" and "$16" and inserting in lieu thereof "$42" and "$17", respectively.

SEC. 2. Section 503 of title 38, United States Code, is amended by (a) inserting "(a)" immediately preceding "In" at the beginning of such section, and (b) adding at the end thereof the following new subsections:

"(b) Where a fraction of a dollar is involved, annual income shall be fixed at the next lower dollar.

"(c) The Administrator may provide by regulation for the exclusion from income under this chapter of amounts paid by a veteran, widow, or child for unusual medical expenses."

SEC. 3. Paragraph (2) of section 3012(b) of title 38, United States Code, is amended by striking out "month" and inserting in lieu thereof "calendar year".

SEC. 4. Section 4 of Public Law 90–275 (82 Stat. 68) is amended to read as follows:

"SEC. 4. The annual income limitations governing payment of pension under the first sentence of section 9(b) of the Veterans' Pension Act of 1959 hereafter shall be $2,200 and $3,500, instead of $1,900 and $3,200 respectively."

SEC. 5. (a) Paragraph (30) of section 101 of title 38, United States Code, is amended by striking the phrase "for ninety days or more".

(b) Paragraph (3) of subsection 521(g) of such title 38 is amended by inserting immediately before "World War I" the phrase "the Mexican border period or".

SEC. 6. This Act shall take effect on January 1, 1972.

Mr. HARTKE. Mr. President, I am most gratified that the Senate passed this morning and sent to the President for signature legislation increasing the benefits for those receiving non-service-connected pension as well as those entitled to dependency and indemnity compensation.

S. 2866—passed in the House as H.R. 11651—which I introduced together with each member of the Committee on Veterans' Affairs provides for an average 6.5 percent increase in the rate schedule to needy veterans. This has been coupled with a $300 increase in the permissible maximum income limitation for a veteran so as to accommodate recent social security increases. Because of this increase, no veteran will suffer a reduction in his pension by virtue of the recent increases in social security. Had this legislation not been passed over 1.1 million pensioners were scheduled for pension reductions effective January 1, 1972. In addition, this legislation establishes a new formula for the payment of pensions which will prevent disporportionate loss of pension by virtue of small increases in outside income. Previously a veteran could receive a small increase in outside income and suffer a larger decrease in the amount of pension which he received.

The second bill, S. 2867—passed in the House as H.R. 11652—I also had the privilege of introducing together with each member of the Committee on Veterans' Affairs. This bill will provide cost-of-living increases to widows, orphans, and needy parents of those veterans who have died of service-connected causes. These increases in dependency and indemnity compensation will effect 176,000 widows, 46,000 orphaned children, and some 68,500 dependent parents.

The total first-year cost of these bills is $195 million. I am gratified that Congress has recognized its responsibility to acknowledge to the veteran and his family our gratitude for his sacrifices. Of course, no amount of financial return can possibly compensate for their losses in time and life, but I am pleased even in this small way that we can tangibly demonstrate our pride and thanks for those who have served their country in uniform. I urge the President to sign these bills into law immediately.

Mr. MANSFIELD. Mr. President, I ask unanimous consent to have printed in the RECORD an excerpt from the report (No. 92–519), explaining the purposes of the measure.

There being no objection, the excerpt was ordered to be printed in the RECORD, as follows:

I. BACKGROUND OF LEGISLATION

A. DEVELOPMENT OF CURRENT PENSION SYSTEM AND ITS RELATION TO SOCIAL SECURITY

Pensions based on non-service-connected disability or death of a veteran date back to the Revolutionary War era. Prior to 1960, pensions were provided on the basis of a flat award if the veteran's income did not exceed a specific figure. Public Law 86–211 abandoned this concept and instead established a three-level system of pension payments based on need as principally determined by the veteran's income. Under the new law, most of the veterans then receiving pensions were entitled to higher benefits. Those who had been receiving pensions prior to the change, however, were allowed if they wished to continue receiving benefits under the "old law." Presently, some 303,000 or about 13.6 percent of all pensioners continue to receive benefits under the "old law."

In 1964, faced with a prospective increase in social security benefits, Congress amended the recently revised pension law by choosing to exclude 10 percent of all payments to an individual under public or private retirement, annuity, endowment, or similar plans or programs in determining the "annual income" of the veteran. "Annual income" determines the amount of pension, if any, to which the veteran is entitled. Thus in addition to a general rate increase, the 10 percent exclusion provided for in PL 88–664 assured that no individual pensioner would be adversely affected because of the contemplated increased social security benefits.

In 1967, Congress provided for an average overall cost-of-living increase of 5.4 percent in Public Law 90–77. The following year in 1968, Congress in PL 90–275 again increased pension rates and also provided for a $200 increase in the income limitations which assured that there would be no pension loss because of the 13 percent increase in social security benefits that year. The same act also replaced the three-level system of pension rates with a multi-level increment system. Under the previous three-level system, a slight increase in outside income could result in a disproportionate decrease in a veteran's pension. The enactment of a twenty-plus increment system of $100 gradations permitted a more orderly and gradual reduction in monthly benefits because of slight increases in outside income.

Finally, last year in enacting Public Law 91–588, Congress provided that there would be no loss or reduction of pension because of a 15 percent increase in social security benefits. It raised the current maximum annual income limitation $300 and increased virtually all current law pensions through a raise in the rates payable.

B. CURRENT PENSION BENEFITS AND CHARACTERISTICS OF PENSIONERS

Pension law applies to veterans of World War I, World War II, the Korean Conflict, and the Vietnam Era. Under the current law, a veteran may be eligible for pension benefits if:

He served in the Armed Forces at least 90 days, including at least one day of service during wartime;

His income does not exceed the limits specified in the law (currently $2,300 if the veteran is single, $3,500 if he has a dependent);

He is permanently and totally disabled (for the purposes of pension law all veterans age 65 or older are defined as permanently and totally disabled);

His net worth is not excessive as determined by the Veterans' Administration. Widows and children of deceased wartime veterans are also eligible for pension benefits if they are needed.

Currently there are 2.2 million pensioners of whom 1.1 million are veterans and the remainder their survivors. About 60 percent of all those who receive pension benefits are veterans of World War I or their survivors. The present cost of non-service-connected pensions is approximately $2.4 billion a year. A significant number of pensioners under the current law have virtually no source of income other than their pension. The annual income of pensioners (other than their pensions and excludable income) is shown in the following table:

PENSIONERS UNDER CURRENT LAW BY INCOME OTHER THAN PENSIONS

Income range	Veteran alone		Veteran with dependents		Widow alone		Widow with children	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than $100	78,200	26	59,000	10	100,400	17	9,100	6
$100 to $500	10,400	3	10,900	2	26,400	4	11,100	8
$500 to $1,000	78,500	26	73,900	13	178,000	29	32,700	22
$1,000 to $1,500	76,300	25	128,200	22	207,600	35	46,200	32
$1,500 to $2,000	52,000	17	150,200	28	80,900	13	18,400	13
$2,000 to $2,500	9,300	3	66,900	12	11,200	2	11,900	8
$2,500 to $3,000			47,600	8			10,300	7
$3,000 to $3,500			30,000	5			6,700	4
Total	304,700	100	566,700	100	604,500	100	146,400	100

enclosed space as big as a three-bedroom house. The first flight is planned to last four weeks. Later flights will extend this to eight weeks.

As I have indicated earlier in this article, people on earth can realize many benefits from the use of space flight in the years to come. With low costs and detailed knowledge of how human beings go about their daily business in the space environment, we can achieve these benefits in a few years and make them available to people everywhere.

NURSING HOMES

Mr. MONDALE. Mr. President, on November 29 I participated with the Senator from Utah (Mr. Moss), the chairman of the Aging Committee's Subcommittee on Long-Term Care, in hearings on nursing homes in Minnesota. I am pleased to say that Minnesota appears to be doing a better job in providing nursing care than most other States. Unfortunately, however, a number of nursing homes seem to be providing care which can only be described as deplorable.

Several perceptive editorials were published in St. Paul and Minneapolis newspapers following the hearings. On December 1, the St. Paul Dispatch observed in an editorial—

If you believe half of the testimony . . . then you must feel some anger and shame.

The Minneapolis Tribune, on December 2 observed that, along with the better nursing homes—

Too many inferior ones still exist; that examples of poor patient care, poorly equipped facilities and slipshod maintenance are all too abundant.

The Tribune called for "a more effective system of public inspection and controls."

Mr. President, I ask unanimous consent that the editorials be printed in the RECORD.

There being no objection, the items were ordered to be printed in the RECORD, as follows:

[From the Minneapolis Star, Dec. 3, 1971]

NURSING HOME WOES

The one-day hearing conducted by two United States senators told us more than anyone wants to believe about nursing home conditions in Minnesota but not enough about what needs to be done to change them.

The nature of a one-day hearing is such that the problem can be portrayed only in the broadest way. It isn't possible to determine whether every specific allegation of malfeasance and nonfeasance can be substantiated.

Yet there can be little doubt, given the volume and nature of the testimony, that some nursing homes in Minnesota are not as good as they ought to be and that the inspection process and tools intended to assure adequate levels of care simply are not working.

Why they aren't working and whose fault it is were left largely unanswered by the hearing. And the severity of the charges warrant a more extended study by state, rather than federal, legislators.

In addition to the horror stories unfolded at the hearing, it is alleged that the legislature has not appropriated enough money for inspection personnel. There are contentions that the federal approach is hopelessly fragmented. It is charged the system has built in financial incentives for poor care. There are questions about what kinds of powers the state should use to punish improper nursing home operations. These are the kinds of issues which a legislative examination during the interim ought to be able to sort out.

Meanwhile, the burden upon the doctors and relatives of people confined to nursing homes has been enormously increased. They can and must do more to assure themselves that their nursing homes patients are not suffering the kind of abuse described in the hearing.

[From the Minneapolis Tribune, Dec. 2, 1971]

NEGLIGENCE IN NURSING HOMES

Attractive new nursing homes have been going up rapidly in Minnesota for nearly two decades. As facilities have improved, greater professionalism has developed in the nursing home business. Medicare and broader insurance plans have brought more exacting standards for the institutions. Families of the ill and elderly in need of nursing home care have become more hopeful about finding well-run establishments.

But each new expose, each event such as Sen. Moss's subcommittee hearing this week in St. Paul, reveals once more that all is not well in many Minnesota nursing homes—that along with the better ones, too many inferior ones still exist; that examples of poor patient care, poorly-equipped facilities and slipshod maintenance are all too abundant.

Why the discrepancy between progress and problems? Why do the depressing tales keep recurring?

Basically, nursing homes are in a difficult, often discouraging, business. Good help is hard to get, and staff turnover is frequent from administrators to aides. Improvements urged by inspectors and consultants are usually expensive. Admission of Medicare patients brings a flood of frustrating paperwork.

The state inspection staff—which tries to make two unannounced visits a year to 700 facilities, conducts reviews for Medicare and Medicaid certification and holds informative workshops for nursing-home personnel—consists of only 14 full-time workers. Officials have asked for 45, but the Legislature has repeatedly turned down such requests. The federal government, which pays full cost of certification of nursing homes admitting Medicare patients and 75 percent toward checking those admitting Medicaid patients, says Minnesota is not doing enough.

Another problem is the lack of satisfactory written standards to which inspectors and nursing-home operators could refer. Specific federal guidelines, awaited several years, have still not been issued. State regulations in use were written in 1952; however, revisions have been prepared and may be approved soon by the state Board of Health.

Even without frequent government inspection, nursing-home owners and managers have an obligation to their patients to maintain a high level of care in clean, well-equipped institutions. Many nursing homes in Minnesota do meet such standards, but too many still do not. So long as there are any nursing homes that neglect or mistreat patients, there should be a more effective system of public inspection and controls than now exists.

[From the St. Paul Dispatch, Dec. 1, 1971]

MAKING DO ON SWILL, FILTH, AND NEGLECT

(By William Sumner)

We really shouldn't need the presence of two United States to come to grips with the fact that our old people, in nursing homes, are being treated like animals in many instances. As a matter of fact, there are many of us Sumner who probably treat our animals better.

The ones getting the happy twilight in nursing homes are the old men and women on welfare and those of extremely modest means. In most cases, they are unable to care for themselves in matters of personal hygiene or cleanliness. Many are senile or feeble or both. They are not the easiest humans in the world to care for, but they are, really, humans and we like to think that we are several steps above the middle ages when it comes to our view of mankind.

Regarding the last, we no longer execute tots or adults for thefts or other annoyances but, rather, worry about the well-being and rehabilitation of criminals. As we should. We like to think we are concerned. We also live longer, and there are more of us to live longer, the Black Plague now being a matter of extremely remote concern. We don't leave our old folks out on icebergs or find other methods of putting them away. Also we don't appear to give a damn about them, which may be worse.

Various societies have through history, found one way or another to deal with their aged, some revering them and some, as noted, disposing of them. Either extreme seems more humane than letting them rot in their own filth, undernourished, yelled at and unable to fight back or give verbal protest to the indignities they suffer.

If you believe half of the testimony given to Sens. Walter Mondale of Minnesota and Frank Moss of Utah in St. Paul Monday then you must feel some anger and shame. Unfortunately, these old folks are good business, human pawns in an aberrant perversion of the free enterprise system.

Unfortunately, the answer too often is suggested by the headline in a Dispatch story yesterday. It stated: "White House Study on Aging Settles Down to One Issue—Money." Money for what? For profitable nursing homes? Or care for the helpless to near helpless aged?

More money no doubt would be of some help, but a large part of the problem is one of attitude. In this fast-paced, very mobile and very selfish and hedonistic age of ours these wretched old people are regarded as nuisances to be maintained with a minimum of discomfort—mental or financial—to the rest of us. The idea of family responsibility seems a dim memory. We concern ourselves with our pleasures and worry only about threats to them, threats such as fist-waving young snots in search of revolution or blacks in search of respect or the advances of middle age which manifest themselves in such forms as sagging muscles and pot bellies. We don't want to consider age or aging.

Two obvious solutions present themselves in the current problem which, as you might be aware, is not confined to St. Paul or to Minnesota. One is suggested by the headline cited. Another would be the establishment of state-owned and managed nursing homes. Neither seems to be a substitute for concern and compassion or, in the case of family, love.

Regarding the second solution, it may be the best if we want to get away from the notion of the elderly as a commodity and it would probably cost more money, which gets us into the first solution. But there is nothing I have seen to suggest that state management would be much better. If attitudes are not changed, our sick, feeble or senile old people will continue to live in filth and to live off swill.

Well, attitudes. You can't legislate them, and what have we in the meantime? Surely there must be some decent nursing homes which offer good care in sanitary conditions. We ought to hear about them and from them, for the two senators obviously got the worst of it in testimony. If there are any good ones we ought to learn why they are good. Apparently state inspection is a joke. We could insist on better performance here through surprise inspections rather than show and tell sessions prearranged through announced visits.

Meanwhile, it seems necessary to get away

from the concept of regarding these old folks as good businesses, one to be franchised like hamburgers or pizzas.

FOOD-TRADE QUESTION BECOMES WORLD THEME

Mr. DOLE. Mr. President, in November of this year the Food and Agriculture Organization—FAO—of the United Nations conducted its 16th biennial session in Rome, Italy.

Mr. Roderick Turnbull, public affairs director of the Kansas City Board of Trade and retired farm editor of the Kansas City Star, was one of the U.S. advisers to this year's session. A recent issue of the Kansas City Star contains one of his reports on the meeting from Rome. I ask unanimous consent that the article be printed in the RECORD to obtain wide distribution and to call attention to the present status of agricultural production. The article also contains some indications of future problems we may face in expanding export markets for our agricultural commodities.

There being no objection, the report was ordered to be printed in the RECORD, as follows:

[From the Kansas City Star, Nov. 28, 1971]

FOOD-TRADE QUESTION BECOMES WORLD THEME

(NOTE.—Roderick Turnbull, retired agricultural editor of The Star, now serving as director of public affairs for the Kansas City Board of Trade, recently visited Rome as an official U.S. adviser at a meeting of the Food and Agriculture Organization of the United Nations. Some of this observations.)

ROME.—A drift in world thought that could be tremendously important to the American farmer, the grain trade and all agri-business was in evidence here at the 16th biennial session of the Food and Agriculture Organization (FAO) of the United Nations. The 3-week meeting ended November 26.

What surfaced was that the under-developed nations of the world want export markets for their products and because they are primarily agricultural producers, they are talking about agricultural products.

This in itself would be of no great moment as trade in farm products has existed since one man was able to produce as surplus over his own family's needs. But the lesser-developed countries indicate much more than this. They are demanding access to markets in the industrialized nations and they say these markets should, in effect, be allocated to them as part of their development programs.

To put it bluntly, the lesser-developed countries were saying to nations like the United States: "You should produce less and thereby deliberately let us into your markets, and at prices which will give us a profit."

Of course, they didn't put it that bluntly. The key phrase here was agricultural adjustment. These are not new words for America, but they were given much wider application here than in the States.

In the United States, agricultural adjustment means primarily production control generally through acreage reduction. Among the lesser-developed countries at FAO it has meant increasing agricultural production access to new markets in the rich (developed) countries, employment for rural people and in general a better way of life for mankind.

FAO, which had its origin in the United States in 1945, serves as a forum for the nations of the world to discuss the international agricultural problems. Primarily, the problems have been of feeding the hungry.

The organization also has a budget which it can use in aiding needy countries through technical assistance. The regular budget is $86 million for the next 2 years. In addition it administers funds from other sources. Those funds have amounted to about $100 million a year during the 1970–71 biennium. The United States supplies about 31 per cent of the total funds. No other nation supplies more than 8 per cent.

FAO now has 125 member nations, with the lesser-developed countries far outnumbering those that are called developed. When reference is made to the developed or rich nations, usually the United States, Canada, Western Europe, Oreania and Japan are indicated.

Every member nation has a right to speak at FAO sessions and most of them take advantage of this privilege. The United States had the largest delegation made up of men and women from the Agriculture, State and Commerce departments, who are experts in their fields and knowledgeable in world affairs.

They are fully aware of the implications of the proposed world agricultural adjustment. That terminology, incidentally, is to be the theme of the next FAO biennial session to be held here in Rome in 1973. Americans should get used to the phrase, because it is certain to be a major world issue.

I attended 10 days of this year's FAO session as a member of the U.S. delegation, officially described as an adviser. Frankly, my participation consisted entirely of listening.

From listening to countless speeches in many tongues of the world (all translated into English) I developed certain conclusions. Admittedly, others more experienced in international affairs might have others which more accurately reflect the real feeling of the conference.

To me the primary trend in the session was toward the demand for access to markets in the industrialized nations. Ironically, in a session in an organization which I had assumed has at least the initial purpose of seeking ways to feed the hungry of the world, the priority at the 1971 session was on market outlets for the lesser-developed countries.

Yet hunger still exists and with the population explosion the problem may be compounded in years to come .The great current hope is in the Green Revolution, which for some countries, at least, is buying time.

But country after country—day after day, in the Rome session, in position statements, etc.,—told of plans first to become self-sufficient and then to enter the export market. In almost every instance, they referred to the access of markets as a right that should be accorded the poorer nations.

One of the basic reasons for the anxiety of the developing countries (and those trying to help them) to find markets at stable prices for the agricultural products they have for export is the projection that there will be an additional 400 million people in the rural areas of Asia, Africa and Latin America by 1985.

Unless ways are found to keep them on the land producing food either for domestic consumption or export, they will flock to the already-crowded cities with their masses of un- and under-employed. Many people—sociolgists, economists, demographers—believe this trend could build up social and political pressures leading to violence.

Americans, steeped in the tradition of free enterprise, will find these proposals difficult to understand. They run counter to anything we ever have considered. After all, any country has the right to export if it can find a buyer at its price. Despite this tradition, there may be areas where the poorer nations can make a case. Europe, for instance, might produce more proteins and less sugar and let the tropical countries grow more sugar cane.

It is in such areas that discussions may take place in the years ahead. But the problem appears terribly difficult. Before the session here ended, the delegates from the lesser-developed nations were beginning to recognize some of those difficulties, but they knew they had planted seeds for world digestion.

At the same time some of the developed nations were indicating their reservations to the proposal.

When the chairman at one of the discussions recognized "the distinguished delegate from Germany," that delegate commented:

"I should like to warn against governments expecting too much from agricultural adjustment so we should define just what we mean and what will be discussed in 1973."

He added that agricultural adjustment was "a very important domain," but that "we must remain realistic." At another time he had said in effect Germany wasn't about to do anything that wasn't good for the German farmers.

The delegate from Italy followed with the comment:

"It is not an easy task to ascertain the meaning of agricultural adjustment. We remain skeptical."

Those two statements indicate what is ahead for the world in discussing the issue in the years of the future. Doubtless agricultural adjustment will mean one thing for the developing countries and another for the industrialized nations. Again, it will be difficult for the American farmer to acquiesce in the specific points made by the lesser-developed nations, though he may fully sympathize with their aspirations.

Incidentally, the U.S. delegation went on record as approving the agricultural adjustment as an appropriate subject for the 1973 conference, with the reservation or hope that clarification can be made of the objectives.

The scene of the FAO conference is the world headquarters of this organization here in Rome, a huge building in the ancient section of the city. It is surrounded by many of the historic places. From the roof garden plainly to be seen are the Coliseum, the dome of St. Peter's, the Palatine Hill, the Circus Maximus, where the Ben Hur type of chariot races were held. The FAO building itself is rather new, having been erected by Mussolini for his colonial ministries.

In what is called the Plenary Hall, the main sesions of the conferences were held. In other halls were held what were called commission meetings.

Each hall had at least three seats apiece for the delegations from the 125 countries and at each seat earphones were available for simultaneous translations into English, French, Spanish, Arabic and German.

It was surprising to me how many delegates, no matter from what country, read their statements in English.

For instance, a rather young delegate, J. E. Cooper undersecretary of agriculture in Liberia, spoke in English and he well demonstrated the plight of some of the lesser-developed countries.

He praised FAO for the help that had been given his country in the way of technical assistance and agreed that some progress had been made. But many problems remain to be tackled and he said: "we cannot do this alone."

"We are faced," he said, "with expanding populations, price distortion problems, low labor productivity, the increasing gap between rural and urban incomes, and urban bias in the provision of social services and last, but not least, our inability to feed ourselves adequately.

"We are told not to expand rubber production because of declining world prices for natural rubber, not to become self-suffi

believe. To illustrate that the legislative differences were matters of rhetoric, not reality:

First, both bills were esssentially the same in their findings and declarations, except the Senate did not make reference to other major diseases. I might note that the conference substitute now before us also limits itself to the problem under attack, cancer.

Second, both bills provide for direct transmittal of the cancer budget to the President. Although the House did permit others to comment, the House bill specifically precluded any change in the budget sent to the President.

Third, both bills assured dissemination and exchange of scientific knowledge regarding cancer within the institutes of the National Institutes of Health and other scientific, medical, and biomedical disciplines.

Fourth, both bills provide for the utilization of existing peer review groups and the establishment of new ones where necessary.

Fifth, both bills provide for the direct submission of annual reports to the President.

Finally, both bills, in essence, sought to achieve the same goals by providing new authorities to the existing cancer institute. However, where the Senate bill renamed the Cancer Institute as an agency within the National Institutes of Health and gave direct access to the Director the House sought to accomplish the same results through the formation of a cancer attack panel.

Also, I might add that the Senate's National Cancer Advisory Board prevailed, which was a thoroughly implemented and a well-articulated provision, which will engage the best brains in the field so far as the Senate is concerned.

The real difference was in direct access by the Director of the Cancer Institute to the President or an attack panel to monitor the work of the institute, which was in the House bill. We took the House bill, but there is nothing in this provision of the House bill which would prevent the President from putting the Director of the Cancer Institute, if he wishes to do so, on the Panel, or making him a Presidential special assistant. The President sent us a letter, when we wrote to him and asked him exactly how he wanted this worked out, in which he said that if he wants access to the Director, he is sure he can get it. And he is right.

There can be no question regarding the accuracy of the President's position. The President said:

> The normal powers of the executive could still be used to include the agency heads when desirable if the House view is adopted.

The Senate conferees concurred. There is nothing in the House amendment which could preclude the President from naming to membership on the Panel or naming as Chairman of the Panel a Federal employee, such as the man or woman the President appoints as Director of the National Cancer Institute. Also, the President could utilize his Executive powers to also name the presidentially appointed National Cancer Institute Director to be a special assistant to the President.

I ask unanimous consent that our letter to the President—that of Senator KENNEDY and myself—and the President's letter to us be printed at this point in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

U.S. SENATE,
Washington, D.C., December 3, 1971.

The PRESIDENT,
The White House,
Washington, D.C.

DEAR MR. PRESIDENT: As you know, the Senate and the House of Representatives are now in conference on the bill S. 1828, the cancer legislation. Given the urgent for the Congress to enact effective legislation in respect to an enhanced effort to conquer cancer and given your strong personal interest in assuring that such a program be practically capable of early implementation at the Executive level, we would greatly appreciate your views in respect to the substantive areas of differences between the Senate and House bills. We are hopeful that such specific guidance from you will form a basis upon which all of the conferees will find it possible accordingly to agree upon a bill which can be sent to you for your signature.

Specifically, we would find it helpful to have your views regarding the principal function and requisite membership of the Cancer Attack Panel. As you know, the House-passed bill envisions such a panel as performing oversight functions and therefore its membership to consist of non-governmental experts whose responsibility is to advise you in respect to the cancer program. The Senate conferees have suggested that the functions of the panel be enlarged to include three of the key program experts so as to make it possible for them to have a suitable channel for direct access to you that will ensure that they can directly advise you regarding the implementation of the entire cancer program. In this regard, the Senate conferees have suggested that the Attack Panel be enlarged to six members by adding to it the Director of the Cancer Program, the Chairman of the Cancer Advisory Board, and the Director of the National Institutes of Health. With such an arrangement we believe that it would be possible for the Senate to concur with the provisions in the House bill which are designed to further assure that the cancer program will remain an integral part of the broad-based biomedical research programs carried out by the National Institutes of Health. Related to this enlarged concept of the Attack Panel, proposed by the Senate conferees, of course, is the enlarged scope of responsibilities contained in the Senate bill for the National Cancer Advisory Board.

Your assistance in this matter will be greatly appreciated. Our conference is scheduled to resume Tuesday, December 7, 1971.

Sincerely yours,

EDWARD M. KENNEDY, HARRISON A. WILLIAMS, JR., WALTER F. MONDALE, CLAIBORNE PELL, HAROLD E. HUGHES, ALAN CRANSTON, THOMAS F. EAGLETON, RICHARD S. SCHWEIKER, AND JACOB K. JAVITS.

THE WHITE HOUSE,
Washington, December 6, 1971.

Hon. JACOB K. JAVITS,
U.S. Senate,
Washington, D.C.

DEAR JACK: Thank you for your letter of Decemmber 3, 1971 requesting my views concerning the differences between the Senate and House versions of pending legislation to help conquer cancer.

With respect to your specific question regarding the function and membership of the Cancer Attack Panel, my view is that I could work effectively with either version. The Senate version would have the advantage of bringing those who are directly responsible for the Government's cancer effort into all discussions with the President concerning its progress. On the other hand, I can understand the feeling of the House conferees that the activities of the National Cancer Institute can be more effectively monitored if the heads of that program are not monitoring their own performance. In any event, the normal powers of the executive could still be used to include the agency heads when desirable if the House view is adopted, or to exclude them when appropriate if the Senate view prevails.

With respect to the National Cancer Advisory Board, I would like to see the legislation provide functions and powers for the board along the lines of those which are provided in the Senate bill. This provision would allow for the greatest possible scientific contribution from the private sector. Here again, we could work with the provisions of the House bill if that is necessary to gain prompt passage of the legislation. I hope, however, that we will not let the opportunity which the Senate version provides for expanded outside assistance slip by for unfounded bureaucratic reasons.

The most important point I can make about the cancer legislation concerns the need to pass it promptly. The differences which still exist are largely a matter of detail and I urge the conferees to resolve them during the current session of the Congress so that I can sign cancer legislation into law in the very near future.

Both the Senate and House bills clearly recognize the complexities and difficulties we face in the cancer field and both provide the avenue for hope which the American people deserve and desire.

The fact that we are now so close to final legislation reflects great credit on the members of the Senate and the House who have given so much time and thought and energy to this subject—which is so critically important to so many millions of Americans.

As you know, I have personally favored an approach to the Government's cancer program which gives the person in charge of the program a high degree of independence and responsibility, so that he can cut through the red tape which so often has choked other Government programs. It is my judgment that, with strong leadership, either of the bills now being considered would allow us to mount and sustain an effective attack against cancer. I intend to provide this kind of leadership—and I again urge the Congress to move quickly in passing this vital legislation.

Sincerely,

RICHARD NIXON.

Mr. JAVITS. Mr. President, it was on that basis that we settled the situation.

I deeply believe that this is a landmark, historic bill.

I wish to mention the name of former Senator Yarborough, of Texas, as the one who introduced Senate Resolution 376, causing the establishment of a panel of consultants on the conquest of cancer chaired by Benno C. Schmidt, and to pay my tribute to Senator Yarborough, with whom I cooperated in this matter—as I have cooperated with Senator KENNEDY—and to Benno C. Schmidt, managing partner of J. H. Whitney & Co., New York City, who has rendered fantastic public service, and to Dr. Sidney Farber, of Boston, the scientific cochairman of the panel, and to each member of the panel, who were:

I. W. Abel, William McC. Blair, Jr., Elmer Bobst, Dr. Joseph Burchenal, Dr. R. Lee Clark, Dr. Paul B. Cornely, Emer-

son Foote, G. Keith Funston, Emil Mazey, Michael J. O'Neill, Jubal R. Parten, Laurance S. Rockefeller.

Dr. Solomon Garb, Mrs. Anna Rosenberg Hoffman, Dr. James F. Holland, Dr. William B. Hutchinson, Dr. Henry S. Kaplan, Dr. Mathilde Krim, Mrs. Mary Wells Lawrence, Dr. Joshua Lederberg, Dr. Jonathan E. Rhoads, Dr. Harold P. Rusch, Dr. Wendell G. Scott, Lew Wasserman.

Mr. President, I hope the Senate will—as it certainly should—agree to this conference report and I am confident that the President will provide the kind of leadership necessary to mount, coordinate, and sustain an effective attack against cancer which is of critical importance to so many millions of Americans.

Mr. KENNEDY. Mr. President, I ask unanimous consent to have printed in the RECORD a summary report of the special panel of cancer consultants; a letter dated December 3, 1971, the President; and a letter dated December 6, 1971, from the President.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SUMMARY REPORT OF THE SPECIAL PANEL OF CANCER CONSULTANTS

The principal findings and recommendations of the Panel were as follows:

1. Cancer is the No. 1 health concern of the American people. A poll conducted in 1966 showed that 62 percent of the public feared cancer more than any other disease. Of the 200 million Americans alive today, 50 million will develop cancer at present rates of incidence, and 34 million will die of this painful and often ugly disease, if better methods of prevention and treatment are not discovered. About one-half of cancer deaths occur before the age of 65, and cancer causes more deaths among children under age 15 than any other disease. Over 16 percent of all deaths in the United States are caused by cancer, making it by a wide margin our second greatest killer (after cardiovascular diseases). Cancer often strikes as harshly at human dignity as at human life, and more often than not it represents financial catastrophe for the family in which it strikes.

2. The amount spent on cancer research is grossly inadequate today. For every man, woman, and child in the United States, we spent in 1969; $410 on national defense; $125 on the war in Vietnam; $19 on the space program; $19 on foreign aid and only $0.89 on cancer research. Cancer deaths last year were 8 times the number of lives lost in 6 years in Vietnam, 5½ times the number killed in automobile accidents, and greater than the number of Americans killed in battle in all 4 years of World War II. Given the seriousness of the cancer problem to the heath and morale of our society, this allocation of national priorities seems open to serious question. In addition to the poignancy of the disease, and the death and suffering that it causes, the economic loss is staggering, with estimates of its costs to the Nation running as high as $15 billion per year, of which some $3 to $5 billions represents direct care and treatment costs and the balance is loss of earning power and productivity.

3. The incidence of cancer is increasing. This is partly due to the fact that a greater number of our citizens are reaching more advanced ages, where cancer strikes more frequently, but it is also due to the sharp increase in lung cancer, undoubtedly attributable to the air pollution in certain environments and most importantly to the self-pollution of those who smoke cigarettes. It is estimated that if the American people stopped smoking cigarettes this alone would eliminate about 15 percent of all cancer deaths.

4. The nature of cancer is not yet fully known. We know that human cancers are caused by certain chemicals, by certain types of radiation, and probably by viruses. The precise mechanisms by which these carcinogenic agents cause, or interact to cause, cancer is not known, and very little is known about the natural defense mechanisms that prevent cancer in some cases and not in others. A great deal more must be learned about chemical carcinogens, radiation, and viruses, and how they work. We must also learn more about what takes place at the cellular level when cancer occurs. There is very strong suggestive evidence that viruses cause some human cancers, but which viruses, how they are transmitted, and how they operate are unknown. It is erroneous to think of cancer as a single disease with a single cause that will be subject to a single form of immunization (as in the case of polio) or a single cure. Cancer comprises many diseases and results from a variety of causes that will have to be dealt with in a variety of ways. However, as our knowledge is expanded, more and more cancers will become preventable or curable.

5. The cure rate for cancer is gradually improving. In 1930 we were able to cure only about one case in five; today we cure one case in three; and it is estimated that the cure rate could be brought close to one in two by a better application of knowledge which exists today, i.e. detection at an earlier stage through the more widespread use of existing techniques (such as the Papanicolaou test for women and mammography), coupled with an extension to all citizens of the same quality of diagnosis and treatment now available at the best treatment centers. There are three methods for curing cancer today; surgery, radiation therapy, and chemotherapy. Often two or even three of these methods are used in combination. Some types of cancer are far more curable than others. For example, early breast cancer treated by surgery, cancer of the cervix by radiation or surgery, and choriocarcinoma and Burkitt's tumor by chemotherapy, are among those most susceptible to cure today. Treatment techniques are improving markedly, particularly in radiation therapy and chemotherapy, and more widespread availability of the best quality detection and treatment will give us more and more cures. However, it is still true that those cancers which disseminate rapidly are seldom curable today, and this represents a major gap in our existing knowledge. Where we stand today in our knowledge of the causes, nature, prevention, diagnosis, treatment, and control of cancer is set forth in detail in part II of this report.

6. There have been major advances in the fundamental knowledge of cancer in the past decade, and these advances in knowledge have opened up far more promising areas for intensive investigation than have ever heretofore existed. These areas of special promise must be explored with vigor, if we are to exploit the great opportunities that lie before us. They are examined in detail in part II of this report.

Among the areas of special promise which must be aggressively pursued are:

(*a*) The identification and study of the chemical, physical, and other environmental factors that cause cancer (food additives, air pollutants, industrial hazards, radiation, and other carcinogens);

(*b*) Viruses causing cancer (what viruses cause cancer, how are they transmitted, and how do they act);

(*c*) Cell and tumor biology (including cell surface phenomena, molecular functions, differentiation and genic expression, controls of cell division mechanisms of metastasis, nutritional requirements and other biological factors);

(*d*) Immunology (host resistance against cancer, its nature, causes and therapeutic use);

(*e*) Epidemiology (the variables in cancer incidence and types stemming from geographic, social, economic, nutritional, occupational, and constitutional differences);

(*f*) Cancer prevention (more effective utilization of existing knowledge and intensified research on preventive measures);

(*g*) Diagnosis (the development of new and improved diagnostic techniques);

(*h*) Chemotherapy (the development of new and better drugs and improvement in their uses);

(*i*) Radiotherapy (development of new and better techniques and apparatus for radiation therapy);

(*j*) Surgery (the best techniques in cancer surgery coupled with earlier diagnosis must be made generally available in order to further increase the cure of cancer. Better rehabilitation techniques must be further developed and utilized to return the cancer patient to an active and full life);

(*k*) Combinations of treatment modalities (improvement in treatment results by better combinations of surgery, radiotherapy, chemotherapy, and immunotherapy).

7. A national program for the conquest of cancer is now essential if we are to exploit effectively the great opportunities which are presented as a result of recent advances in our knowledge. However, such a program will require three major ingredients that are not present today:

First, effective administrative with clearly defined authority and responsibility;

Second, the development of a comprehensive national plan for a coherent and systematic attack on the vastly complex problems of cancer. Such a plan would include not only programmatic research where that is appropriate, but also major segments of much more loosely coordinated research where plans cannot be definitively laid out now long-range objectives clearly specified; and

Third, the necessary financial resources.

At the present time there is no coordinated national program or program plan. The National Cancer Institute has done excellent work itself and has supported grants and contracts in the scientific community which have resulted in much outstanding work, but the overall research effort is fragmented and, for the most part, uncoordinated. The effort in cancer should now be expanded and intensified under an effective administration charged with developing and executing a comprehensive national plan for the conquest of cancer at the earliest possible time. The three foregoing elements are considered separately in more detail in the succeeding paragraphs 8, 9, and 10.

8. *Administration.*—An effective major assault on cancer requires an administrative setup which can efficiently administer the coherent program that is required in this formidable and complex scientific field. Such a setup will not be easy to achieve within the Federal Government. The effective implementation of such a program will require a simplification of organization arrangements and a drastic reduction in the number of people involved in administrative decisions. This type of straight-line organizational efficiency does not exist today in the National Cancer Institute, the National Institutes of Health, or the Department of Health, Education, and Welfare. Obviously, from many standpoints it can be argued that any cancer programs should be in the Department of Health, Education, and Welfare and indeed that it should be in the National Institutes of Health. However, there is real doubt whether the kind of organization that is required for this program can in fact be achieved within the National Institutes of Health or within the Department of Health, Education, and Welfare.

Mr. President, I move that the Senate concur in the amendment of the House of Representatives.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

ORDER OF BUSINESS

The PRESIDING OFFICER. Pursuant to previous order, the Senate will proceed to the consideration of the conference report on S. 1828.

ESTABLISHMENT OF A CONQUEST OF CANCER AGENCY CONFERENCE REPORT

Mr. KENNEDY. Mr. President, I submit a report of the committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill (S. 1828) to amend the Public Health Service Act so as to establish a Conquest of Cancer Agency in order to conquer cancer at the earliest possible date.

The PRESIDING OFFICER (Mr. BURDICK). In accordance with the previous order, the Senate will proceed to consideration of the report.

(The conference report is printed in the House proceedings of the CONGRESSIONAL RECORD of December 8, 1971, at pages H12014–H12016.)

Mr. KENNEDY. Mr. President, as I understand, there has been a time set aside for a vote on the conference report. Am I correct in that assumption?

The PRESIDING OFFICER. Will the Senator repeat the question?

Mr. KENNEDY. There has been a time set aside for a vote on the conference report tomorrow, as I understand it; is that correct?

The PRESIDING OFFICER. The vote will occur tomorrow morning after the speech by the Senator from Illinois (Mr. PERCY).

Mr. KENNEDY. Have the yeas and nays been ordered, Mr. President?

The PRESIDING OFFICER. The yeas and nays have been ordered.

Mr. KENNEDY. Mr. President, first of all, I wish to express my very warm appreciation to the senior Senator from New York (Mr. JAVITS)—Mr. President, may we have order?

The PRESIDING OFFICER. The Senate will be in order.

Mr. KENNEDY. To the distinguished senior Senator from New York (Mr. JAVITS) and the distinguished Senator from Colorado (Mr. DOMINICK) for the work they have done in bringing S. 1828 to the Senate, in the Health Subcommittee, the full Committee on Labor and Public Welfare, and also for the very extraordinary degree of support that they gave to the Senate position in the conference. I also thank the distinguished Senator from Pennsylvania (Mr. SCHWEIKER), who is now the ranking Republican member of the Health Subcommittee, for his efforts.

Mr. President, some time ago, in 1970, the Health Subcommittee held some 2 days of hearings to hear the report of a very distinguished group of lay and professional citizens who had been charged, under a Senate resolution, to consider how this country could best develop a program to meet what I think is really perhaps the No. 1 health hazard today, which is the danger of cancer.

This panel, made up of some very distinguished lay and research people and successful businessmen charged with this responsibility, gave an extraordinary amount of their time to an effort to developing a series of recommendations which were the basis of the initial bill which the former Senator from Texas, Mr. Yarborough, had considered, developed, and introduced as well as the basis of the bill that I introduced, of the bill that Senator DOMINICK introduced, and also of the conference report which is now before the Senate.

The chairman of that committee was the very distinguished Mr. Benno Schmidt, of New York City, who has achieved preeminence in the field of business and has also had a very deep concern for the problems of cancer. He has devoted his very considerable talents to helping us develop a program to meet the cancer problem.

We have heard the report of that panel. Initially, legislation was developed and introduced. After the elections of 1970, I assumed the chairmanship of the Senate Health Subcommittee and reintroduced such legislation with numerous cosponsors.

We had extensive hearings, and modified the legislation in conformance with a number of recommendations that were made by the administration. I must say at this point that I have yet to see the kind of cooperation and close working relationships that were developed between both Democrats and Republicans on the committee and the administration, on any other piece of legislation, as were developed on this program.

A considerable number of hearings were held, we debated the proposition on the floor of the Senate, and it was passed overwhelmingly by a vote of 79 to 1, I believe, in the Senate. Then we went to conference.

The House of Representatives had the benefit of our legislation and patterned their program very much after the Senate bill, with one key exception. Many of us had felt that in order to develop a sufficient program to attack the problems of cancer, we ought to create a type of program modeled on the Space Agency. There were those in the scientific and biomedical research field who felt it should remain within the National Cancer Institute, and the House provided accordingly. But in most other respects, the Senate and the House programs were consistent.

The conference met on three different occasions, and at this time we are prepared to present the conference report, which I do enthusiastically. I believe that the conference report retains the better features of both the House and Senate bills. It preserves the National Cancer Institute, but provides that the Director of the National Cancer Institute be a Presidential appointee.

It provides as well for a new advisory board, with much expanded responsibilities and with an expanded participation by the scientific community as well as the lay community. It provides for a President's cancer panel that will work very closely with the President of the United States to provide him with a direct line, direct liaison, and direct oversight into the progress of the Cancer Insttute, and also to the contributions that are being made by the Cancer Advisory Board. It provides for independent budgeting, for independent reporting to the President of the United States, and for what I think is a greater sense of line authority by the President, in selecting the person that he wants to develop and direct this effort to meet the attack on cancer. It provides as well for the establishment of some 15 cancer research centers around the country, refunded at approximately $5 million each, so that we can develop an even greater effort in the research areas on cancer. It also provides for some line authority for a 3-year authorization, with some $400 million, $500 million, and $600 million in 3 successive years. That will bring a continuing oversight responsibility to the Congress of the United States which has heretofore not existed or had existed only in a very general way in the National Institutes of Health.

I believe that we have here, Mr. President, legislation which will give the President of the United States the necessary tools so that he can direct his very considerable sense of urgency toward meeting the problems of cancer. I think we have provided authorization for the resources which are necessary. I think we have provided the kind of line authority in management which was recommended by the panel to obtain the greatest sense of managerial technique and skill and to avoid the bureaucracy which often slows down programs.

I am extremely pleased and delighted to present this program to the Senate, and to say that it does, I believe, represent the best judgment of the members of the Health Subcommittee, the ranking Republican members of the full Committee on Labor and Public Welfare (Mr. JAVITS), Senator SCHWEIKER, Senator DOMINICK, and the members of the committee on the Democratic side, who have devoted such energy and effort to seeing that this is achieved.

I feel that it is important that we have a rollcall vote on this issue. I think it is important that those who will be charged with the responsibility for the program have a very clear indication of the kind of support this program has in Congress, and I think it is important that the American people understand the very strong commitment that we in the Senate feel about this effort and the energies that we are going to continue to devote to see that this scourge is ended.

Mr. JAVITS. Mr. President, I strongly support the report on the National Cancer Act of 1971 and hope that the Senate will approve it. This legislation will enable us to establish a national program for the conquest of cancer, essential if we are to exploit effectively the great opportunities which are presented as the result of our knowledge about cancer research, treatment, and diagnosis.

There was not nearly the abyss of differences between the Senate and the House versions that we have been led to

Fort Worth or the Benbrook Water and Sewer Authority, for a period not to exceed four years or until such time as the water supply storage is needed for navigation purposes, whichever first occurs."

SEC. 10. (a) In order to protect the environment, promote safety, and provide access to the public use recreation area around Perry Reservoir, Kansas, the Secretary of the Army, acting through the Corps of Engineers, is authorized and directed, notwithstanding any other provision of law, to take such action as may be necessary to improve the following roads in the vicinity of the Perry Reservoir area, Kansas:

(1) The road leading north from United States Highway Numbered 24, at Perry, Kansas, to an intersection with a black top road east of the dam, consisting of approximately three miles;

(2) The road on the west side of Perry Reservoir beginning at the north end of Delaware State Park running north and west and intersecting State Highway K Numbered 92 approximately one and one half miles west of Ozawkie, Kansas, consisting of approximately six miles; and

(3) The road beginning on State Highway K Numbered 92, one mile east of Old Town Public Use Area, and running north approximately eight miles to intersect with State Highway K Numbered 4 and State Highway K Numbered 16 east of Valley Falls, consisting of approximately nine miles.

(b) In carrying out such improvements, the Secretary of the Army shall be authorized to realign and grade such roads, and to pave such roads with a plant-mix bituminous surface (including chemical stabilization), in accordance with secondary road standards of the State of Kansas.

SEC. 11. (a) In order to provide adjustments in the lands or interests in land heretofore acquired for the Verdigris River portion of the McClellan-Kerr River Navigation Project in Oklahoma to conform such acquisition to a lesser estate in lands now being acquired to complete the real estate requirements of the project the Secretary of the Army (hereinafter referred to as the "Secretary") is authorized to reconvey any such land heretofore acquired to the former owners thereof whenever he shall determine that such land is not required for public purposes, including public recreational use, and he shall have received an application for reconveyance as hereinafter provided, subject to the following limitations:

(1) No reconveyance shall be made if within thirty days after the last date that notice of the proposed reconveyance has been published by the Secretary in a local newspaper, an objection in writing is received by the former owner and the Secretary from a present record owner of land abutting a portion of the reservoir made available for reconveyance unless within ninety days after receipt by the former owner and the Secretary of such notice of objection, the present record owner of land and the former owner involved indicate to the Secretary that agreement has been reached concerning the reconveyance.

(2) If no agreement is reached between the present record owner of land and the former owner within ninety days after notice of objection has been filed with the former owner and the Secretary, the land made available for reconveyance in accordance with this section shall be reported to the Administrator of General Services for disposal in accordance with the Federal Property and Administrative Services Act of 1949, as amended (63 Stat. 377).

(b) Any such reconveyance of any such land or interests shall be made only after the Secretary (1) has given notice, in such manner (including publication) as regulations prescribe to the former owner of such land or interests, and (2) has received an application for the reconveyance of such land or interests from such former owner in such form as he shall by regulation prescribe. Such application shall be made within a period of ninety days following the date of issuance of such notice, but on good cause the Secretary may waive this requirement.

(c) Any reconveyance of land therein made under this section shall be subject to such exceptions, restrictions, and reservations (including a reservation to the United States of flowage rights) as the Secretary may determine are in the public interest, except that no mineral rights may be reserved in said lands unless the Secretary finds that such reservation is needed for the efficient operation of the reservoir project designated in this section.

(d) Any land reconveyed under this section shall be sold for an amount determined by the Secretary to be equal to the price for which the land was acquired by the United States, adjusted to reflect (1) any increase in the value thereof resulting from improvements made thereon by the United States (the Government shall receive no payment as a result of any enhancement of values resulting from the construction of the reservoir project specified in subsection (a) of this section), or (2) any decrease in the value thereof resulting from (A) any reservation, exception, restrictions, and condition to which the reconveyance is made subject, and (B) any damage to the land caused by the United States. In addition, the cost of any surveys or boundary markings necessary as an incident of such reconveyance shall be borne by the grantee.

(e) The requirements of this section shall not be applicable with respect to the disposition of any land, or interest therein, described in subsection (a) if the Secretary shall certify that notice has been given to the former owner of such land or interest as provided in subsection (b) and that no qualified applicant has made timely application for the reconveyance of such land or interest.

(f) As used in this section the term "former owner" means the person from whom any land, or interests therein, was acquired by the United States, or if such person is deceased, his spouse, or if such spouse is deceased, his children or the heirs at law; and the term "present record owner of land" shall mean the person or persons in whose name such land shall, on the date of approval of this Act, be recorded on the deed records of the respective county in which such land is located.

(g) The Secretary of the Army may delegate any authority conferred upon him by this section to any officer or employee of the Department of the Army. Any such officer or employee shall exercise the authority so delegated under rules and regulations approved by the Secretary.

(h) Any proceeds from reconveyances made under this Act shall be covered into the Treasury of the United States as miscellaneous receipts.

(i) This section shall terminate three years after the date of its enactment.

SEC. 12. The project for Whiteoak Dam and Reservoir on Whiteoak Creek, Ohio, Ohio River Basin, for flood protection and other purposes, is hereby authorized substantially in accordance with the recommendations of the Secretary of the Army in his report on the Development of Water Resources in Appalachia, dated April 1971, at an estimated cost of $40,031,000, except that no funds shall be appropriated to carry out this section until the project is approved by the Appalachian Regional Commission and the President.

SEC. 13. (a) The Lower Monumental Lock and Dam Project, Snake River, Washington, authorized by the River and Harbor Act approved March 2, 1945 (59 Stat. 10), is hereby modified to provide that the United States shall perform, or pay the cost of performance of, such measures as the Secretary of the Army determines are or may have been necessary to protect any railway bridge or structure from damage caused by the project.

(b) The Secretary of the Army in making the determination required by subsection (a) of this section shall charge to the owner of any such bridge or structure an amount equal to the net value to such owner of any direct and special benefits accruing to the owner from any improvement or addition to or betterment of the bridge or structure, including any expectable decrease in repair, maintenance, or operating expense.

SEC. 14. This Act may be cited as the "River Basin Monetary Authorization Act of 1971".

Mr. JORDAN of North Carolina. Mr. President, it is my understanding that the Senator from Kentucky (Mr. COOPER) has some remarks to make on this matter, and I am glad to yield to him.

Mr. COOPER. Mr. President, I do not oppose this measure. I had understood that three amendments were added by the House, one dealing with the reconveyance of some acres purchased by the Corps of Engineers to the original owner along the Kerr-McClellan River Basin. I understand there is no objection to that. There were two other items added by the House which I understand have not been the subject of hearings.

I think it has become more common for items and great river basin developments costing millions of dollars to be placed in the bill when no hearings have been held on those projects. We usually have a clause that it shall be subject to the approval——

Mr. BYRD of West Virginia. Mr. President, may we have order?

The PRESIDING OFFICER. The Senate will suspend until there is order. Will Senators desist from conversation?

Mr. BYRD of West Virginia. Mr. President, I ask unanimous consent that the Senator be allowed 2 additional minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COOPER. Mr. President, the amendments authorizing river projects on which no hearings have been held usually have in them a clause that they will not be final until approved by the President. I think it places a burden on the President that he should not be required to bear. I believe the growing habit of placing in the bill projects on which no hearings have been held, costing millions of dollars, is bad. I just wanted to say that. I am not going to object, but I think it is something that should be considered by the Public Works Committee next year.

I thank the Senator for yielding.

Mr. JORDAN of North Carolina. Mr. President, each of the projects that were added by the House have been checked out by the committee staff and with the Senators in whose States the projects will be located. They have all been cleared. There is no opposition to these items. The Committee on Public Works of the Senate did hold a hearing on one of the projects last year. Whether the House did or not, I do not know, but they have all been checked out. As I have stated, they have been checked by the staff of the Public Works Committee and cleared by the Senator in whose State the project will be located.

able return for his product on the market before the strategic reserve, held by the Government, is released.

The estimated wheat figures for 1971 show the 120-percent release price now provided in the bill to be $1.64, while parity is $2.92. This is a difference of $1.29 which could be received by the farmers before the reserves are released on the market.

Parity for corn in 1971 was $1.88, while the preceding 5-year average was $1.40—a 48-cent difference. This marked difference in price received for commodities will result in a tremendous boost to the income of the American farmer. There needs to be an allowance for more than a 20-percent price increase before reserves are permitted to be released on the market. H.R. 1163 would provide a reserve should disaster strike this Nation; nevertheless, we must not provide this reserve at the expense of the farmer. He is the one who produces our food and needs to be protected.

I feel the adoption of these two amendments is imperative to the protection of the Nation's farmers. If the farmer is protected from a great market drop, and is in control of the storage by means of on-farm stored commodities, then he is assured of a fair price for his products. We must realize the far-reaching conditions established by this bill and take appropriate steps now to provide for the future protection and income of the farmer.

AMENDMENT OF FISHERMEN'S PROTECTIVE ACT OF 1967—AMENDMENT

AMENDMENT NO. 804

(Ordered to be printed and to lie on the table.)

Mr. TOWER submitted an amendment intended to be proposed by him to the bill (H.R. 7117) to amend the Fishermen's Protective Act of 1967 to expedite the reimbursement of U.S. vessel owners for charges paid by them for the release of vessels and crews illegally seized by foreign countries, to strengthen the provisions therein relating to the collection of claims against such foreign countries for amounts so reimbursed and for certain other amounts, and for other purposes.

SUBCOMMITTEE ON CHILDREN AND YOUTH ANNOUNCES HEARINGS ON SUDDEN INFANT DEATH SYNDROME

Mr. MONDALE. Mr. President, on Tuesday, January 25, 1972, at 9:30 a.m., in room 4200 of the New Senate Office Building, the Subcommittee on Children and Youth will hold a hearing on the sudden infant death syndrome.

The subcommittee wants to explore this mysterious disease—commonly called crib death or cot death—which kills at least 10,000 infants each year and is the leading cause of death for children between the ages of 1 month and 1 year of age.

An excellent article on this subject by Colman McCarthy appeared in the Washington Post recently. I ask unanimous consent that the article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

NEITHER PREDICTABLE NOR PREVENTABLE: THE SUDDEN INFANT DEATH MYSTERY

(By Colman McCarthy)

Perhaps no other death is more difficult for the survivors to bear or the community to understand than the death of an infant. The special kind of funeral—the white coffin the size of a toy box—the mother's grief on carrying a baby inside her for nine months only to lose the child after it is soon outside, the straining of religious faith that says the infant's death is somehow in "God's plan": little of this helps. Yet, about 10,000 to 15,000 babies die of what is called sudden infant death syndrome (SIDS) every year in the U.S. One infant in 350 is a victim. According to HEW figures, 77 infants died of SIDS in the District of Columbia in 1969; 220 died of it in Virginia and 169 in Maryland. Popularly called crib death, SIDS is a major American health problem. Excluding the first week of life when infants die from complications of prematurity, SIDS is the nation's largest cause of death in infants under one year and second only to accidents as the largest cause of death to children under age 15. A news story occasionally appears on the subject and magazine "health columns" refer to it periodically; but the ones who know it best are the parents of the victims. The subject is topical this week because the National Foundation for Sudden Infant Death in New York has announced that Dr. Abraham Bergman is its new president. Bergman is a Seattle pediatrician who for years was a leader in the fight to get flammable clothing off the market.

The mystery of crib death is that it always occurs in sleep. It is neither predictable nor preventable. Parents who give their infant its last feeding of the day—either by bottle or breast—never dream that death is about to strike. The child runs no fever, is not coughing and sounds no louder than usual in the final cry before falling off to sleep. Not many parents even know about SIDS, but, even if they did, obsessive worrying about it would be neurotic. Research groups at the University of Washington and Children's Orthopedic Hospital in Seattle, where Bergman teaches, believe that SIDS babies die from a sudden spasm of the vocal cords that close off the airway during sleep. This is often associated with a viral infection. Yet the viral infection does not cause the death, only causes the vocal cords to be more susceptible to a sudden spasm. Even more mysterious is why a viral infection in a 2- or 3-month baby is different than in a 3- or 4-year-old, or an adult. One researcher has reported that sudden unexplained infant deaths "tend to occur most frequently during cold weather in a sleeping 2- to 4-month-old infant born prematurely or of low birth weight, who at the time had an upper respiratory infection. However, one of the major problems that continues to require solution concerns the means by which these characterists result in or lead to SIDS."

Two international conferences, in 1963 and 1969, were held on crib death, but research is only beginning. Although Bergman reports that some critics say the federal government is purposely doing nothing in the field, he believes the opposite is true. To date he says the National Institutes of Child Health and Human Development has never turned down a qualified research application on SIDS. "The problem," noted Dr. Gerald LaVeck, the Institute's director, "is mostly a lack of trained scientific investigators interested in conducting research into the problem."

While the physical mysteries of crib death are explored, there is no confusion about the emotional and social pains suffered by the surviving family. "There is a large amount of ignorance in the U.S. medical profession and the lay public about SIDS," says Bergman. "In the majority of communities, parents who lose children to SIDS are treated as criminals. In many places, they can't get autopsies or else must pay themselves. Usually, families must wait many monhs to hear the results of these autopsies from a medical examiner's or coroner's office. Many examiners and coroners still call the disease 'suffocation' or a variety of other wrong names. This only reinforces the natural guilt that parents feel anyway. Many are subjected to coroner's inquests and questioned by police. This is a national scandal and must cease."

The destructive emotional effects of crib death can last long after the regular mourning period. Tremendous after-guilt may be felt by fathers or mothers who did not "go in to check" when the baby cried during its last night; physically, though, it would have made no difference, because crying does not occur during the baby's agonal period. Other parents suffer excessive guilt at not having taken the infant to the pediatrician, especially if coughing or a fever was present. If they did just visit the doctor and the baby dies, parents wonder "what the doctor missed." Curiously, Bergman reports, "physicians themselves harbor the same doubts, often for many years. A discussion of SIDS at a medical meeting invariably turns into a confessional for physicians who feel the need to stand up and re-live their traumatic experience and be convinced of the known facts."

It is not that easy for parents. Occasionally, divorce follows a crib death, the father refusing to live with the mother who "let a baby die." If a babysitter or relative was home at the time, they may be blamed, with the parents always feeling guilty about going out for the evening. "In the weeks following the death," Bergman says, "there is often marked change of moods. The parents have difficulty concentrating and frequently express hostile feelings toward their closest friends and relatives. Denial of death is common; the mother may continue to draw the baby's bath or prepare his food. Dreams about the dead child are common, as is a fear of being left alone in the house . . . Other common reactions are anger, helplessness and loss of meaning of life. Parents are fearful, particularly about the safety of their surviving children. A fear of 'going insane' often occurs in the first few days and may last for several weeks. Guilt is universal and pervasive. Whether they say so or not, most if not all the parents feel responsible for the death of their babies."

The last point is the most crucial if the surviving parents are to lead normal lives. In medical fact, they are not responsible. Doctors, medical examiners, counselors and friends have the obligation to inform the parents that they did nothing wrong and could not have prevented the death. Guilt or anxiety may never be totally removed, but at least it can be lessened so that life can go on. If families can be consoled after a member dies of cancer, a car crash or other common causes of death, why not with SIDS? Perhaps if the disease is recognized as a disease, and not as a form of suffocation or pneumonia, more can be learned about it. Preventive medicine has conquered other diseases of mystery; it can conquer this one too.

NOTICE OF HEARINGS BY SUBCOMMITTEE ON CRIMINAL LAWS AND PROCEDURES

Mr. McCLELLAN. Mr. President, I should like to announce that the Subcommittee on Criminal Laws and Pro-

cedures will continue its series of hearings on the recommendations of the National Commission on Reform of the Federal Criminal Laws on February 15, 16, and 17, 1972. The hearings will begin each day at 10 a.m., in room 2228, New Senate Office Building. Further information on the hearings can be obtained from the subcommittee staff in room 2204, extension 3281.

NOTICE OF HEARING ON SUPREME COURT JUSTICES SURVIVORS BENEFITS

Mr. BURDICK. Mr. President, as chairman of the Judiciary Committee's Subcommittee on Improvements in Judicial Machinery, I wish to announce a hearing for the consideration of S. 2854 and S. 1480, both of which propose to bring Justices of the Supreme Court under the provisions of the existing Judicial Survivors Annuity System (28 U.S.C. 376).

The hearing will be held on February 2, 1972, beginning at 10 a.m. in room 2228 of the New Senate Office Building.

Those who wish to testify or submit a statement for inclusion in the record should communicate as soon as possible with the Subcommittee on Improvements in Judicial Machinery, 6306 New Senate Office Building, extension 3618.

ANNOUNCEMENT OF HEARING ON PROGRAMS FOR WHEAT AND FEED GRAINS

Mr. TALMADGE. Mr. President, I wish to announce that the Committee on Agriculture and Forestry will hold a hearing Monday, January 24, on H.R. 1163, the Strategic Storable Commodity Reserve Act, and Senate Joint Resolution 172, concerning the 1971 and 1972 programs for wheat and feed grains. The hearing will begin at 9:30 a.m., in room 324, Old Senate Office Building. In view of the urgency of this legislation, the committee is unable to give 1 week's notice as provided in section 133A of the Legislative Reorganization Act of 1946. Anyone wishing to testify should contact the committee clerk as soon as possible. Oral statements will be limited to 10 minutes, but witnesses may file written statements of any reasonable length. A synopsis of the statement, along with the statement, should be submitted to the committee by 10 a.m., Saturday, January 22.

ADDITIONAL STATEMENTS

TRIBUTE TO GOULD LINCOLN

Mr. THURMOND. Mr. President, I should like to pay tribute to the dean of American political reporters, Gould Lincoln.

His newspaper career has lasted almost 70 years, and at the age of 90, Mr. Lincoln is still writing a political column.

Gould Lincoln is a most outstanding man with an extraordinary talent for reporting the news.

He is respected among his colleagues for his ability and experience, and he has distinguished himself within the news media.

Mr. President, an article about Mr. Lincoln's career and achievements was published in the Washington Post of December 28, 1971. I ask unanimous consent that this newspaper account be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

GOULD LINCOLN AT 90, STILL GOING STRONG

(By Edward T. Folliard)

The extraordinary thing about miracles, Gilbert K. Chesterton once said, is that they happen. I suppose that when he said it, his mind was on the realm of the spiritual, the supernatural. But if we switch the idea to the mundane, it seems sort of miraculous to me that we have here in Washington a newspaperman who remembers the horse cars, who talked to President Theodore Roosevelt in the White House in the early 1900's and who is still banging away at a typewriter and turning out a political column at the age of 90.

Our nonagenarian is, of course, Gould Lincoln, dean of American political reporters. He has been a newspaperman for almost 70 years, 62 of them with the Evening Star, Washington's oldest newspaper. He is 5 feet, 11, has acquiline features, a bald head, and is skinny, which recalls the old saying: lean horse for a long race. He admits to having had his share of whiskey over the years, but says he never indulged to the point of falling down. He used to smoke, too, cigars and a pipe.

Gould was hit by a heart attack in 1957, but at that time he was only 77 and recovered nicely, and was soon back on the job at full speed. His political column now appears once a week, in the Saturday issue. He probably could write it at the Kennedy-Warren, where he lives with his daughter, Marjorie (Peggy) Lincoln; but he still has a lot of the old fire horse in him, and so he goes to the Star office several times a week, and also prowls around the Capitol and the White House in quest of material.

Lincoln is probably in a class by himself as a runner. As a 17-year-old student at Sidwell Friends School here he ran the 100-yard dash in 10.2 seconds, then a school record. He next distinguished himself as a sprinter on March 1, 1954, which was 57 years later.

It was a day of melodrama on Capitol Hill, the day that four Puerto Rican fanatics (three men and a woman) stood up in the gallery of the House of Representatives and opened fire on the lawmakers in the chamber below, wounding five of them.

President Nixon remembers the excitement very well, and he talked about it on the evening of April 22, 1970, when he awarded Gould Lincoln, along with seven other journalists, the Medal of Freedom in the East Room of the White House. He recalled that he was then Vice President, and that the Senate on that particular day confirmed Earl Warren of California as Chief Justice of the United States.

Mr. Nixon went on to say:

"Gould Lincoln was in the Senate (Press) Gallery covering the event. That was a rather easy assignment. Those were the good old days when the President advised and the Senate consented.

"But word flashed over from the House of Representatives that a radical group of Puerto Rican Nationalists were shooting up the House. Mr. Gould Lincoln, who was then 73 years old, beat all the reporters in the Senate Gallery over to the House Gallery in record time and held the fort until reinforcements had arrived."

President Nixon is sometimes given to blarney and hyperbole, but he was not guilty on this occasion. A newspaperman who was around at the time reported that Gould "hustled to the House side of the long Capitol Building and was interviewing doorkeepers before some of his younger associates reached the scene."

Gould Lincoln is a rarity in Washington journalism, a native. He was born here May 23, 1880, the son of Dr. Nathan Smith Lincoln and Jeanie Gould Lincoln. He lived as a boy at 1514 H st. nw., just around the corner from the old Cosmos Club, Lafayette Park, then enclosed by a high iron fence, was his playground.

This was before cable and trolley cars had arrived, and Gould remembers the horse-drawn car that used to pass his house, turn north on Connecticut Avenue and end up at Dupont Circle. Of course, there were no automobiles, and airlines, radio and television were far in the future.

Gould, as has been noted, attended Sidwell Friends School, graduating in 1898. Four years later he received his A.B. degree at Yale College. He rowed at Yale, and as a senior helped coach the freshmen crew.

Leaving Yale, and after a four-month prospecting expedition in the Canadian woods, he set out to find a job. This was in 1902, and he found the job at the old Washington Times. The editor who hired him was Count Maxmillian Gebhard Seckendorf, a former Washington correspondent for the New York Tribune. Gould recalls that Count Seckendorf had a long saber scar on his cheek, and the story was that he had fled Germany after killing a man in a duel.

Gould signed on with the Times for $8 a week, and did all the things expected of a cub. The paper, it should be said, was owned by Frank Munsey, whom William Allen White was later to describe in a celebrated obituary as the "undertaker of journalism"—this because of the newspapers Munsey wrecked and prepared for burial.

In 1906 Gould moved over to The Washington Post, then owned by John R. McLean and housed in a Gothic-Romanesque building at 1337 E St NW, where Newspaper Row and Rum Row converged. Gould must have shown promise because he was given a starting salary of $31.50 a week, respectable for the times.

It was while he was on The Post that Gould went to the White House and encountered President Theodore Roosevelt. The year was 1907. Gould had not been assigned to interview T.R., and he never claimed to have interviewed him. Reminiscing at the National Press Club several years ago, he recalled that The Post sent him to the White House to get some information from the Rough Rider's secretary.

Gould was descending a stairway of the West Wing, then new, when he saw a man looking up at him. The man was barrel-chested, bespectacled, wearing a sweater, and carrying a tennis racket. It was the President.

"What do you want?" T.R. asked. When Lincoln explained that he was looking for his secretary, he was told how to find him.

What amazes Lincoln in retrospect is not his encounter with Teddy Roosevelt but the security conditions—or lack of them—that he found at the White House that day. No guard was at the door of the West Wing, which T.R. had ordered built. Gould had no identification card, nor was one required. He just went in. There was no receptionist. He walked into the secretary's office, and it was empty. On through the Cabinet Room and the President's office he went, and then descending the stairway ran into the barrel-chested man with the tennis racket.

Gould was married to Hester Shepard in the spring of 1909, a time when he was covering the House of Representatives for The Post. He decided that his working hours—from noon or thereabouts until 1 a.m.—

sive food inspection operation, consolidating and coordinating the operations of the several State and Federal agencies now exercising various segments of this vital governmental function, would do much to fill in gaps in the existing inspection system and to safeguard the public health; and

"Whereas Federal legislation is necessary to make possible the setting up of such a consolidated inspection system operating uniformly in all sections of the nation; now, therefore

"Be it resolved by the Senate of the State of New Jersey (the General Assembly concurring):

"1. The Congress of the United States is hereby respectfully memorialized to enact appropriate legislation to enable the setting up of a nationwide system for the more comprehensive and effective inspection and enforcement of hygienic standards for the preparation and processing of food products.

"2. Duly authenticated copies of this resolution, signed by the President of the Senate and the Speaker of the General Assembly and attested by the Secretary of the Senate and the Clerk of the General Assembly, shall be transmitted to the Vice President of the United States, the Speaker of the United States House of Representatives and the several members of Congress elected from this State."

A concurrent resolution of the Legislature of the State of New Jersey; to the Committee on Commerce:

"SENATE CONCURRENT RESOLUTION No. 2027

"A concurrent resolution memorializing the Federal Aviation Administration and Congress to adopt a retrofit rule for turbofan aircraft at the earliest possible date

"Whereas, Aircraft noise in the vicinity of airports, especially airports located in densely populated areas of the State of New Jersey, has become a serious environmental problem; and

"Whereas, Reduction of aircraft noise at its source is the only meaningful solution to the aircraft noise problem in developed areas and such noise reduction can only be accomplished by Federal regulation and action; and

"Whereas, The Congress of the United States has recognized the gravity of the situation by enacting Public Law 90-411 which not only directs the Federal Aviation Administration to set noise standards for new aircraft but also, if practicable, to extend such standards to existing aircraft; and

"Whereas, Studies made by major manufacturers for the National Aeronautics and Space Administration clearly demonstrate that it is technologically feasible to modify existing turbofan aircraft to achieve significant noise reduction; and

"Whereas, The Federal Aviation Administration has issued an Advanced Notice of Proposed Rule Making soliciting comments on a proposed retrofit rule to carry out the intent of Congress as expressed in Public Law 90-411; now, therefore

"Be it resolved by the Senate of the State of New Jersey (the General Assembly concurring):

"1. The Federal Aviation Administration be and hereby is memorialized to adopt a retrofit rule with respect to turbofan aircraft at the earliest possible date to develop and to implement ways and means of facilitating the financing of the cost of retrofitting the entire United States fleet of turbofan aircraft.

"2. The Congress of the United States be and hereby is memorialized to adopt legislation requiring the Federal Aviation Administration to promulgate a retrofit rule no later than January 1, 1972.

"3. Copies of this resolution be transmitted to the Secretary of the Senate of the United States, the Clerk of the House of Representatives, to each member of the Congress of the United States from the State of New Jersey and to the Administrator of the Federal Aviation Administration."

A resolution adopted by the Common Council of the city of Buffalo, N.Y., praying for the enactment of legislation relating to the issuance of a commemorative stamp on the 500th Anniversary of the birth of Nicholas Copernicus; to the Committee on Post Office and Civil Service.

MESSAGE FROM THE HOUSE—ENROLLED BILL SIGNED

A message from the House of Representatives, by Mr. Berry, one of its reading clerks, announced that the Speaker had affixed his signature to the enrolled bill (S. 382) to promote fair practices in the conduct of election campaigns for Federal political offices, and for other purposes.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first time and, by unanimous consent, the second time, and referred as indicated:

By Mr. SCOTT:

S. 3039. A bill for the relief of Fernando Giovannelli. Referred to the Committee on the Judiciary.

By Mr. BENTSEN:

S. 3040. A bill to amend the Federal Trade Commission Act (15 U.S.C. 41 et seq.) to provide that under certain circumstances exclusive territorial arrangements shall not be unlawful; and

S. 3041. A bill for the relief of Shirley Ramkissoon. Referred to the Committee on the Judiciary.

By Mr. MONDALE:

S. 3042. A bill for the relief of Jozef Szymanski; and

S. 3043. A bill for the relief of Mrs. Shiu-Ing Chien. Referred to the Committee on the Judiciary.

By Mr. HUMPHREY (for himself and Mr. PERCY):

S. 3044. A bill to amend the Civil Rights Act of 1964 in order to prohibit discrimination on the basis of physical or mental handicap in federally assisted programs. Referred to the Committee on the Judiciary.

By Mr. BELLMON:

S. 3045. A bill to protect American markets for wheat, feed grains, and soybeans. Referred to the Committee on Agriculture and Forestry, and, when reported by that committee, by unanimous consent, to the Committee on Armed Services for not to exceed 30 days.

By Mr. MONDALE:

S. 3046. A bill to provide for accelerated research, development training, and public education in the field of heart, lung, and blood disease. Referred to the Committee on Labor and Public Welfare.

By Mr. MONDALE (for himself and Mr. HUMPHREY):

S. 3047. A bill to amend section 451 of the Tariff Act of 1930 so as to exempt certain private aircraft entering or departing from the United States and Canada at night or on Sunday or a holiday from provisions requiring payment to the United States for overtime services of customs officers and employees and to treat snowmobiles as highway vehicles for the purposes of such section. Referred to the Committee on Finance.

By Mr. CASE:

S. 3048. A bill to amend title 38 of the United States Code to authorize the Administrator of Veterans' Affairs to enter into agreements with hospitals, medical schools, or medical installations for the central administration of a program of training for interns or residents. Referred to the Committee on Veterans' Affairs.

By Mr. JAVITS:

S. 3049. A bill to provide minimum standards in connection with certain Federal financial assistance to State and local correctional, penal, and pretrial detention institutions and facilities;

S. 3050. A bill to assist urban criminal justice systems on an emergency basis in those cities where personal security, economic stability, peace and tranquility are most impaired and threatened by the alarming rise in the commission of serious crime; and

S. 3051. A bill to provide assistance to State and local criminal justice departments and agencies in alleviating critical shortages in qualified professional and para-professional personnel particularly in the corrections components of such systems, in developing the most advanced and enlightened personnel recruitment training and employment standards and programs and for other purposes. Ordered to be held at the desk.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. HUMPHREY (for himself and Mr. PERCY):

S. 3044. A bill to amend the Civil Rights Act of 1964 in order to prohibit discrimination on the basis of physical or mental handicap in federally assisted programs. Referred to the Committee on the Judiciary.

TO PROTECT THE CIVIL RIGHTS OF THE HANDICAPPED

Mr. HUMPHREY. Mr. President, I introduce on behalf of myself and the senior Senator from Illinois (Mr. PERCY) a bill to amend the Civil Rights Act of 1964 to insure equal opportunities for the handicapped by prohibiting needless discrimination in programs receiving Federal financial assistance.

No longer dare we live with the hypocrisy that the promise of America should have one major exception: Millions of children, youth, and adults with mental or physical handicaps. We must now firmly establish their right to share that promise, so well described by Thomas Wolfe:

> To every man his chance; to every man, regardless of his birth, his shining golden opportunity—to every man the right to live, to work, to be himself, and to become whatever thing his manhood and his vision can combine to make him—this, seeker, is the promise of America.

The time has come when we can no longer tolerate the invisibility of the handicapped in America. I am talking about over 1 million American children who are excluded from school. I am speaking of our poverty-stricken neighborhoods, where 75 percent of all the mental retardation in this Nation is found. I am calling for public attention to three-fourths of the Nation's institutionalized mentally retarded, who live in public and private residential facilities which are more than 50 years old, functionally inadequate, and designed simply to isolate these persons from society.

I am insisting that the civil rights of 40 million Americans now be affirmed and effectively guaranteed by Congress—our several million disabled war veterans, the 22 million people with a severe

Senate

THURSDAY, JANUARY 20, 1972

The Senate met at 11:30 a.m. and was called to order by the Vice President.

PRAYER

The Chaplain, the Reverend Edward L. R. Elson, D.D., offered the following prayer:

O God, who has made and preserved us a nation, we thank Thee for Thy continued favor to the United States, for the improvement of the general welfare, for diminishing conflict at home and abroad, and for the promise of peace.

Grant to the President Thy higher wisdom and strength in the exercise of his office and in the leadership of the Nation. Give us ears to hear, hearts to receive, and minds to comprehend what he says. Enable us also to hear what is not said—the siren call of conscience to selfless service—the unuttered longings of the people for a life of meaning and fulfillment, the aspirations of the soul for truth and goodness, and the undying hope for Thy kingdom on earth.

Bind us together in common endeavor for the better world that is yet to be. And may goodness and mercy follow us all our days that we may abide in Thee forever. Amen.

THE JOURNAL

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the reading of the Journal of the proceedings of Wednesday, January 19, 1972, be dispensed with.

The VICE PRESIDENT. Without objection, it is so ordered.

ATTENDANCE OF SENATORS

Hon. BILL BROCK, a Senator from the State of Tennessee, Hon. EDWARD W. BROOKE, a Senator from the State of Massachusetts, Hon. PETER H. DOMINICK, a Senator from the State of Colorado, Hon. JAMES O. EASTLAND, a Senator from the State of Mississippi, Hon. HIRAM L. FONG, a Senator from the State of Hawaii, Hon. HUBERT H. HUMPHREY, a Senator from the State of Minnesota, Hon. EDWARD M. KENNEDY, a Senator from the State of Massachusetts, Hon. RUSSELL B. LONG, a Senator from the State of Louisiana, Hon. JACK MILLER, a Senator from the State of Iowa, Hon. WALTER F. MONDALE, a Senator from the State of Minnesota, Hon. JAMES B. PEARSON, a Senator from the State of Kansas, and Hon. WILLIAM B. SAXBE, a Senator from the State of Ohio, attended the session of the Senate today.

MESSAGE FROM THE HOUSE

A message from the House of Representatives by Mr. Berry, one of its reading clerks, announced that the House had agreed to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 382) entitled "An act to promote fair practices in the conduct of election campaigns for Federal political offices, and for other purposes."

COMMITTEE MEETINGS DURING SENATE SESSION

Mr. MANSFIELD. Mr. President, I ask unanimous consent that all committees may be authorized to meet during the session of the Senate today.

The VICE PRESIDENT. Without objection, it is so ordered.

RESCISSION OF ORDER FOR RECOGNITION OF SENATOR PACKWOOD

Mr. BYRD of West Virginia. Mr. President, I ask unanimous consent that the order recognizing the distinguished Senator from Oregon (Mr. PACKWOOD) at this time be vacated.

The VICE PRESIDENT. Without objection, it is so ordered.

Mr. BYRD of West Virginia. Mr. President, I suggest the absence of a quorum.

The VICE PRESIDENT. The clerk will call the roll.

The second assistant legislative clerk proceeded to call the roll.

Mr. TALMADGE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The VICE PRESIDENT. Without objection, it is so ordered.

TRANSACTION OF ROUTINE MORNING BUSINESS

The VICE PRESIDENT. Under the previous order, there will now be a period for the transaction of routine morning business, not to extend beyond 12:10 p.m., with a limitation of 3 minutes on each Senator being recognized.

RULES OF COMMITTEE ON AGRICULTURE AND FORESTRY

Mr. TALMADGE. Mr. President, section 133B of the Legislative Reorganization Act of 1946, as added by section 130 (a) of the Legislative Reorganization Act of 1970, requires the rules of each committee to be published in the CONGRESSIONAL RECORD not later than March 1 of each year. Accordingly, I ask unanimous consent that rules of the Committee on Agriculture and Forestry be inserted in the RECORD at this point.

There being no objection, the rules were ordered to be printed in the RECORD, as follows:

RULES OF COMMITTEE ON AGRICULTURE AND FORESTRY

1. Regular meetings shall be held on the first and third Wednesday of each month when Congress is in session.

2. Voting by proxy authorized in writing for specific bills or subjects shall be allowed whenever a majority of the committee is actually present.[1]

3. Five members shall constitute a quorum for the purpose of transacting committee business: *Provided*, That one member shall constitute a quorum for the purpose of receiving sworn testimony.[1]

COMMUNICATIONS FROM EXECUTIVE DEPARTMENTS, ETC.

The VICE PRESIDENT laid before the Senate the following letters, which were referred as indicated:

REPORT ON LIABILITIES AND OTHER FINANCIAL COMMITMENTS OF THE U.S. GOVERNMENT

A letter from the Secretary of the Treasury, transmitting, pursuant to law, a statement of liabilities and other financial commitments of the United States Government, as of June 30, 1971 (with an accompanying report); to the Committee on Finance.

REPORT OF THE NATIONAL MEDIATION BOARD

A letter from the Chairman, National Mediation Board, Washington, D.C., transmitting, pursuant to law, a report of that Board, including the report of the National Railroad Adjustment Board, for the fiscal year ended June 30, 1971 (with an accompanying report); to the Committee on Labor and Public Welfare.

PETITIONS

Petitions were laid before the Senate and referred as indicated:

By the VICE PRESIDENT:

A concurrent resolution of the Legislature of the State of New Jersey; to the Committee on Agriculture and Forestry:

"SENATE CONCURRENT RESOLUTION No. 2034

"A concurrent resolution memorializing the Congress of the United States to enact appropriate legislation to enable more comprehensive and effective inspection and enforcement of hygienic standards in the preparation and processing of food products

"Whereas recent fatal events resulting from the distribution and consumption of botulism-tainted canned soup processed at a plant in this State have provided evidence that neither State nor Federal inspection procedures are adequate to guarantee the safety of consumers against such occurrences, inasmuch as it was disclosed that the plant involved in this incident had received no Federal inspection for 4 years and no State inspection for 5 years; and

"Whereas it is urgently necessary that appropriate steps, including fuller cooperation between State and Federal authorities and more frequent and energetic exercise of the inspection function and authority by both levels of government, be taken to prevent recurrences of similar fatal incidents; and

'Whereas the Commissioner of Health of this State has suggested that a comprehen-

[1] For further restrictions with respect to proxies and quorums in the reporting of measures and recommendations, see section 133(d) of the Legislative Reorganization Act of 1946.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, SECOND SESSION

Vol. 118 WASHINGTON, THURSDAY, JANUARY 20, 1972 No. 3

Senate

By Mr. MONDALE:

S. 3046. A bill to provide for accelerated research, development training, and public education in the field of heart, lung, and blood disease. Referred to the Committee on Labor and Public Welfare.

NATIONAL HEART, LUNG, AND BLOOD ACT

Mr. MONDALE. Mr. President, it is my privilege today to introduce the proposed National Heart, Lung, and Blood Act of 1972. This bill should stimulate an intensive national effort to combat cardiovascular and pulmonary diseases and other heart and blood disorders. It will provide authority for a comprehensive research, educational, and preventive program in these disease areas through the National Heart and Lung Institute and other public and private agencies.

With the recent enactment of legislation to expand cancer research we have demonstrated our belief that high program visibility and the creation of a national goal, coupled with greater funds, will result in an acceleration of research and of clinical applications toward reducing deaths from a major killer disease. We now must take the opportunity to extend this commitment to saving lives by providing the legislation necessary to accelerate research and its applications in cardiovascular and pulmonary diseases and the other important programs of the National Heart and Lung Institute and of related organizations.

The major emphasis of the National Heart and Lung Institute—NHLI—include programs in arteriosclerosis and other cardiac, pulmonary, and blood disorders, as well as professional and public education and biomedical engineering. Each of these programs contributes to our struggle to reduce premature death and disability from diseases of the heart and lungs. All of them show promise of breakthroughs in understanding causation, prevention, diagnosis and treatment.

Cardiovascular disease is the No. 1 killer disease in the developed world, and in the United States alone it accounts for more than half of all deaths. As shown by the following figures, it is by no means confined to the elderly. In 1968, 1,081,391 men and women died of cardiovascular disease in the United States, nearly 300,000 of them under the age of 65. It strikes many people, especially men, in the prime years of their lives.

Together, cardiovascular and pulmonary diseases annually leave disabled over a million men and women under the age of 65, individuals whose capacity to work and care for their families is thereby restricted. And they confine to bed another two-thirds of a million men and women, half of whom are under 65.

Cardiovascular disease is regarded today as being in an epidemic stage in all of the highly developed nations. In the United States, for example, the mortality rate for this class of diseases, in 1900 was approximately 250 per 100,000 population. By 1960 this figure had risen to approximately 480 per 100,000. Part of this is due to the increase in average life span and the high rate of cardiovascular disease among older persons, but the very significant number of younger men afflicted indicates that age is not the only explanation.

It is significant that until about 1930 the heart disease mortality rates for men and women were about the same. Today, the mortality rate of women of all age groups is falling—yet that of men is increasing from the age of 40 onward, primarily from cardiovascular disease and lung cancer. This excess mortality of men has significant implications for society. It increases the number of widows and fatherless children, and society is losing large numbers of its most productive people.

Strong preventive measures are needed, calling for further and definitive studies, and requiring the cooperation of public and private agencies in bringing the results to the attention of health professionals and the public. Some of the causal factors have already been found: For example, high blood cholesterol levels, lack of exercise, and cigarette smoking have all been linked to a high fatality rate in cardiovascular disease.

An interesting paper concerning the effects of cholesterol on arteriosclerotic deposits among rhesus monkeys was recently presented at the meeting of the American Heart Association in California and reported in the New York Times on November 13, 1971. This and other studies show that individual programs of increased activity, abstention from smoking, and decreased cholesterol levels would help cut the death rate from cardiovascular disease.

Epidemiological studies must be greatly expanded and strengthened so that more can be learned about the geographical, national, cultural, dietary, occupational, racial, and environmental factors which contribute to the wide variations in death rates for various cardiovascular diseases among people in America and around the world. For example, a study in Evans County, Ga., covering more than 10 years, has revealed a wealth of data with great significance for understanding and preventing coronary heart disease. This was reported in the September 17, 1971, issue of Medical World News.

Methods of treatment of these disorders must also be improved and made available to more people through more and better equipped diagnostic and treatment facilities. In particular, the regional medical program facilities must be strengthened and enlarged. Techniques of cardiovascular surgery must be further developed and applied but they must also be adequately tested and evaluated. Rehabilitation of physically and psychologically disabled individuals must be expanded and refined to enable them to return to a more normal and useful life.

However, much further research is also required. For example, little is known about the specific development of arteriosclerosis and other forms of cardiovascular disease. A recent report prepared by the NHLI task force on arteriosclerosis presents a summary of the magnitude of the problem and recommendations for programs of action to control and prevent this disease. The report proposes:

First. A major health goal of the 1970's should be prevention and control of arteriosclerosis as well as its fatal and disabling consequences. Leadership in fulfilling this national commitment should be assumed by the Federal Government.

Second. To achieve this goal, the National Heart and Lung Institute should be directed to develop, promote and support a national, coordinated, comprehensive program for the prevention and control of arteriosclerosis.

As indicated in a summary in the Wall Street Journal on December 10, 1971, this report calls for "a new national program to combat heart disease." The article also cites the fact that nearly 36 million adult Americans are afflicted by cardiovascular diseases.

Other cardiac diseases in which research gives hope of substantial progress include cardiac arrythmias, heart failure and shock, and congenital and rheumatic heart disease. The Myocardial Infarction Branch of NHLI is especially concerned with the reduction of deaths and disability from heart attacks, which kill almost 700,000 Americans each year.

High blood pressure is another major problem and affects approximately 22 million Americans. An estimated 10 to 15 million people suffer from this disease and do not know it. Current research in this area at the NHLI revolves around forms of therapy, study of the causative agents, and better methods of diagnosis. A major effort is needed to determine the value of reduced blood pressure in preventing cardiac episodes.

This bill would launch a major effort to improve the control of heart and blood vessel diseases. Work on cardiovascular diseases, including atherosclerosis and hypertension, will necessarily encompass an attack on the problem of stroke, which accounts for about 200,000 deaths per year. In this connection, the National Heart and Lung Institute will have to work jointly with the National Institute of Neurological Diseases and Stroke, following established lines of specialization: the former involved with the problem before the stroke occurs and the latter concerned principally with the neurological problems resulting.

The bill will permit the full implementation of the report of the task force on arteriosclerosis, including a variety of special clinical trials. It will also make possible an increase in the number of lipid research clinics to conduct other clinical trials; substantial increase in epidemiological studies, including multifactor preventive trials; and efforts to gain control of hypertension either through mass screening or through regional centers.

Pulmonary diseases are also a serious cause of death and a major cause of disability in the United States and seem to be increasing in frequency. Emphysema and bronchitis are among the most common of these diseases. Studies continue on their specific causes, and on preventive and therapeutic measures related to the already demonstrated involvement of environmental factors, heredity, and infection. Lung transplantation, now under study at the National Heart and Lung Institute, may be the only solution for a number of advanced cases of pulmonary disease.

Since the assignment of lung and heart diseases to the same Institute in 1969, a start has been made in accelerating efforts to control lung disease. This bill should greatly augment those efforts to deal with an increasingly important health problem.

Various blood disorders programs are contributing to our understanding of their cause and cure. Thromboembolisms are an important area of study at present. Sickle cell anemia is also under investigation at the NHLI. This disease has received far too little attention until recently and should be the target of intensive effort as a result of legislation passed by the Senate and now pending in the House.

In the field of blood studies, there is a current crisis in the provision of an adequate supply of blood for individuals who require it for surgery and other purposes. Included in the program to deal with this crisis are studies in the improvement of transfusion method, blood storage and preservation, and blood fractionation into its component parts for various special uses. Hepatitis, a disease which may be acquired from blood transfusions, is receiving special attention, with studies of testing methods for the presence of the virus in blood and of antigens for control of the disease. Additional research is needed on these problems, as well as on anticoagulation, hemodilution and plasma substitutes. An educational program is urgently needed to attract blood donors from the healthi-

est elements of the population. All of this would be authorized under the bill.

The medical devices program of NHLI seeks to tap the potential of the new field of bioengineering. It has a mandate to aid in the development of mechanical devices to assist and monitor patients with chronic heart or lung disease. There may be great promise in the development of an artificial heart and an artificial lung to take over the function of the failing organs.

This program is coordinating the activities of the academic community, medical centers, and industry to achieve reliable and efficient mechanical devices to aid pulmonary and cardiac disease patients. I believe that a wide variety of scientific, engineering and technical manpower, much of it unemployed or underemployed, can and should be put to work on these life-saving projects which require work on materials development, control systems, miniaturization and reliable power supplies.

Specialized centers of research—SCOR—are now being developed, and must be expanded, to concentrate on high-priority programs in arteriasclerosis, hypertension, thrombosis, and pulmonary diseases.

Each center will be concerned with one particular disease area to develop new knowledge in prevention, diagnosis, and treatment, and to facilitate the clinical applications of such new knowledge.

Finally, public, professional and paraprofessional information and education programs are of the utmost importance in the dissemination of the knowledge acquired through the many programs of research and development of the National Heart and Lung Institute, the American Heart Association, the National Tuberculosis and Respiratory Disease Association and other voluntary agencies. Both the general public and health personnel need to be aware of the most recent information on the prevention, diagnosis, and treatment of heart and lung diseases. We can, in this way, best use the knowledge being gained about these diseases to promote and maintain the health of the American people.

Legislative action is required to assure that there will be no delay whatsoever in improving the means to fight cardiovascular, blood and pulmonary diseases and to provide the resources necessary to exploit the numerous leads and clues of premature disease processes in these sytems. The proposed National Heart, Lung and Blood Act of 1972 will strengthen and expand the authorities of the National Heart and Lung Institute and the Department of Health, Education, and Welfare in order to launch a comprehensive attack on heart, lung and blood diseases, in cooperation with other Federal agencies and voluntary organizations.

All together, the bill authorizes $2.5 billion for a 5-year program. For fiscal year 1973, it authorizes $270 million for cardiovascular disease, $50 million for blood diseases and blood banking, $40 million for pulmonary disease, $40 million for information, public education and professional training, and $45 million for bioengineering of devices to assist, replace or monitor the heart and lungs. These 1973 authorizations, totaling $445 million, are almost double the $232 million appropriated by the Congress for the current year.

Mr. President, the potential exists to make dramatic progress in dealing with the number one cause of death—cardiovascular disease—as well as in pulmonary and blood diseases. Now is the time to make a national commitment to do so. It is with confidence that we are ready that I introduce the National Heart, Lung and Blood Act of 1972. I ask unanimous consent that the text of the bill and of the three articles I referred to be printed in the RECORD.

There being no objection, the bill and articles were ordered to be printed in the RECORD, as follows:

S. 3046

bill to provide for accelerated research, development training and public education in the field of heart, lung, and blood disease

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. That this Act shall be known as the "National Heart, Lung, and Blood Act of 1972".

STATEMENT OF FINDINGS AND PURPOSE

SEC. 2. (a) The Congress hereby finds and declares that—

(1) cardiovascular disease accounts for more than one-half of all deaths in the United States;

(2) pulmonary disease is increasing in incidence and severity and is a leading cause of disability;

(3) blood disease affects millions of Americans and a supply of wholesome blood for transfusions is essential to a healthy society;

(4) existing knowledge of preventive measures and techniques for care in cardiovascular, lung, and blood diseases is inadequately disseminated to and used by professionals and the public, thus preventing the rapid reduction in the incidence and severity of these diseases which is, or may be, possible;

(5) a great potential for improving management of these diseases is offered through the development and refinement of technological devices to assist, replace, or monitor vital organs and a substantial unused capacity exists in our engineering and scientific pools to work on such problems;

(6) there is a need to involve all appropriate elements of the Department of Health, Education, and Welfare as well as other Federal agencies and voluntary associations in order to carry out a comprehensive public health program in the field of heart, lung, and blood diseases.

(b) It is therefore the purpose of this Act to strengthen and expand the authorities of the National Heart and Lung Institute and the Department of Health, Education, and Welfare in order to permit a comprehensive attack on heart, lung, and blood diseases.

PROGRAM COORDINATION AND MANAGEMENT

SEC. 3. The Secretary of Health, Education, and Welfare (hereinafter referred to as the "Secretary") is directed to develop and implement a comprehensive program dealing with heart, lung, and blood diseases utilizing the National Heart and Lung Institute and all other appropriate elements of the Department of Health, Education, and Welfare as well as providing for cooperative efforts with other Federal agencies and voluntary associations.

ANNUAL REPORT

SEC. 4. The Secretary shall, as soon as practicable after the end of each calendar year, prepare and submit to the President for transmittal to the Congress a report on the activities of the Department during the preceding calendar year with regard to this Act.

ADMINISTRATIVE PROVISIONS

SEC. 5. The Secretary, in carrying out his functions under this Act, is authorized—

(1) to the extent that he deems such action to be necessary to the discharge of his functions under this Act, to appoint not more than 25 of the scientific, professional, and administrative personnel of the Department without regard to the provisions of title 5, United States Code, relating to appointments in the competitive service, and he may fix the compensation of such personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to pay rates, at rates not in excess of the highest rate paid for GS-18 of the General Schedule under section 5332 of such title;

(2) to the extent that he deems necessary to recruit specially qualified scientific or other professional personnel on a temporary basis without regard to the provisions concerning competitive service he may establish the entrance grade therefore at not to exceed two grades above the grade otherwise established for such personnel under such provisions and appoint not more than 50 such persons for periods of time which he deems appropriate;

(3) employ experts and consultants in accordance with section 3109 of title 5, United States Code.

AUTHORIZATION OF APPROPRIATIONS

SEC. 6. (a) There are hereby authorized to be appropriated for research into the causes, prevention, diagnosis and treatment of cardiovascular disease (including clinical trials, demonstrations, and administrative expenses) $270,000,000 for the fiscal year ending June 30, 1973, $275,000,000 for the fiscal year ending June 30, 1974, $285,000,000 for the fiscal year ending June 30, 1975, $295,000,000 for the fiscal year ending June 30, 1976, and $320,000,000 for the fiscal year ending June 30, 1977.

(b) There are hereby authorized to be appropriated for research into the causes, prevention, diagnosis and treatment of lung diseases (including clinical trials, demonstrations, and administrative expenses) $40,000,000 for the fiscal year ending June 30, 1973, $40,000,000 for the fiscal year ending June 30, 1974, $45,000,000 for the fiscal year ending June 30, 1975, $60,000,000 for the fiscal year ending June 30, 1976, and $70,000,000 for the fiscal year ending June 30, 1977.

(c) There are hereby authorized to be appropriated for research into the causes, prevention, diagnosis and treatment of blood disease (including clinical trials, demonstrations, and administrative expenses) and for improvement of blood banking programs, $50,000,000 for the fiscal year ending June 30, 1973, $55,000,000 for the fiscal year ending June 30, 1974, $55,000,000 for the fiscal year ending June 30, 1975, $50,000,000 for the fiscal year ending June 30, 1976, and $45,000,000 for the fiscal year ending June 30, 1977.

(d) There are hereby authorized to be appropriated for information, public education, and professional training (including training grants, fellowships, continuing education, and administrative expenses) $40,000,000 for the fiscal year ending June 30, 1973, $40,000,000 for the fiscal year ending June 30, 1974, $45,000,000 for the fiscal year ending June 30, 1975, $50,000,000 for the fiscal year ending June 30, 1976, and $55,000,000 for the fiscal year ending June 30, 1977.

(e) There are hereby authorized to be appropriated for research, development, and testing (including administrative expenses) of technological devices to assist, replace, and monitor the performance of the heart and lung, $45,000,000 for the fiscal year ending June 30, 1973, $55,000,000 for the fiscal year ending June 30, 1974, $60,000,000 for the fiscal year ending June 30, 1975, $70,000,000 for the fiscal year ending June 30, 1976, and $85,000,000 for the fiscal year ending June 30, 1977.

TRANSFER AUTHORITY

SEC. 7. Notwithstanding any limitation on appropriations for any program of activity under section 6 of this Act or any Act authorizing appropriations for such program or activity, not to exceed 15 per centum of the amount appropriated or allocated for each fiscal year from any appropriation for the purpose of allowing the Secretary to carry out any such program or activity under section 6 of this Act may be transferred and used by the Secretary for the purpose of carrying out any other such program or activity under this Act.

OTHER AUTHORITY WITH RESPECT TO HEART, LUNG, AND BLOOD DISEASES

SEC. 8. This Act shall not be construed as superseding or limiting the functions or authority of the Secretary, or of any other officer, agency, or advisory council of the United States, relating to the study of the causes, prevention, diagnosis and treatment of heart, lung, and blood diseases.

STUDY LINKS DIET TO HEART ATTACKS: TESTS ON MONKEYS SUPPORT THEORIES ON CHOLESTEROL

(By Jane E. Brody)

ANAHEIM, CALIF., Nov. 12—University of Chicago researchers have produced what is perhaps the best experimental evidence to date that the typical American diet fosters the development of severe hardening of the arteries, the main cause of heart attacks.

The study also indicated that a "prudent" modification of the American diet—with a reduction in saturated fats, cholesterol and refined sugar—could avoid the development of the artery-clogging disease known as arteriosclerosis, which accounts for more than a third of the deaths of American men between the ages of 40 and 45.

The study was done with rhesus monkeys, which are very like humans in the way their body metabolism handles various foodstuffs. When middle-aged male rhesus monkeys consumed the content of the American table diet for two years, they suffered three times as much arteriosclerotic disease in the aorta, the body's main artery, as did monkeys eating the prudent diet.

In addition, in the animals on the average American diet, the arteriosclerotic deposits were four times more severe than those found in the monkeys who ate "sensibly," Dr. Robert Wissler reported at the annual meeting of the American Heart Association here.

Dr. Wissler said that his findings supported what studies in human populations "have already strongly suggested—that diet is extremely important to the development of arteriosclerosis."

Numerous previous studies in animals have similarly indicted the American diet as one of the causes of early deaths from heart disease. But most of these studies involved such distant relatives of man as the rabbit, rat, chicken and dog.

Other studies, on closer relatives, including the rhesus monkey, have been criticized because the suspected artery-damaging ingredients were fed to the animals in abnormal ways, such as in intravenous feedings.

In the Chicago study, the monkeys ate the way they usually do, except that in place of a stock monkey diet, they received such foods as milk, eggs, roast beef and pork, chicken, cheese, butter, sugar, potatoes, carrots, cereal, fruit, cake and juice.

The "prudent" diet contained many of the same ingredients, but less or none of the foods heavily laden with cholesterol and saturated fats. These include eggs, cheese, butter and fatty beef and pork. The prudent diet also contained less than the amount of refined sugar and one-third less calories than the monkey's average American diet.

Dr. Wissler said in an interview that the monkeys "loved" both diets and consumed them with such delight that both groups gained a fair amount of weight.

Dr. Wissler, who is chairman of the department of pathology at the University of Chicago, said that the "excess calories" in the average American diet probably acceler-

ated the arterial effects of cholesterol and saturated fats.

He noted that monkeys who eat a stock monkey diet hardly ever get arteriosclerotic lesions.

REPORT FROM THE GEORGIA HEARTLAND—WHERE BEING WHITE AND AFFLUENT HAS ITS RISKS

That blacks are generally less prone to coronary heart disease than whites has been acknowledged for several years. Nobody knows why, although both genetic and environmental factors are thought to be involved. However, the pattern is emerging more clearly as new details become available from an epidemiologic investigation begun more than a decade ago in Evans County, Ga.

This study—the only total-community, bi-racial study in the U.S.—was conceived and subsequently nurtured by Dr. Curtis G. Hames, a general practitioner in Claxton, the Evans County seat. Starting with a census of the population, he and outside investigators undertook a prevalence survey in the years 1960 to 1962 (MWN, Nov. 8, '63). At that time nearly all persons 40 and over were examined plus half the number of those between 15 and 39 years of age—a total of 3,102 county residents; these were then divided into ten subsamples to offset any examiner variations. Now a follow-up study (1967 to 1969) has provided not only a check on the earlier work but has explored a number of new avenues, turning up some surprises among the confirmations.

A group of papers detailing these results, some of which are still being evaluated, is scheduled for publication within the next few months in the *Archives of Internal Medicine*. They will show, among other things, that if you want to escape heart attacks, it helps to be lean, black, poor, nonsmoking, and physically active. With these qualifications, one apparently can eat animal fat, have elevated serum cholesterol levels, endure high blood pressure, and demonstrate ECG abnormalities without the high risks such factors ordinarily entail.

Checking back over statistics for the years between the original survey and the follow-up, the investigators found a total of 143 new cases of ischemic heart disease, 56 of them fatal. The incidence among white men was approximately 3½ times that among black men, confirming the prevalence survey data. This contrasts with figures for the country as a whole, which show more equality—3.8% against 3.2%. The difference is perhaps explained by the fact that few bi-racial prevalence studies and no incidence studies that include adequate numbers of blacks have been conducted outside Evans County.

One surprise finding in the incidence study was that differences noted earlier in the heart disease rates between affluent and poor whites had disappeared in the intervening years. The 1960–1962 data, applied to a social status yardstick that takes into account most modern symbols of affluence, showed a coronary heart disease rate of 99 per thousand for the more affluent portion of the white population, compared with just 40 per thousand for the less affluent. In the 1967–1969 incidence survey, though, this gap had narrowed to 84/1000 against 81/1000.

Another striking finding in the new study confirms a relationship noted in the earlier survey between coronary heart disease and physical activity—but with a twist. Not only do the highest rates of coronary heart disease occur, as might be expected, in the most sedentary segments of the population, but in the lowest-incidence group—sharecroppers and farm laborers—whites turn out to be no more coronary-prone than blacks. It appears, therefore, that physical activity rather than race may be the main protection against coronary disease. But Dr. Hames warns that there is reason to believe from some other findings that exercise may be an effective shield only above some as yet undefined threshold of exertion.

Among the black-white differences that have emerged in the study:

Hematocrit levels correlate with disease risk in white males, confirming certain of the Framingham, Mass., findings. Evans County data show that a white man with a hematocrit reading of 50 or above runs 2.3 times as much risk of coronary heart disease as one with a hematocrit of 40 or less. But no such relationship was found in blacks.

ECG abnormalities are approximately twice as common in blacks as in whites. Some 45% of black men and 54% of black women in the county show at least one ECG abnormality, compared with only 25% of white men and 22% of white women. But, oddly, the higher incidence of ECG anomalies in blacks carries no higher risk, at least not in males. The study shows that black men with "any of the specified abnormalities" had no greater CHD incidence than those with none. And no abnormality except left axis deviation carried any risk for black women. In contrast, four types of ECG findings correlate with higher rates of heart disease in white women, and any one of the specified abnormalities is enough to increase the risk in white men. The relationship of ECG abnormalities to coronary heart disease rates in white males is similar to what has been observed elsewhere in the country, but the pattern found in black men resembles more what has been found in Jamaica and South Africa.

Blood pressure was found to be higher in black men (154.0/96.5 average in ages 15 through 74) than in white men (140.-87.7); and higher in black women (161.6/98.1) than white (143.6/87.3).

Cardiac enlargement and left ventricular hypertrophy both occur with greatest frequency in black females, with black males coming second in CE but white females second in LVH.

Cholesterol levels tend to be lower, on average, among blacks than whites, despite a higher consumption of animal fats by blacks. But in those blacks who do have serum cholesterol levels in the high range, the risk of CHD is less than in whites.

Beta lipoprotein are higher in white men than in black.

Triglycerides are consistently higher in whites, but gamma globulins are consistently higher in blacks in each class of immunoglobulin; this difference is significant at the 5% level in the gamma-G fraction only.

The Evans County studies have approached the relationship between smoking and coronary heart disease in several different ways. When studying the incidence of CHD among occupational groups, the investigators made one analysis showing that farmers who were smokers at the time of the survey, or had been smokers, had an age-adjusted CHD rate of 23.7 per thousand, compared with 59.6 for nonsmoking farmers, 158.2 for smoking nonfarmers, and 98.3 for nonsmoking nonfarmers. A racial comparison based on the whole of the country's adult population indicated that white nonsmokers had a CHD rate of 52.7 per thousand, black nonsmokers just 9.8, white smokers 101, and black smokers only 32.5. In other words, a black smoker seems to run a considerably smaller risk of coronary heart disease than does a white nonsmoker.

Still another study, based on questionnaires sent to a sampling of white men in the relatively affluent and therefore relatively high-risk category, turned up the following CHD incidence per thousand:

Never smoked	70
Had smoked but stopped	48
Smoke fewer than 10/day	105
Smoke 10 to 20 per day	136
Smoke more than 20 per day	160

"The interesting thing about this," notes Dr. Hames, "is that the ones who had smoked but gave it up actually had lower rates of coronary heart disease than those who had never smoked at all. We discussed this in a bull session up at the University of Vermont, and the consensus was that people who had the guts to quit probably had a little bit extra going for them."

"We saw the same thing," commenta Dr. William Kannel, director of the Framingham heart project. "There wasn't a significant difference statistically, but the risk among former smokers was lower than among nonsmokers. Why? Perhaps long-time smokers who quit have passed the test; those with compromised cardiovascular systems have already fallen by the wayside. Perhaps, too, the ex-smokers are very health-conscious. But remember that health can affect smoking habits. Prospective studies might show that those who gave up smoking because a doctor told them to are still at risk and may be worse off than before."

The Evans County studies may have also resolved a question millions of smokers ask themselves every year. If I give up smoking but then put on weight, won't my risk of heart disease be just as great? The answer appears to be no. A study of white men to determine the combined effects of smoking and body weight in the seven years since the 1960-1962 survey showed that those who smoked subsequently developed coronary heart disease at the rate of 150 per thousand if they were heavy and 80 per thousand if they were lean. Heavy nonsmokers had a rate of only 64, and lean nonsmokers 51.

During the 87 months between the prevalence survey and the follow-up examination, cerebrovascular disease developed in 94 persons in Evans County, 53 of whom were still alive. The incidence of stroke among white men (4.7 per thousand per year) was almost four times that found in white women and more than twice that reported for white men in other parts of the country. The rates in black men and women were approximately equal (5.8 thousand/year), but there were too few patients of either sex to ensure statistical validity. Hypertension seemed to increase stroke risk in all groups, but not cholesterol levels.

In studying the relationship of weight to cerebrovascular disease—a somewhat controversial subject because of conflicting reports from other sources—the Evans County investigators focused on weight gain after age 30 on the theory that this might be the biologically important process in the development of this disease. They found, in effect, that both weight at age 20 and degree of subsequent weight gain exert an independent effect on the incidence of stroke in the white male population studied. Men who were comparatively lean at age 20 (less than 150 pounds) and gained less than 30 pounds in subsequent years had a stroke rate of 38 per thousand; the rate for heavy men who gained less than 30 pounds was 52. Lean men who gained more than 30 pounds had a rate of 59, heavies who gained as much, 99.

No correlation was found between weight at age 30 and subsequent weight gain, on the one hand, and ischemic heart disease.

Many of the research projects carried out with the Evans County epidemiologic data have been only peripherally related or totally unrelated to cardiovascular disease. For example, a search through the more than 20,000 blood samples collected in the county turned up one patient with Au antigens and severe hepatitis, and played a role in documenting an association between the two. And there have been ecological investigations and studies of viral-antibody prevalence. In one of the latter, blood samples are being used in an effort to link herpes virus Type II to cervical cancer.

But the primary business of the study is still cardiovascular disease, and the investigators have recently been concentrating on some heretofore insufficiently explored fields that Dr. Hames hopes will lead to a better understanding of ischemic heart disease. Interlocking studies of exercise, stress, catecholamines, and platelet aggregation are being run.

Part of the "fight-or-flight" mechanism developed in man during the process of evolution is the release of epinephrine and norepinephrine under stress—a catecholamine release accompanied by an increase in platelet stickiness, a precursor to thrombus formation. This, of course, must have been nature's way of helping prehistoric man to survive, lessening his risk of bleeding to death in combat.

Tests done in Evans County with 24-hour urine samples from a sizable segment of the population have shown that the more-affluent, coronary-prone group passes about 50% more norepinephrine than do poorer, lower-risk individuals. The theory now is that the affluent, "high-achiever" types not only lead a more stressful life but react differently to stress than do low achievers.

Recognizing that degrees of psychological stress vary widely among individuals, Dr. Hames and his collaborators have used physical stress—treadmill exercise to just below maximum cardiac output—in studying catecholamine release. Here they found that affluent whites pour out about twice as much norepinephrine as do poor blacks.

These results have led logically to studies of blood coagulation. Using the Born-O'Brien optical density method, which measures light transmitted through platelet-rich plasma, the Evans County investigators have charted the clumping of platelets in the blood of stressed individuals. Dr. Hames will be reporting on these studies later this year, but one preliminary conclusion he draws from the work is that chronic exercise appears to decrease the platelet-aggregation response to stress and is thereby protective. The sedentary person, on the other hand, responds to a surge of unaccustomed activity with acute release of catecholamines and excessive platelet aggregation.

Also under investigation is the prevalence of the five known lipid transport systems, and the degree of morbidity and mortality associated with each. The various lipoprotein fractions are being separated out from the Evans County blood samples at Center for Disease Control laboratories in Atlanta.

Other aliquots of blood are sent regularly to Oslo, Norway, and Florence, Italy, where they are subjected to genetic marker tests that may, hopefully, isolate one or more factors involved in the genetic determination of the various lipoprotein fractions. "If we can learn more about the genetics of lipidemias," says Dr. Hames, "some time in the future, when we get to the point where we can manipulate genes, it may be possible to intervene to modify, say a genetic tendency to hypercholesteremia."

The word "intervention" is heard with increasing frequency in conversations among Evans County researchers. They have now embarked on preventive intervention studies of hypertension. With more than 1,000 cases of hypertension identified in the community, Dr. Hames believes these studies can develop data and refine methods that could serve as models for work in other parts of the country. Furthermore, the introduction of this kind of preventive medicine in Evans County adds a new wrinkle to the health care available to many of his patients. Dr. Hames, for all this research, still considers that care to be his main responsibility.

[From the Wall Street Journal, Dec. 10, 1971]

PROGRAM TO COMBAT HEART DISEASE URGED BY PANEL, CITING ARTERIOSCLEROSIS EPIDEMIC

WASHINGTON.—A National Institutes of Health advisory committee, warning that death and disease from arteriosclerosis "have reached epidemic proportions in the U.S.," called for a new national program to combat heart disease.

The committee, composed of non-government experts, urged that the President appoint a commission to plan such a program and that a major expansion in spending be undertaken by NIH's National Heart and Lung Institute for research, education and prevention.

The group, chaired by Dr. Elliot V. Newman of Vanderbilt University, estimated the first-year costs of such an undertaking at $120 million and second-year outlays at $175 million. The National Heart and Lung

Institute's budget for the current year is $232 million and total NIH spending for medical research is currently $1.4 billion.

Arteriosclerosis is the thickening or "hardening" of the blood-vessel walls sometimes caused by deposits of cholesterol and other fatty substances. The condition leads to a variety of circulatory problems, producing heart attacks, strokes and other types of vascular, or blood vessel disease.

The advisory group said an estimated 815,000 Americans are hospitalized each year for heart disease, 370,000 for strokes, 288,000 for hypertension, or high blood pressure, and 101,000 for other problems produced by arteriosclerosis. The group maintained that nearly 36 million American adults are afflicted by cardiovascular diseases that produce more than one million deaths each year. Cardiovascular disease is by far the leading medical cause of death in the U.S.

AT LEAST AN INITIAL STEP

The National Heart and Lung Institute, which called for the study by the advisory group, is eager to proceed with certain recommendations as at least an initial step. Dr. Theodore Cooper, Institute director, estimates that running a series of four clinical trials designed to obtain essential answers to proper prevention and treatment of heart disease would cost from $112 million to $125 million over a seven-to-10-year period.

The Institute has benefited from major increases in its budget in previous years and is obviously seeking another increase in the coming fiscal year to cover the costs of some of these activities. The Nixon administration's new cancer program, on its way to being enacted by Congress, has produced an increased and fierce competition for research funds among the components of the National Institutes of Health. The National Heart and Lung Institute and heart researchers outside the government have been fearful that the emphasis on cancer will detract from the needs they foresee in the fight against heart disease.

The report on arteriosclerosis, they believe, is likely to serve as a significant document in future struggles within the administration and on Capitol Hill for all categories of medical research funds.

EFFECT OF REDUCING "RISK" FACTORS

The four clinical trials Dr. Cooper hopes to undertake would attempt to determine the effect of reducing three major "risk" factors believed to play the predominant role in producing heart disease. These factors are elevated levels of cholesterol and other fatty substances in blood serum, hypertension and cigarette smoking.

The trials would include:

A small test involving about 250 people at the National Institutes of Health's Clinical Center to determine the effect of lowering fat levels by diet and drugs.

A larger trial involving about 3,600 people conducted elsewhere for the same purpose.

A trial involving 10,000 to 11,000 people to determine the impact on heart disease of lowering high blood pressure and to find out why so many people appear to be reluctant to undergo drug treatment for this condition.

Another "multi-factor" risk trial involving 10,000 to 11,000 people to determine the effect of treating all three risk factors, fat levels, high blood pressure and cigarette smoking.

Minnesota Historical Society

www.mnhs.org