

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. ROTH (for himself, Mr. ALLEN, Mr. ALLOTT, Mr. ANDERSON, Mr. BAKER, Mr. BEALL, Mr. BELLMON, Mr. BENNETT, Mr. BENTSEN, Mr. BOGGS, Mr. BROCK, Mr. BROOKE, Mr. BUCKLEY, Mr. CHILES, Mr. CHURCH, Mr. COOK, Mr. COOPER, Mr. COTTON, Mr. CURTIS, Mr. DOLE, Mr. DOMINICK, Mr. ERVIN, Mr. FANNIN, Mr. GAMBRELL, Mr. GOLDWATER, Mr. GRIFFIN, Mr. GURNEY, Mr. HANSEN, Mr. HATFIELD, Mr. HOLLINGS, Mr. HRUSKA, Mr. JORDAN of Idaho, Mr. MANSFIELD, Mr. MCCLELLAN, Mr. MCINTYRE, Mr. METCALF, Mr. MILLER, Mr. MOSS, Mr. PEARSON, Mr. PERCY, Mr. PROXMIRE, Mr. RANDOLPH, Mr. SAXBE, Mr. SCOTT, Mr. STEVENS, Mr. TAFT, Mr. THURMOND, Mr. TOWER, and Mr. WEICKER):

S. 3123. A bill to impose a statutory limit on expenditures and net lending during fiscal year 1973. Referred to the Committee on Finance.

By Mr. BEALL:

S. 3124. A bill relating to the practice of the healing art in the District of Columbia. Referred to the Committee on the District of Columbia.

By Mr. BYRD of West Virginia (for Mr. JACKSON and Mr. MAGNUSON):

S. 3125. A bill to amend the Soil Conservation and Domestic Allotment Act, as amended, to provide for a Columbia-Snake-Palouse program. Referred to the Committee on Agriculture and Forestry.

By Mr. CURTIS:

S. 3126. A bill for the relief of James Evans, publisher of the Colfax County Press, and Morris Odavarka. Referred to the Committee on the Judiciary.

By Mr. MONDALE (for himself and Mr. HUMPHREY, Mr. MCGOVERN, Mr. STAFFORD, Mr. MCGEE, Mr. PELL, Mr. HART, Mr. RANDOLPH, Mr. INOUE, Mr. MONTANA, and Mr. HUGHES):

S. 3127. A bill to amend title XVIII of the Social Security Act to eliminate the monthly premium requirements for individuals covered under the supplementary medical insurance program established by part B of such title. Referred to the Committee on Finance.

By Mr. GRIFFIN:

S. 3128. A bill to increase the membership of the Advisory Commission on Intergovernmental Relations by two members who shall be elected town or township officials. Referred to the Committee on Government Operations.

By Mr. KENNEDY:

S. 3129. A bill to authorize the establishment of the Longfellow National Historic Site in Cambridge, Mass., and for other purposes. Referred to the Committee on Interior and Insular Affairs.

By Mr. STEVENS:

S. 3130. A bill to amend Public Law 92-203, an act to provide for the settlement of certain land claims of Alaska Natives and for other purposes. Referred to the Committee on Interior and Insular Affairs.

By Mr. PROXMIRE:

S.J. Res. 196. A joint resolution extending the date for transmission to the Congress of the report of the Joint Economic Committee. Considered and passed.

STATEMENTS ON INTRODUCED  
BILLS AND JOINT RESOLUTIONS

By Mr. ROTH (for himself, Mr. ALLEN, Mr. ALLOTT, Mr. ANDERSON, Mr. BAKER, Mr. BEALL, Mr. BELLMON, Mr. BENNETT, Mr. BENTSEN, Mr. BOGGS, Mr. BROCK, Mr. BROOKE, Mr. BUCKLEY, Mr. CHILES, Mr. CHURCH, Mr. COOK, Mr. COOPER, Mr. COTTON, Mr. CURTIS, Mr. DOLE, Mr. DOMINICK, Mr. ERVIN, Mr. FANNIN, Mr. GAMBRELL, Mr. GOLDWATER, Mr. GRIFFIN, Mr. GURNEY, Mr. HANSEN, Mr. HATFIELD, Mr. HOLLINGS, Mr. HRUSKA, Mr. JORDAN of Idaho, Mr. MANSFIELD, Mr. MCCLELLAN, Mr. MCINTYRE, Mr. METCALF, Mr. MILLER, Mr. MOSS, Mr. PEARSON, Mr. PERCY, Mr. PROXMIRE, Mr. RANDOLPH, Mr. SAXBE, Mr. SCOTT, Mr. STEVENS, Mr. TAFT, Mr. THURMOND, Mr. TOWER, and Mr. WEICKER):

S. 3123. A bill to impose a statutory limit on expenditures and net lending during fiscal year 1973. Referred to the Committee on Finance.

Mr. ROTH. Mr. President, I introduce for appropriate reference a bill providing for a strict limitation on Federal spending for fiscal year 1973. Forty-eight Senators now join me in the introduction of this measure.

Nearly 3 months ago, I stood here and asked the Senate to vote for a ceiling on 1972 expenditures. I asked that we curtail spending for this current fiscal year to the \$229.2 billion which the President had requested in his budget message 1 year ago.

In November, when I presented that amendment to the Revenue Act of 1971, outlays, which include net lending, were projected to reach \$232 billion in fiscal year 1972. The deficit, on a unified basis, was predicted to be \$28 billion, and on a Federal funds basis, just under \$34 billion.

Unfortunately, this year's budget message proved these estimates wrong. With 6 months left to go in this fiscal year, spending is forecast to be \$236.6 billion, with a deficit of \$44.8 billion in Federal funds, \$38.8 on the unified basis. This latter calculation of course includes the surplus in the many trust funds now in operation. Though we tax more than we pay out under these programs, the surplus is used to buy Treasury debt incurred as the result of extra spending elsewhere. The unified concept of budgeting only helps muddy the waters; I, for one, feel the trust fund accounts should be withheld from the deficit calculation.

Regardless of the methodology though, the message remains the same. Our Federal Budget faces a larger deficit now than any time since World War II. Obviously, we in Congress are responsible for part of this.

But adding to the deficit have been lower than expected GNP, personal and business income, reflecting lower actual tax receipts in this fiscal year. Furthermore, programs such as those administered by the Commodity Credit Corporation, have experienced "uncontrolled" spending bulges of more than a billion dollars.

So, Mr. President, I am asking again today that we consider the dire state of this Government's budget. On January 25 the distinguished Senator from Montana (Mr. MANSFIELD) and the distinguished Senator from Virginia (Mr. BYRD) summarized the budget crisis in very succinct terms. Let me only remind the Senate that the pressure for new programs, increases in old programs, and the built-in cost of living increases under our Federal employee retirement programs can only add to the prospect that spending will escalate.

Let me make another point that shows, over a longer time period, that all administrations have been faced with this same problem. In the 11 years between 1962 and the estimates for 1973, our GNP in money terms has grown at a compound rate of 6.9 percent, while Federal spending has outpaced it, growing at a compound rate of 7.9 percent.

To finance this growing Federal participation in our national economy, we have borrowed at a compound rate of 4.3 percent increase per year. But due in large part to the Treasury's difficult task of placing this debt, interest on the debt has grown more than twice as fast as the principal, at a compound rate of 8.9 percent.

Many noteworthy economists have argued that concern for the size of the Nation's debt is a meaningless argument, since it is money the Nation owes itself. In part they are right, but economists of all persuasions recognize that debt held outside the country can be a major influence on this Nation's policy. The most recent issue of the Federal Reserve Bulletin shows that between January and November 1971, the U.S. debt held by foreign investors more than doubled from \$20.9 billion to \$44.1 billion.

Can we reasonably expect foreign confidence in the dollar to continue if our budget repeatedly shows spending far beyond our inclination to tax? Secretary Connally has recently concluded a delicate series of negotiations with the Group of Ten, under which the United States has agreed, in principle, to revalue the dollar downward. Sometime later this session we will be asked to consider that measure. And it is my opinion we can only avoid further devaluations by bringing our fiscal policies more in line with world expectations.

We cannot exist in an economic vacuum. This year's staggering trade deficit of more than \$2 billion only helps punctuate our reliance on world opinion and confidence in our economy.

In short, we are facing an election year in which the temptation to spend will surely increase, but where our ability to spend will be determined largely by an economy showing only mixed signs of recovery and a world marketplace which may place severe pressures on us for domestic economic reform.

It seems necessary, then, that we face this situation with a "no nonsense" attitude. Two weeks ago, I placed in the *Record* an article from the Washington Post, indicating that the President might ask Congress for a spending ceiling. The following day, the budget message included a request for such a ceiling.

Today, I am asking that we act now, early in the session, to pass this bill which would bind both the executive and Congress to an airtight ceiling on outlays—expenditures plus net lending.

There are no exceptions. In several previous attempts, Congress has tried to limit spending, but excluded the so-called uncontrollable elements of the budget—interest payments, unemployment benefits, social security and veterans benefits, and so forth. Funds for the Vietnam war were also exempted from the 1968 and 1970 legislative measures.

But this is a bill which plugs those holes. Since total Federal spending effects total Federal borrowing, we must take the bit in our teeth and pass the only workable legislation which will keep the lid on all of our spending.

I am not completely convinced that our trading partners embrace the full employment method of budgeting. Many see only another U.S. deficit running at \$36.1 billion in Federal funds, \$25.5 under the unified calculation. It is these perceived deficits which will continue to place pressure on the dollar and force interest rates back up.

Nevertheless, I have asked that we adopt the administration's figure of \$246.3 billion, confident that the "water" which is included in every budget will be enough to soak up any unexpected increases in "uncontrollables." However, I would be happy if the Senate would accept a lower figure.

Mr. President, I heartily concur with the distinguished majority leader's concern for our runaway spending. It is up to Congress to impose a statutory limit early in this session so that we may appropriate funds in full knowledge of the goal we have set for ourselves and the administration.

I welcomed Mr. MANSFIELD's support last November, when, without administration's support, I came within seven votes of having a similar measure passed. I am hopeful that now, with endorsement from the White House, I can garner bipartisan support for a measure which clearly is in the Nation's best interest.

Mr. President, I ask unanimous consent that the bill be printed in the *Record* at this point.

There being no objection, the bill was ordered to be printed in the *Record*, as follows:

S. 3123

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) expenditures and net lending during the fiscal year ending June 30, 1973, under the*

Budget of the United States Government shall not exceed \$246,300,000,000.

(b) The President shall, notwithstanding the provisions of any other law, reserve from expenditure and net lending, from appropriations or other obligatory authority heretofore or hereafter made available, such amounts as may be necessary to effectuate the provisions of subsection (a).

(c) In the administration of any program as to which—

(1) the amount of expenditures is limited pursuant to subsection (a), and

(2) the allocation, grant, apportionment, or other distribution of funds among recipients is required to be determined by application of a formula involving the amount appropriated or otherwise made available for distribution,

the amount available for expenditure (as determined by the President) shall be substituted for the amount appropriated or otherwise made available in the application of the formula.

By Mr. BYRD of West Virginia  
(for Mr. JACKSON and Mr. MAGNUSON):

S. 3125. A bill to amend the Soil Conservation and Domestic Allotment Act, as amended, to provide for a Columbia-Snake-Palouse program. Referred to the Committee on Agriculture and Forestry.

Mr. BYRD of West Virginia. Mr. President, I ask unanimous consent that I may be permitted to submit a statement on behalf of the distinguished Senator from Washington (Mr. JACKSON) as well as introducing a bill on behalf of the Senator from Washington (Mr. JACKSON) and his colleague, Mr. MAGNUSON.

The PRESIDING OFFICER (Mr. BENTSEN). Without objection, it is so ordered.

#### STATEMENT BY SENATOR JACKSON

Senator Magnuson and I introduce this legislation today to help solve a major soil erosion problem in the Pacific Northwest.

The legislation permits the Department of Agriculture to enter into special soil conservation contracts with farmers and landowners in the Columbia-Snake-Palouse region. The farmers in this region, which covers a 46-county area in Washington, Oregon and Idaho, are suffering millions of dollars of losses in damage to crops as well as enormous amounts of irreplaceable topsoil washing down to the sea each year.

This conservation and environmental program is similar to one now in operation in the Great Plains area. It is designed to bring the severe water and wind erosion of the area's farm land under control, while substantially reducing sedimentation and pollution of the air and water.

Soil erosion in the area has damaged domestic water supplies, adversely affected fish and wildlife, diminished the value of recreational developments and caused more expensive road maintenance.

We believe that legislation is necessary to help cope with these problems as well as helping to minimize the direct losses to farmers in the form of crop damage and soil eroded by wind and water.

We join our colleagues in the House, who have introduced similar legislation, in urging prompt action on this bill.

By Mr. MONDALE:

S. 3127. A bill to amend title XVIII of the Social Security Act to eliminate the monthly premium requirements for individuals covered under the supplementary medical insurance program established by part B of such title. Referred to the Committee on Finance.

Mr. MONDALE. Mr. President, today I am introducing with Senators HUMPHREY, McGOVERN, STAFFORD, McGEE, PELL, HART, RANDOLPH, INOUE, MONTOYA, and HUGHES a bill to eliminate the medicare part B premium. This premium is now paid by more than 19 million of our elderly citizens. Ninety-six percent of all those who are eligible for medicare hospitalization also pay the premium for supplementary medical insurance.

The part B premium is a terrible burden for many of our elderly citizens. Since 1967, the premium has gone from \$3 per individual per month to \$5.60 per month per individual. And if nothing is done about it, the premium will continue to rise. We are all aware of the rapid increase in medical costs, and if the premium is not eliminated, month by month our elderly will be forced to pick up a share of these rapidly rising costs—\$5.60 a month may not seem like much to most Americans, but to many of the elderly it is a high and cruel monthly charge. For many of them, it means the difference between being able to buy a new pair of shoes or going another year or two with the old shoes. One of my constituents has recently written me that she has not had a new pair of shoes in 10 years, or a new dress in four—25.3 percent of the elderly are poor and this percentage of poor is twice our national average.

It is a national disgrace compounded by the fact that we ask these old people to lay out almost \$6 a month from their meager incomes for this medical insurance program.

The average social security benefit only \$120 a month, so that for the average social security beneficiary the elimination of the part B premium is the equivalent of almost a 5-percent raise in social security benefits. The premium payments which they save will be immediately available to them for their use.

I am in favor of raising social security benefits, not only by eliminating this premium, but by voting a larger benefit increase than the 5 percent suggested in H.R. 1. But the elimination of the premium will be an important step in the right direction.

The elimination of the premium will not eliminate completely doctor bills and related fees which so burden our elderly. Supplementary medical insurance still will include a heavy deductible charge.

Medical expenses which are not covered by supplementary medical insurance because of the deductible features, cost the elderly more than \$1 billion per year. And these charges will continue to fall on the elderly even if the premium is eliminated. In fact, H.R. 1 calls for an increase in a deductible which is now \$50 to \$60, and it includes a provision for a 20-percent coinsurance feature.

I think these deductibles should be eliminated also, but at the very least we must eliminate the premium.

Many people have asked me how I intend to finance the elimination of the premium. At present, the elderly pay 50 percent of the costs of supplementary medical insurance through the premium.



areas served by such hospitals or other facilities."

#### § 303. State plan requirements.

(a) Section 314(d) (2) (K) of the Public Health Service Act (42 U.S.C. 246(d) (2) (K)) is amended by inserting after "problem" the following: ", and include provisions for (i) licensing facilities in which treatment and rehabilitation programs are conducted for persons with drug abuse and other drug dependence problems, and (ii) expansion of State mental health programs in the field of drug abuse and drug dependence and of other prevention and treatment programs in such field."

(b) Section 204 of the Community Mental Health Centers Act (42 U.S.C. 2684) is amended by adding at the end thereof the following new subsection:

"(c) After June 30, 1973, the Secretary may not approve any State plan unless it provides for treatment and prevention programs in the field of drug abuse and drug dependence, commensurate with the extent of the problem, and it includes the provisions required by section 314(d) (2) (K) of the Public Health Service Act for State plans submitted under section 314(d) of such Act."

#### § 304. Drug abuse prevention function appropriations.

Any request for appropriations by a department or agency of the Government submitted after the date of enactment of this Act shall specify, on a line item basis, that part of the appropriations which the department or agency is requesting to carry out its drug abuse prevention functions.

#### § 305. Planning grants.

(a) There are authorized to be appropriated \$5,000,000 for the fiscal year ending June 30, 1972, \$13,000,000 for fiscal year ending June 30, 1973, and \$13,000,000 for the fiscal year ending June 30, 1974, for grants to States to assist them in (1) planning projects for the development of more effective drug abuse prevention functions, or (2) evaluating the conduct of drug abuse prevention functions within the States, for purposes of this section, the term "State" includes the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Trust Territory of the Pacific Islands, in addition to the fifty States.

(b) For each fiscal year the Secretary of Health, Education, and Welfare shall, in accordance with regulations, allot the sums appropriated pursuant to subsection (a) for such year among the States on the basis of the relative population, financial need, and the need for more effective conduct of drug abuse prevention functions.

Any amount so allotted to a State (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) and remaining unobligated at the end of such year shall remain available to such State, for the purposes for which made, for the next fiscal year (and for such year only), and any such amount shall be in addition to the amounts allotted to such State for such purpose for such next fiscal year.

(d) As a condition to its receipt of any grant under subsection (b) for any planning project, a State shall, by provisions in the plan or otherwise,

(1) designate a single State agency as the sole agency for the preparation or revision of the plan, or designate such agency as the sole agency for supervising the preparation or revision of the plan;

(2) provide for the designation of a State advisory council which shall include representatives of nongovernmental organizations or groups, and of public agencies concerned with the prevention and treatment of drug abuse and drug dependence, from different geographical areas of the State, to consult

with the State agency in preparing or revising the plan;

(3) set forth, in accordance with criteria established by the Secretary, a detailed survey of the local and State needs for the prevention and treatment of drug abuse and drug dependence, including a survey of the health facilities needed to provide services for drug abuse and drug dependence, and a plan for the development and distribution of such facilities and programs throughout the State;

(4) provide for coordination of existing and planned treatment and rehabilitation programs and activities, particularly in urban centers;

(5) provide that the Comptroller General of the United States or his duly authorized representatives shall have access for the purpose of audit and examination to records to substantiate the expenditures for which the grant is made;

(6) provide that the State agency will from time to time, but not less often than annually, review its State plan and submit to the Secretary an analysis and evaluation of the effectiveness of the prevention and treatment programs and activities carried out within the State, and any modifications in the plan which it considers necessary;

(7) provide reasonable assurance that Federal funds for preparation or revision of a State plan made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for such purposes, and will in no event supplant such State, local, and other non-Federal funds; and

(8) furnish such additional information and assurance as the Secretary may find necessary to carry out the provisions and purposes of this section.

(e) As a condition to its receipt of any grant under subsection (b) for evaluation of drug abuse programs, a State shall

(1) provide that the Comptroller General of the United States or his duly authorized representatives shall have access for the purpose of audit and examination to records to substantiate the expenditures for which the grant is made;

(2) provide reasonable assurance that Federal funds for evaluation of drug abuse programs made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and non-Federal funds that would in the absence of such Federal funds be made available for such purposes, and will in no event supplant such State, local, and other non-Federal funds; and

(3) furnish such additional information and assurance as the Secretary may find necessary to carry out the provisions and purposes of this section.

#### § 306. Authorization of appropriations for special projects.

Section 256(e) of the Community Mental Health Centers Act is amended (1) by striking out "and \$35,000,000" and inserting in lieu thereof "\$60,000,000", and (2) by striking out the period at the end and inserting in lieu thereof "; and \$75,000,000 for the fiscal year ending June 30, 1974."

Mr. WILLIAMS. Mr. President, I move that the Senate disagree to the amendment of the House and request a conference with the House thereon, and that the Chair be authorized to appoint the conferees on the part of the Senate.

The motion was agreed to; and the Presiding Officer (Mr. STEVENSON) appointed Mr. McCLELLAN, Mr. RIBICOFF, Mr. METCALF, Mr. CHILES, Mr. PERCY, Mr.

JAVITS, Mr. GURNEY, Mr. HUGHES, Mr. RANDOLPH, Mr. WILLIAMS, Mr. KENNEDY, Mr. MONDALE, Mr. CRANSTON, Mr. PACKWOOD, Mr. DOMINICK, and Mr. SCHWEIKER conferees on the part of the Senate.

#### CHAMBER OF COMMERCE REPORT ON MULTINATIONAL CORPORATIONS

Mr. JAVITS. Mr. President, the multinational corporation is under unprecedented attack both at home and abroad. Legislation—the Hartke-Burke bill—is presently pending before the Congress which would in effect dismantle the U.S. multinational corporations while letting foreign multinational corporations absorb their export markets—a disaster for U.S. employment.

The rationale for this unprecedented domestic attack is that the activities of these corporations, through their alleged "export" of technology or their manufacturing operations abroad, also export American jobs. But these corporations remain the major corporations in the United States and the major employers of our own growing work force; and the facts contradicted directly the superficial claims about job loss within the United States.

And, fortunately, the true facts are now being developed, and in recent weeks, two impressive studies have been made public. These studies were by the U.S. Department of Commerce and by the National Association of Manufacturers.

Today, the U.S. Chamber of Commerce released its study, which comes to similar conclusions about the multinational corporation. The principal findings of this study are:

In the decade 1960-70, U.S. multinational corporations increased domestic employment at a significantly higher rate (31.1 percent) than the national average of all employers (12.3 percent).

In the decade 1960-70, U.S. multinational corporations increased U.S. exports by 180 percent, while the national average of U.S. exports grew by only 53.5 percent.

In the decade 1960-70, U.S. multinational corporations locate plants in foreign countries to retain foreign markets and to overcome trade and tariff barriers, not for export to the United States as less than 10 percent of such production is imported into the United States.

In addition, I would like to point out that major U.S. multinational corporations' plants are located in Canada and Europe, which are by no means "low wage" escape hatches as is being charged in the attack on the multinational corporations.

As these facts are developed and become known, it is my hope that they will enlighten the people about the legislative drive which, by seeking seriously to cripple the American multinational corporation—will have a devastating adverse impact on the American economy and could bring on a world depression.

The U.S. Chamber of Commerce sample is a representative one, with some 121 firms responding to the employment questions in the survey, which in 1970 had 3,271,000 employees—17.3 percent of

the manufacturing employees in the United States at that time.

Mr. President, I ask unanimous consent to have printed in the RECORD the survey made by the Chamber of Commerce of the United States.

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

# MULTINATIONAL ENTERPRISE SURVEY, CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA

## INTRODUCTION

American public interest in the trading and investment experience of United States multinational enterprises has centered on the following unsubstantiated claims:

1. That foreign direct investments of these firms result in the "export" or loss of U.S. employment.

2. That American multinational enterprises locate plants abroad to increase imports into the U.S. while decreasing U.S. exports.

3. That the basic rationale for locating such plants is to take advantage of cheap labor and to provide increased imports into the U.S.-based parent.

To set the record straight, the following paragraphs relate to each point on the basis of a questionnaire survey just concluded by the Chamber of Commerce of the United States.

This survey was distributed to over 600 member firms included in the *Fortune* 1000 Industrials. Two hundred ninety-five firms responded and 158 multinationals furnished the requisite information.<sup>1</sup> The comments that follow relate to those 158 responses, or to 61 general manufacturing firms (excludes auto/extractive industries) who provided detailed answers for every part of each question. Corporations in the Survey include the chemical, pharmaceutical, food products, electronics, rubber, agricultural machinery, paper, plastics, aircraft and consume products industries.

## CONCLUSIONS

1. The "Export of Jobs" fallacy; there is positive evidence from this survey showing that American multinational enterprises are increasing their domestic employment at a significantly higher rate than our national average.

Domestic employment for 121 firms that answered the employment question increased from 2,500,000 in 1960 to 3,271,000 in 1970. The 1970 figure represents 17.3% of the general manufacturing employees in the United States at that time. From 1960 to 1970, domestic employment of these firms increased by 31.1%, whereas the national average rate of increase for the same period was only 12.3%.<sup>2</sup>

The few exceptions to this general trend of favorable domestic employment performance reflect clear-cut domestic factors causing a decrease in domestic employment, or an increase less than the national average. For example, two corporations in the aircraft industry showed a loss of 17,370 domestic employees during the period 1965-70 because of shifts in military spending and a re-ordering of American technological emphasis not in any way related to overseas investment.

Listed below are the approximate domestic employment statistics from 1960 to 1970 for

the 121 reporting firms along with corresponding SIC numbers:

| SIC No. | 1960    | 1970    | Change in employment |
|---------|---------|---------|----------------------|
| 3721    | 81,600  | 78,900  | -2,700               |
| 2621    | 13,500  | 14,500  | +1,000               |
| 2514    | 7,400   | 10,800  | +3,400               |
| 3721    | 5,000   | 6,300   | +1,300               |
| 6146    | 8,200   | 13,800  | +5,600               |
| 3822    | 5,200   | 8,200   | +3,000               |
| 2771    | 5,400   | 6,100   | +700                 |
| 3729    | 1,000   | 2,300   | +1,300               |
| 3931    | 3,000   | 2,800   | -200                 |
| 3534    | 12,200  | 14,200  | +2,000               |
| 3651    | 8,100   | 4,100   | -4,000               |
| 3481    | 5,500   | 7,700   | +2,200               |
| 2096    | 6,000   | 6,700   | +700                 |
| 3494    | 3,200   | 9,700   | +6,500               |
| 3443    | 5,000   | 8,000   | +3,000               |
| 3079    | 27,800  | 46,900  | +19,100              |
| 3742    | 12,100  | 19,800  | +7,700               |
| 3729    | 11,000  | 16,500  | +5,500               |
| 3722    | 57,000  | 68,000  | +11,000              |
| 2211    | 16,000  | 20,000  | +4,000               |
| 3711    | 3,500   | 6,200   | +2,700               |
| 2099    | 500     | 1,100   | +600                 |
| 3622    | 70,500  | 56,000  | -14,500              |
| 2042    | 8,000   | 19,000  | +11,000              |
| 2325    | 1,000   | 4,200   | +3,200               |
| 3522    | 66,500  | 71,200  | +4,700               |
| 3011    | 38,600  | 55,000  | +16,400              |
| 3452    | 2,700   | 3,500   | +800                 |
| 2641    | 1,000   | 2,900   | +1,900               |
| 2295    | 21,000  | 37,400  | +16,400              |
| 2844    | 3,600   | 14,000  | +10,400              |
| 2083    | 500     | 1,300   | +800                 |
| 2655    | 48,500  | 54,000  | +5,500               |
| 2043    | 14,000  | 23,000  | +9,000               |
| 3652    | 70,000  | 156,900 | +86,900              |
| 3581    | 2,600   | 2,900   | +300                 |
| 3694    | 4,400   | 7,500   | +3,100               |
| 3652    | 11,600  | 16,000  | +4,400               |
| 3211    | 30,700  | 31,600  | +900                 |
| 3721    | 67,800  | 86,800  | +19,000              |
| 2818    | 14,000  | 33,000  | +19,000              |
| 3579    | 5,400   | 12,000  | +6,600               |
| 3566    | 1,100   | 1,700   | +600                 |
| 3822    | 34,000  | 56,000  | +22,000              |
| 2842    | 15,000  | 22,000  | +7,000               |
| 2046    | 11,500  | 14,400  | +2,900               |
| 2032    | 4,500   | 5,500   | +1,000               |
| 3522    | 27,600  | 28,100  | +500                 |
| 3411    | 46,500  | 50,100  | +3,600               |
| 2823    | 12,500  | 25,700  | +13,200              |
| 3562    | 7,000   | 10,400  | +3,400               |
| 3545    | 2,500   | 3,000   | +500                 |
| 2042    | 2,600   | 6,700   | +4,100               |
| 3821    | 6,800   | 11,000  | +4,200               |
| 3559    | 7,200   | 11,000  | +3,800               |
| 3537    | 35,500  | 52,500  | +17,000              |
| 6711    | 8,200   | 8,600   | +400                 |
| 2834    | 5,000   | 11,900  | +6,900               |
| 3585    | 11,400  | 17,900  | +6,500               |
| 3941    | 700     | 3,000   | +2,300               |
| 3221    | 34,400  | 47,400  | +13,000              |
| 5099    | 800     | 1,300   | +500                 |
| 3399    | 6,000   | 8,000   | +2,000               |
| 3312    | 8,100   | 9,000   | +900                 |
| 3622    | 15,000  | 31,000  | +16,000              |
| 3861    | 3,000   | 37,000  | +34,000              |
| 3831    | 3,500   | 7,500   | +4,000               |
| 3561    | 26,000  | 30,000  | +4,000               |
| 3561    | 10,000  | 21,000  | +11,000              |
| 3511    | 30,100  | 25,200  | -4,900               |
| 1621    | 800     | 1,100   | +300                 |
| 3537    | 1,800   | 4,800   | +3,000               |
| 3291    | 5,800   | 8,300   | +2,500               |
| 2834    | 7,900   | 12,600  | +4,700               |
| 2621    | 10,000  | 21,000  | +11,000              |
| 2085    | 10,500  | 15,200  | +4,700               |
| 3554    | 5,300   | 8,900   | +3,600               |
| 3069    | 34,100  | 37,600  | +3,500               |
| 2834    | 8,200   | 13,100  | +4,900               |
| 3639    | 11,700  | 14,200  | +2,500               |
| 3624    | 54,000  | 57,500  | +3,500               |
| 2812    | 25,900  | 28,800  | +2,900               |
| 2821    | 1,900   | 2,800   | +900                 |
| 2052    | 21,000  | 24,000  | +3,000               |
| 3671    | 40,000  | 40,700  | +700                 |
| 3011    | 26,000  | 40,000  | +14,000              |
| 2819    | 2,000   | 9,000   | +7,000               |
| 3535    | 1,600   | 2,300   | +700                 |
| 2834    | 5,100   | 8,500   | +3,400               |
| 3599    | 1,700   | 3,000   | +1,300               |
| 2661    | 5,000   | 6,700   | +1,700               |
| 3634    | 14,500  | 23,800  | +9,300               |
| 2031    | 19,300  | 25,700  | +6,400               |
| 2111    | 11,000  | 15,000  | +4,000               |
| 3662    | 40,000  | 54,000  | +14,000              |
| 3643    | 3,000   | 6,000   | +3,000               |
| 2911    | 600     | 1,000   | +400                 |
| 2911    | 38,100  | 37,000  | -1,100               |
| 6711    | 48,500  | 43,100  | -5,400               |
| 1042    | 2,500   | 2,800   | +300                 |
| 2911    | 4,700   | 20,700  | +16,000              |
| 3711    | 105,400 | 129,100 | +23,700              |
| 3231    | 14,000  | 18,600  | +4,600               |
| 1212    | 9,000   | 24,000  | +15,000              |

| SIC No. | 1960    | 1970    | Change in employment |
|---------|---------|---------|----------------------|
| 2818    | 7,300   | 10,200  | +2,900               |
| 3711    | 458,000 | 492,000 | +34,000              |
| 3861    | 45,900  | 67,000  | +21,100              |
| 2621    | 15,200  | 19,000  | +3,800               |
| 3275    | 11,200  | 14,100  | +2,900               |
| 2631    | 5,500   | 43,600  | +38,100              |
| 1021    | 20,200  | 28,100  | +7,900               |
| 1459    | 2,000   | 2,900   | +900                 |
| 1311    | 17,800  | 15,900  | -1,900               |
| 1311    | 25,600  | 27,400  | +1,800               |
| 1311    | 6,300   | 7,000   | +700                 |
| 3333    | 22,700  | 27,600  | +4,900               |
| 3949    | 13,700  | 18,500  | +4,800               |
| 6711    | 40,900  | 42,700  | +1,800               |
| 3611    | 1,400   | 4,400   | +3,000               |
| 2631    | 25,900  | 37,900  | +12,000              |
| 3461    | 36,300  | 41,000  | +4,700               |

2. Outstanding international trade performance: Actual performances show that American multinational enterprises have been substantially increasing their exports since 1960, thereby creating U.S. employment gains in excess of national averages.

A basic contention of organized labor is that U.S. foreign direct investments deter export expansion. This claim is refuted by the experience of those firms covered in this Survey.

In 1960, total exports of 61 general manufacturing firms was \$1,564,682,000. By 1970, this amount had increased to \$4,383,950,000. In terms of percentages, these corporations increased exports by 180% as against a national increase in exports of only 53.5%.

The positive, direct, job creating effect of increased exports generated by foreign investment is clear. It is reliably estimated that \$11,348 in exports equals one U.S. job. If the additional jobs created in those industries supplying goods and services to the direct exporting industry were included, this figure would be even higher.

What is the relative volume of imports and exports of these same firms? For the 61 general manufacturing firms, total imports for 1970 was \$851,950,000 while the 1970 volume of U.S. exports for the same firms was \$4,383,950,000—a positive difference of \$3,532,000,000 exports over imports that can be translated into 311,245 U.S. jobs.<sup>3</sup> The job creating effect of imports is not included in this figure. Imports create jobs in the servicing and handling of the imported goods. Also without many imports essential to U.S. industrial capability, such capability would be in jeopardy and the job loss would be substantial.

Without imports, needless to say, other countries could not buy our exports, and the many jobs they create would accordingly be abolished.

3. Major reasons U.S. capital goes abroad: American multinational enterprises locate plants in foreign countries to retain foreign markets and to overcome trade and tariff barriers.

The experience of the firms surveyed refutes the claim that U.S. multinationals locate production facilities abroad to exploit "cheap labor" and to flood the U.S. with their products.

The vast majority of U.S. investments by these firms are in Europe and Canada, with Latin America, Asia and Africa hosting far fewer investments. This means a vast majority of these investments are in developed countries that have economies comparable to the United States. Following is a listing of the geographical preferences for the general manufacturing firms surveyed, calculated by giving 5 points for a first choice, 4 for a second, 3 for third, 2 for fourth, and 1 for fifth:

<sup>3</sup> Monthly Labor Review, June, 1969, p. 16. "In 1966, about 89,000 workers were required for each billion dollars of merchandise exports".

<sup>1</sup> The definition of a "multinational enterprise" in the Survey was: Any corporation with the parent company incorporated in the U.S. having operating unit(s), branch(es), or subsidiary(ies) in other countries.

<sup>2</sup> The National average rate calculated from figures provided by U.S. Department of Commerce, OBE, Survey of Current Business.



eral expenditures. He recognized that the rapid growth of the Nation's population required larger Federal budgets each year to keep pace with existing public services, but he was also a strong supporter of additional Federal programs whenever the need became apparent.

Senator Hayden was a leading advocate of social security legislation and of sweeping reform measures in the areas of mining, reclamation, and public lands. He supported the New Deal, the Fair Deal, the New Frontier, and the Great Society, and he gave his strong endorsement to the monumental struggle for civil rights under Presidents Kennedy and Johnson.

In other major areas of his legislative activity, Senator Hayden was one of the most effective supporters of Federal aid to education. He was also influential in securing the enactment of progressive Federal highway legislation and water development programs, two areas of vital concern to the business and consumer interests of his State of Arizona. Indeed, in September 1968, when President Johnson signed into law the Lower Colorado River Basin bill, he singled out Carl Hayden for special Presidential praise, and cited him as the man responsible for that valuable and pioneering piece of legislation.

Senator Hayden's background was deeply tied to the State he loved and served. He was born in 1877, during the administration of President Rutherford B. Hayes. His birthplace was Tempe, Ariz., which had previously been named "Hayden Ferry," in honor of his father. He graduated from the Normal School of Arizona at Tempe in 1896 and attended Stanford University. On returning to Tempe, he opened a flour mill and served a term on the town council. He was a delegate to the Democratic National Convention in St. Louis in 1904 that nominated Judge Alton B. Parker to oppose Theodore Roosevelt. He also served as county treasurer and county sheriff in Arizona before deciding to enter national politics. As sheriff, he developed a reputation for maintaining a quiet county without fanfare.

When Arizona was admitted to the Union in 1911, Carl Hayden ran for the House of Representatives on the Democratic ticket and was nominated over two opponents. In the general election, he was again successful, and he went to Washington as the first Congressman from Arizona.

In his long tenure in both Houses of Congress, Carl Hayden served under 10 Presidents, the first of whom was William Howard Taft, the last of whom was Lyndon Johnson. The first speech he made in Congress was in favor of Federal assistance in fighting forest fires—always a danger in the far West. The first bill he introduced authorized construction of a railroad to Fort Huachuca, Ariz.—an important and historic frontier cavalry post. That bill was symbolic of Carl Hayden's great desire for the improvement of the transportation system in his State. Throughout his career in Congress, he was a consistent advocate of Federal railroad and road-building projects. As the famous story

goes, when asked by President Franklin D. Roosevelt why he was always working for the construction of additional highways, Senator Hayden replied that Arizona had two things that people were willing to drive thousands of miles to see—the Grand Canyon and the Petrified Forest—and the people could not get to see them without roads.

During the New Deal period, Carl Hayden was chairman of the Senate committee responsible for Federal appropriations for highway construction. Under the initial Federal highway legislation, it was necessary for the States to match the Federal funds supplied for road construction. But Senator Hayden protested that the States needed additional Federal help, and that the program was bogging down and was likely to collapse. And so he urged the Federal Government to expand its role in this critical area. His views prevailed, to the advantage of the Federal program and the Nation. Whatever our views on this important issue of national transportation policy in 1972, we owe a great debt of gratitude to Carl Hayden for the extraordinary contribution he made to that policy during his brilliant career in Congress.

In every aspect of Government, Carl Hayden acted with the public interest firmly in mind. He was not only the dean of the Senate, but a great leader, a wise mentor, an outstanding representative of the people of Arizona, and a worthy Senator in every sense.

#### TRANSPORTATION CRISIS PREVENTION ACT

Mr. JORDAN of Idaho. Mr. President, the Transportation Crisis Prevention Act introduced by the junior Senator from Oregon (Mr. Packwood) is absolutely essential legislation and I am pleased to be a cosponsor of it.

It has become quite clear in recent months that the Nation can no longer afford the luxury of labor-related work stoppages in the transportation industry. The west coast dock strike which was settled only after Congress enacted legislation to require compulsory arbitration of the dispute cost the country an estimated \$2 billion, including a loss of about \$1 billion in farm income. This devastating strike was preceded by a crippling rail strike in July of last year and many communities in my State are currently in virtual isolation because of a strike against Hughes Air West.

Despite these recurrent transportation disruptions which are so harmful to the public interest, Congress has failed to act on legislation to prevent them. Current methods for dealing with these situations are wholly inadequate. Each time we have acted in a haphazard, stopgap manner only after the crisis has developed.

It is time that we provide new means for dealing with emergency labor disputes in the transportation industry. Over 2 years ago President Nixon proposed legislation (S. 560) to provide the needed tools for dealing with transportation stoppages. I cosponsored that legislation because it provided an equitable and well-balanced approach to this difficult problem.

The legislation introduced by my distinguished colleague from Oregon (Mr. Packwood) today is similar to the President's proposal, but it improves upon S. 560 in that it applies to regional as well as national transportation disputes. This is an important element because the strike or lockout which is confined to a specific geographic area can be just as destructive as a transportation stoppage that is national in scope. This is clearly illustrated by the west coast dock strike and the "regional" rail strike last July.

Mr. President, the need for favorable action on this legislation is clear. It is necessary to protect the public interest and I am hopeful that the Senate will respond accordingly.

#### SUDDEN INFANT DEATH

Mr. MONDALE. Mr. President, when I introduced last week for myself and 14 cosponsors, the joint resolution on sudden infant death, the final two paragraphs of my opening statement were mistakenly omitted in the printing of the CONGRESSIONAL RECORD.

In order to remedy that error, I would like to repeat, in its entirety, my statement.

I am pleased to introduce today with Mr. KENNEDY, Mr. BEALL, Mr. CRANSTON, Mr. HUGHES, Mr. JAVITS, Mr. MAGNUSON, Mr. NELSON, Mr. PACKWOOD, Mr. PELL, Mr. RANDOLPH, Mr. SCHWEIKER, Mr. STEVENSON, Mr. WEICKER, and Mr. WILLIAMS a resolution which I hope will stimulate a major initiative to solve one of the most tragic and perplexing problems that threaten American families—crib death or sudden infant death syndrome.

Crib death takes the lives of an estimated 10,000 infants in this country each year. It is the leading cause of the death of infants between 1 month and 1 year old, striking three out of every 1,000 children in this country.

The families of the innocent children who die of SIDS suffer not only the heart-break associated with the death of any loved one but also the anguish of accepting a death with no known cause and explaining it to their relatives, friends, and the public officials who question them about it.

On January 25, the Subcommittee on Children and Youth, of which I have the privilege to be chairman, held a hearing on SIDS. I was shocked and ashamed to learn that the Federal Government's concern about this major killer of infants is so low that experts cannot even agree on its incidence.

I listened to the stories of parents who had lost children to SIDS; who could not at first help blaming themselves for the death of their child; and who were even accused by public officials of negligence or criminal behavior. And then I was told by officials of HEW that currently only one medical research grant—in the amount of \$46,258—is directed specifically to discovering the cause of SIDS.

The testimony at the hearing convinced me that we must marshal all the available resources of medical technology and expertise to seek the cause and cure of SIDS. We must actively encourage re-

searchers to work in this field, and train qualified researchers if an adequate number is not available.

But medical research can be a slow and painstaking process, and meanwhile we know that thousands of families who have already lost children or who will lose children to SIDS will continue to suffer.

We also have an obligation to relieve their suffering by making available information about SIDS and by educating professionals who come in contact with SIDS cases about the needs of stricken families. Until the day when we can offer families the consolation of an explanation of why their child died, we must make a special effort to humanize the procedures surrounding the death.

For the purpose of encouraging and carrying on research, and in order to meet the needs of the families of SIDS victims, I plan to request an additional appropriation of \$10 million in the budget of the Department of Health, Education, and Welfare.

In support of that appropriation request, I submit today a resolution which I hope spells out my concerns and those of the cosponsors about the need for immediate action on the problems raised by SIDS.

Mr. President, I ask unanimous consent that the text of the resolution be printed at this point in my remarks.

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

#### S.J. RES. 206

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That it is the purpose of this joint resolution to assure that the maximum resources and effort be concentrated on medical research into sudden infant death syndrome and on the extension of services to families who lose children to the disease.*

SEC. 2. The National Institute of Child Health and Human Development, of the Department of Health, Education, and Welfare, is hereby directed to designate the search for a cause and prevention of sudden infant death syndrome as one of the top priorities in intramural research efforts and in the awarding of research and research training grants and fellowships; and to encourage researchers to submit proposals for investigations of sudden infant death syndrome.

SEC. 3. The Secretary of Health, Education, and Welfare is directed to develop, publish, and distribute literature to be used in educating and counseling coroners, medical examiners, nurses, social workers, and similar personnel and parents, future parents, and families whose children die, to the nature of sudden infant death syndrome and to the needs of families affected by it.

SEC. 4. The Secretary of Health, Education, and Welfare is further directed to work toward the institution of statistical reporting procedures that will provide a reliable index to the incidence and distribution of sudden infant death syndrome cases throughout the Nation; to work toward the availability of autopsies of children who apparently die of sudden infant death syndrome and for prompt release of the results to their parents and to add sudden infant death syndrome to the International Classification of Disease.

#### SENATOR CARL T. HAYDEN

Mr. ALLEN. Mr. President, it was not my privilege to serve in the Senate with

Carl Trumbull Hayden. The circumstances were such that I began my first term in the Senate on the date of his retirement on January 3, 1969, shortly before his 91st birthday. Nevertheless, Carl Hayden was a legendary figure known and respected in Alabama, and his many friends in the Senate left no room for doubt that Carl Hayden was a most admirable man with an enviable record of public service and significant accomplishments.

It is difficult for one to grasp the significance of an unbroken span of public service covering a period of 61 years. This record is even more significant when it is considered that he was elected to 8 successive terms in the House of Representatives and 7 successive terms in the U.S. Senate, and that his service in the Senate was crowned with the honor of serving as President pro tempore of the Senate from January 1957 to January 3, 1969.

This statement of service does not suggest the human factor behind his steady climb to recognition and fame, which began when Carl Hayden first set out on a career of public service in 1902 as a member of the Tempe, Ariz., Town Council. In 1904 he was elected delegate to the Democratic National Convention and served as treasurer of Maricopa County from 1904 to 1906, and as sheriff of the county from 1907 to February 19, 1912, which office he vacated by reason of his election to and the assumption of duties in the 62d Congress.

But neither does a mere statement of his service nor a recitation of the beginnings of his remarkable political career suggest the strength of character and admirable qualities of the man that evoked the confidence and affection of the countless friends and constituents which accounted for his continuance in office.

I believe that a part of Carl Hayden's storied success is attributable to his philosophy of life—one particularly characteristic of that hearty brand of men who first settled and tamed our western frontier. It is known that he truly loved the Southwest and the people of Arizona whom he so ably represented, and that he believed in and lived by the pioneer virtues of individuality and self-reliance. I am convinced, as was he, that we need today a resurgence of the pioneer spirit of self-confidence which leads to the conviction that each man is captain of his soul and the master of his fate.

It was such a spirit and such a philosophy that contributed so much to the successful transformation of the West from frontier to modern society.

Carl Hayden did more than subscribe to and live by this philosophy. He had also the vision to see the near unlimited potential in the Southwest which inspired him to do more than perhaps any other individual to help shape and cultivate the potential of that section of our Nation. It is most fitting that he lived to see his vision fulfilled.

In peace and in war, Carl Hayden served his State and Nation with selfless devotion. The imprint of his achievements are etched on the landscape of the Southwest in the form of highways,

dams, irrigation and reclamation projects, military installations, railroads, parks, and recreational developments. Just prior to Carl Hayden's retirement, he was to realize the fulfillment of a long cherished dream with the passage of the Lower Colorado River Basin Act. That dream had meant very much to Carl Hayden and I am glad to say that his public career ended with success just as it began in 1902.

I sincerely wish that I had the privilege of knowing Carl Hayden as a friend and colleague in the Senate. That wish being denied, I am content to subscribe to his philosophy and strive to emulate the splendid example he set of devoted service to his State and Nation.

On behalf of the people of Alabama, I salute the memory of Carl Trumbull Hayden.

#### THE NEED FOR ADVISORY COMMITTEE LEGISLATION

Mr. ROTH. Mr. President, on May 26 of last year, I introduced S. 1964, the Federal Advisory Committee Standards Act. This bill, introduced in the House as H.R. 4383 by Representative MONAGAN of Connecticut, resulted from hearings which took place before the House Government Operations Subcommittee on Special Studies during the spring of 1970. Extensive hearings have also been held in the Subcommittee on Intergovernmental Relations of the Senate Government Operations Committee on similar legislation during 1970 and 1971.

The intent of S. 1964, S. 2064 offered by the Senator from Illinois (Mr. PERCY) and S. 1637 introduced by the Senator from Montana (Mr. METCALF) is to establish a system governing the creation and operation of advisory committees throughout the Federal Government. This need results from the proliferation of advisory and interagency advisory committees which has accompanied the increasing complexity of governmental decisionmaking. It is estimated that at least 2,600, and possibly as many as 3,200, such committees exist in the Federal Establishment today.

The executive branch has been taken note of the multiplication of advisory committees. Basic guidelines for their establishment have been provided by the Office of Management and Budget and its predecessor, the Bureau of the Budget, through Circular A-63-1964, and revisions of A-63 in 1965. During 1971, OMB Director Shultz issued a memorandum defining management oversight for Presidential advisory committees. OMB was further involved during 1971 in the preparation of a new circular aimed at bringing more order to the operation of Federal advisory committees.

I am impressed by the draft of this still un promulgated circular. Further, I admit that the Executive has primary responsibility to solve this essentially administrative problem. Still I feel that we in Congress should provide general mandates for reform when the Executive has been slow to act. This should not, of course, preclude leaving sufficient administrative flexibility to the President and his appointees.



largely because food prices have not risen nearly as fast as wages. An hour's work today will buy 20 percent more beef, 25 percent more pork, 25 percent more peas, and 40 percent more eggs than it would in the late 1950's.

Even when food prices do rise, the farmer does not share fully in the higher price, and his percentage of the retail price of food has grown steadily smaller. The farmer receives only 38 percent of the consumer food dollar, so an increase in farm prices need not mean noticeably higher retail food prices.

This is the story that American consumers must be told. It is the story that Secretary Butz knows well and is candidly and effectively telling to the American people. Farm prices must go up if farmers are to share in the prosperity of our Nation and if our people are to continue to be the best fed Nation in the world.

Secretary Butz is doing everything possible to see that farm prices do go up, and he is winning a reputation as the farmer's friend. Equally important, he has proven himself to be the farmer's voice to the American people.

Mr. President, I ask unanimous consent that the Chicago Tribune editorial praising Secretary Butz be printed in the RECORD.

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

[From the Chicago Tribune, Feb. 17, 1972]

#### RARE CANDOR

Speaking at a meeting of farmers and industry representatives at Fargo, N.D., the other day, Secretary of Agriculture Butz said the price of food can be expected to go up, not down. He said he and the Nixon administration are striving to increase the level of farm income.

"We are trying to get food prices up and you haven't seen anything yet," said Dr. Butz. "If we're to save America we'll have to save those people whose feet are implanted in the soil."

One way the administration hopes to increase farm prices and income is by paying farmers to cut back substantially on feed grain and wheat acreage after last year's record crops. This will require nearly \$1 billion in additional subsidies, which will likely boost total cash payments to farmers from the federal treasury to a record high of more than \$4 billion. These payments may amount to close to 25 per cent of net farm income this year.

It is worth recalling that when President Nixon was campaigning for office in 1968 he was critical of federal farm subsidies, which at that time comprised 21 per cent of farmers' net income. "It means that those who control the purse have the power to control farmers," he said. He called for new policies to insure fair returns to farmers while reducing "this dangerous level of dependency on arbitrary political power."

Farm income has lagged for several years because prices farmers get for their products have not kept up with rising production costs. Retail food prices, held down partly by farm subsidies, have not increased as much as prices of most other consumer goods and services. It is in this context and against a background of rising rural discontent that the administration seeks to improve farm income.

In these days of inflation, no one likes to hear that the price of food or anything else is going still higher. Still it is a rare and refreshing display of candor to hear such talk from a high administration official in an

election year. If Sen. Humphrey, Sen. McGovern, and other Democratic critics of Dr. Butz's appointment are equally candid they will admit that they were wrong in saying he would not champion the farmer.

It would also be refreshing to hear the White House explain candidly what happened to those new policies Mr. Nixon said were needed to prevent the farmer from being dangerously dependent on the arbitrary political power of the purse.

#### HEALTH SCIENCE AND SOCIETY

Mr. MONDALE. Mr. President, on December 2, 1971, the Senate passed the National Advisory Commission on Health Science and Society Resolution, Senate Joint Resolution 75, which provides for a study and evaluation of the ethical, social, and legal implications of advances in biomedical research and technology. This resolution is now pending before the House Committee on Interstate and Foreign Commerce.

An editorial in the Mankato Free Press supports the goals of this resolution and raises some pertinent questions confronting our society. One phase of the Commission's work will be to review questions such as these. I hope that our colleagues in the House will be able to consider these important issues and the resolution at an early date.

I ask unanimous consent that the editorial be printed in the RECORD.

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

[From the Mankato Free Press, Dec. 10, 1971]

#### LIFE-DEATH STUDY—TRULY

A cursory glance might lead the reader to say, "Not still another advisory commission!"

Yes, another another advisory commission—this one on health, science and society.

And a very timely and worthy inquiry it is to make—two years of investigation into the ethical, social and legal implications of advances in biomedical research and technology.

The 15-member commission was first proposed in 1968 by Sen. Walter Mondale, D-Minn., and 16 co-sponsors and had generated gradual support until it had mounted sufficient votes for passage earlier this month.

It is true that aspects of health, science and society seems to have been studied to literal death in the last decade. But an event on Dec. 3, 1967, the first attempted transplant of a human heart, injected an entirely new and imposing challenge to laws and customs as opposed to the implications of such a vast technological advance.

The issue goes well beyond medical efficacy; they concern the basic questions of how far doctors should be allowed to go in taking and giving human organs and how far they should go in prolonging a doomed life.

In the past, cessation of heartbeat has been the universally recognized sign of death. But doctors today can keep a heart beating by artificial means when other evidence of death has occurred. And the question of time of death is of particular importance in organ transplantation because the donated organ must be removed as soon as possible.

Legal as well as ethical disputes have also arisen about the right to dispose of a deceased person's body parts, as well as the right of a doctor to prolong mechanical life solely to acquire a viable organ for another person.

Thus the awful and critical decisions: What is life and what is death . . . who shall live and who shall die . . . how long shall life be preserved.

Mondale and his group fortunately stuck

by their political guns for three years in an effort to develop a plausible rationale over these and other complex human questions that the medical breakthroughs of the future are sure to present.

#### DAMAGE CAUSED BY FOREIGN FISHING FLEETS

Mr. PELL. Mr. President, earlier in this session of the Congress, I brought to the attention of the Senate the harassment and damages suffered by fishermen of the State of Rhode Island through the operations of foreign fishing fleets in the traditional New England fishing waters.

At that time, I urged the Coast Guard to increase its protective patrols to protect the legitimate rights of the Rhode Island fishermen, and asked the assistance also of the State Department in obtaining restitution from the Government of the Soviet Union for damages suffered by our fishermen. Both the Coast Guard and the State Department have responded positively within the limits of their capabilities.

Mr. President, the general assembly of the State of Rhode Island recently adopted a resolution noting that the State is constitutionally denied the right to maintain a naval force and urgently requesting the President of the United States to provide adequate protection for Rhode Island fishermen. I hope very much that this appeal will be heeded.

I ask unanimous consent that the resolution of the General Assembly of Rhode Island be printed in the RECORD.

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

#### SENATE RESOLUTION 3119

Memorializing the President of the United States to provide American fishermen protection the constitutional lack of a naval force denies Rhode Island

Whereas, The rights of our offshore fishermen who with courage and ability bring food to our state are being wantonly and successfully violated by foreign vessels; now therefore be it

Resolved, That this senate urgently request the President of the United States that the United States provide us the protection the constitutional lack of a naval force denies Rhode Island; and be it further

Resolved, That the secretary of state be and he hereby is authorize and directed to transmit duly certified copies of this resolution to the President and to the members of the Rhode Island delegation in Congress.

#### INVASION OF PRIVACY

Mr. GRAVEL. Mr. President, in a recent column in the Washington Post of February 27, 1972, entitled "The Revolution in Law Enforcement Technology Has Produced an Information Monster That Threatens Our Privacy," Roger Wilkins calls our attention to a serious problem confronting Americans today. Mr. Wilkins points out that the Law Enforcement Assistance Administration has dispensed more than \$46 million throughout the Nation for projects enabling police agencies to computerize their data. This burgeoning computer file poses a grave threat to American citizens' right to privacy. While data on crime were originally stored at

to their domestic sales, investment, and employment growth.

Contrary to the popular misconception that foreign subsidiaries of American firms have been created for the purpose of serving the U.S. market, our survey has revealed:

That foreign investments are made primarily to meet market demands that cannot be served by exports from the United States.

That exports from non-Canadian foreign affiliates to the United States amounted to only about 2 percent of their total sales during the 1960's.

That a substantial proportion of that 2 percent consisted of unprocessed raw materials, and

That the total imports, including raw materials, from non-Canadian foreign affiliates were equivalent to only 0.7 percent of the respondents' production in the United States in 1970.

The companies covered by the survey are broadly representative of large American multinational corporations. These findings further establish that during the 10 year period covered by the survey, American multinational companies have:

Increased their domestic employment (exclusive of employment gains through acquisition) more rapidly than the average manufacturing firm. Their rate of new job creation was about 75 percent greater than that of all other manufacturing firms.

Increased their investment in domestic plant and equipment more rapidly than other U.S. manufacturing firms and more rapidly than their foreign investments.

Increased their domestic sales more rapidly than the typical U.S. manufacturing firm. Increased their sales from domestic facilities twice as much as from their overseas operations.

Exported a growing proportion of their domestic production. Their ratio of exports to domestic production in 1970—10.8 percent—was double that of the average U.S. manufacturing firm.

Accounted for a small and (except for U.S.-Canadian automobile trade) declining proportion of total U.S. imports.

#### PERSECUTION OF JEWISH CITIZENS OF SOVIET UNION

Mr. PELL. Mr. President, the General Assembly of the State of Rhode Island recently adopted a resolution expressing the concern of the people of my State over the persecution of Jewish citizens of the Soviet Union.

The resolution requests the President of the United States, during his visit to the Soviet Union, to express on behalf of Americans of all faiths their concern that the religious liberties proclaimed in the United Nations Declaration of Human Rights be extended fully to members of the Jewish faith.

Mr. President, I have expressed here in the Senate before my own deep concern over the persecution of Soviet Jews. I am delighted that the general assembly of my State has adopted this resolution and ask unanimous consent that it be printed in the RECORD.

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

##### STATE OF RHODE ISLAND

SENATE RESOLUTION MEMORIALIZING THE PRESIDENT OF THE UNITED STATES AND THE CONGRESS TO ASK THE GOVERNMENT OF THE SOVIET UNION TO PERMIT THE FREE EXERCISE OF RELIGION TO ALL ITS CITIZENS

Whereas, In the Soviet Union men and women are denied freedoms recognized as basic by all civilized countries of the world

and, indeed, by the Soviet Constitution; and

Whereas, People of the Jewish faith and other religious minorities in the Soviet Union are being denied the means to exercise their religion and sustain their identity; and

Whereas, The government of the Soviet Union is persecuting Jewish citizens by denying them the same rights and privileges accorded other recognized religions in the Soviet Union and by discriminating against Jews in cultural activities and access to higher education; and

Whereas, The right to emigrate freely which is a right affirmed by the United Nations Declaration of Human Rights, adopted unanimously by the General Assembly of the United Nations, is denied Soviet Jews who seek to maintain their identity by moving elsewhere; and

Whereas, These infringements of human rights are an obstacle to the development of better understanding and better relations between the people of the United States and the people of the Soviet Union; now therefore be it

Resolved, That the President of the United States when he visits the Soviet Union be respectfully requested to call upon the Soviet government to permit the free exercise of religion by all its citizens in accordance with the Soviet Constitution to end discrimination against religious minorities, and to permit its citizens to emigrate from the Soviet Union to the countries of their choice as affirmed by the United Nations Declaration of Human Rights; and be it further

Resolved, That the secretary of state be and he hereby is respectfully requested and directed to transmit duly certified copies of this resolution to the President of the United States and to the Rhode Island delegation in Congress.

PRIMO IACOBUCI,  
First Deputy Secretary of State.

#### SECRETARY BUTZ SUPPORTS HIGHER FOOD PRICES

Mr. BELLMON. Mr. President, on February 17, the Chicago Tribune published an editorial praising Secretary of Agriculture Earl Butz for his candor in publicly proclaiming his support for higher food prices.

As the newspaper pointed out, in these days of inflation no one likes to hear that the price of food or anything else is going higher, but it is a rare and refreshing display of candor to hear such talk from a high administration official in an election year.

Secretary Butz was quoted from a speech he delivered in Fargo, N. Dak., in which he said he and the Nixon administration are trying to push food prices higher as a means of increasing the level of farm income which has been below national average income for two decades.

Mr. President, not only is this a refreshing bit of candor; it is refreshingly different to have a Secretary of Agriculture who fully understands the plight of the American farmer, a Secretary who has the courage to tell the farmer's story the way it is, a Secretary who tackles farm problems with vigorous, realistic solutions.

The American farmer is the most efficient food producer in the world. One farmer produces enough food and fiber for nearly 50 persons. But in spite of his efficiency and his tremendous gains in productivity, the farmer receives a smaller reward for his investment and his labors than any other segment of Amer-

ican business, partially because he is the only producer who has no control over what he gets for his product and partially because in past administrations the Secretary of Agriculture has acted like it was his job to hold or force farm prices down.

Farm assets in America total \$307 billion, two-thirds the value of all U.S. corporations. The typical American farmer has an individual investment of more than \$150,000, but he shows a net cash return on his investment and labor of less than \$10,000. Few other industries today would remain in business with that kind of profit picture.

Subsidies to farmers are broadly misunderstood and frequently condemned, often by the same people who support subsidies for other industries and approve of guaranteed profits on investments in utility industries. It is rationalized that utility company guaranteed profits are acceptable because the product is vital to everyday life. Is food any less vital? Is it fair to hold down farm prices while production costs continually rise; to ask a farmer to invest \$1 in growing food and offer him only 90 cents in return?

Certainly not, but this is exactly what we have done. As a result, 7 million persons have been forced off the farms and out of rural communities in the last 20 years. The countryside has been robbed of its most valuable resource—its people—and left with the highest incidence of poverty, the highest rate of inadequate housing, the lowest per capita income, the least adequate medical care, the worst educational facilities, and the poorest utility and transportation services. There are symptoms of an industry that is overworked and underpaid. It is time farmers got a break before they go broke.

These are not just problems for rural America. They are problems of all America, because those who leave the countryside simply take their problems with them, intensifying them in overcrowded urban areas. The country's present urban crisis has its roots in a deeper rural crisis. Today's problems in American cities began on the farm years ago.

The answer to many of our urban problems can be found in a revitalized rural America. That means building a strong agricultural economy—an economy that gives the farmer a fair price for his products. Higher prices are the only way to improve farm income, and the best way to keep farm families in the country where they prefer to stay.

The thought of higher prices is not popular among housewives, but many of them fail to understand what a bargain they are getting with food. Few also realize that most of the dollars paid for food do not go to the farmer, but instead to the food handler. If farmers gave away their wheat, free of charge, the price of bread would drop only 2 cents a loaf.

The typical American family spends only 16½ percent of its disposable income for food. This compares to 39 percent in Japan and Western Europe, 60 percent in East India, and 65 percent in Russia. Food is a much better bargain today than it was just 15 years ago,



greatly to an understanding of the health crisis.

Mr. CRANSTON. I thank the Senator very much. I wanted to express my great thanks to him for his cooperation and that of his staff in this effort, for providing leadership, and for the introduction of this very innovative bill.

Mr. MONDALE. Mr. President, I thank the Senator from Massachusetts.

PRIVILEGE OF THE FLOOR

Mr. MONDALE. Mr. President, I ask unanimous consent that Mr. Herbert Jasper may be permitted to remain on the floor during this discussion.

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

Mr. MONDALE. Mr. President, I understand our time is very short, but I wanted to express my appreciation and admiration to the Senator from Massachusetts for the development of this excellent proposal, known as the Health Maintenance Organization and Resources Development Act of 1972. I think it reflects the high degree of sophistication which has been developed by the Senator, and by the committee, as the result of some of the most sweeping and intensive hearings ever held in the history of this body.

I think it may well be one of the most significant pieces of health legislation considered by the Congress in this decade. Proposed national health insurance legislation addresses itself, primarily, to the financing of health care. This legislation is addressed to the equally important problem of delivering that care to the people.

The bill should make it possible to achieve the objective noted by the President of making health maintenance organizations available throughout the United States. Unfortunately, the legislation proposed by the administration to support that objective has been found, through extensive hearings, to fall short of the mark. This bill should give us the mechanisms to make the growth and development of health maintenance organizations a reality.

I am especially pleased to be a cosponsor of this bill for two reasons. First, the Institute of Interdisciplinary Studies, in my own State of Minnesota, has been a leading force, if not the leading force, in the development for the health maintenance organization "strategy." This organization, headed by my good friend, Dr. Paul Ellwood, was instrumental in persuading the administration to adopt the health maintenance strategy. Since then, through testimony before the Health Subcommittee, and in consultation with members and staff of the subcommittee, Dr. Ellwood and his excellent interdisciplinary team have provided an invaluable resource in developing the approach which is reflected in this legislation.

I am also pleased that the bill reflects the substance of my proposed Community Medicine Act of 1971, S. 1301. My bill seeks to engage medical schools and teaching hospitals in the delivery of health services to under-served populations through health maintenance organizations. Thus, it has two objectives:

To improve the quality and relevance of medical education, and to improve the level of services to those whom the present delivery system has left behind. The provisions for area health education and service centers in the new bill should achieve the same objectives. Perhaps most significantly, this new bill will make it possible for high quality, comprehensive, medical services to be brought to citizens in our rural areas who have increasingly been denied such care.

I am greatly encouraged by the possibility that enactment of this legislation will contribute to the control of health care costs. As we all know, these have been skyrocketing. Experts agree that group practice, emphasizing preventive care and early detection of disease, can help to cut the costs of medical care, while not sacrificing quality.

The bill also provides for a significant innovation in the form of a quality health care commission. This commission should be able to lead the way in the development of new measures and standards to monitor and improve the quality of care. The Institute for Interdisciplinary Studies in Minneapolis contributed significantly to the development of these features in the bill.

There is a rapidly growing consensus on the advantages of using health maintenance organizations as a means for delivering health care. A brief survey of the experience under one such plan, in Columbia, Md., and of the legislative situation was printed in the Minneapolis Tribune a few months ago. 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:

[From the Minneapolis Tribune, Aug. 8, 1971]

**"NEW MEDICINE" TESTING HEALTH CARE ALTERNATIVE**

(By Richard P. Kleeman)

COLUMBIA, Md.—"They're good doctors," the young mother said, wrapping up her view of the "new medicine" practiced in this growing "new town" under a prepaid family health care plan.

A psychologist and early member of the two-year-old Columbia Medical Plan, she chatted with a reporter while supervising her three youngsters at play in a village-square sandbox:

"They discovered a condition in one of my kids that put him on constant medication. We travel a lot and he gets strange injections—but all our bills are covered."

From her librarian's desk, a mother of four also talked about the medical plan: "I had major surgery last fall and got excellent care, but I also feel it's preventive medicine, and I've always believed in that. You can have a physical without being afraid of a cost that floors you."

Her child's hay fever medicine and her own contraceptive supplies, bought through the clinic, cost less than half of drugstore prices, she said.

And a young recreation worker—calling the plan "a Godsend to new parents"—said major surgery on varicose veins in both legs, cost him all of \$4 at the Baltimore, Md., hospital of Johns Hopkins University, which sponsors the Columbia plan.

But at Columbia's subsidized housing project there was another kind of reaction: The mother of two youngsters, separated from her husband, said, "I'm all for the plan, but it's too expensive right now."

The monthly charges found excessive by these hard-pressed families were recently raised to \$15 for individuals and \$51 for a family of more than two members. The monthly premium for two-member families has just been cut from \$43.60 to \$30.

"Sure, some people in the low- and mid-income scale would find those premiums high," admits William P. Towie, 39, a St. Paul native who trained in hospital administration at the University of Minnesota and now administers the Columbia plan.

"But if you compare the costs of medical care, you find annual per capita costs relatively the same in or outside the plan—roughly \$600 per family—so it becomes a matter of how the dollar is used."

At Columbia, the medical plan dollar buys doctor care—general and specialized, except for dentistry and prolonged psychiatry—on a round-the-clock basis. It also buys coverage while away from home and, pending completion of the first section of a planned 180-bed hospital in Columbia, hospitalization plus additional specialist care at Hopkins' hospital in Baltimore.

Depending on which version of the plan they use, subscribers pay \$2 per clinic visit—or nothing. Drugs generally runs \$2 per prescription.

The plan is offered only to groups through their employer's health insurer, but the 14,000-plus residents of Columbia, located between Baltimore and Washington, D.C., constitute a "group." About half have chosen to join the medical plan, along with another 75,500 nonresidents.

Towie expects membership to hit 15,000 next June and the plan to start breaking even not long afterwards.

The Columbia plan, with which Towie has been associated since its planning stages in 1966 and which he has run since 1969, is testing many things for many interested onlookers.

The Nixon administration, as well as every member of Congress concerned about the national health care crisis—i.e., most of them—are watching plans like Columbia's.

For virtually every broad-gauge national health proposal—including those of Minnesota Senators Walter Mondale and Hubert Humphrey—provides for some form of government support for prepaid group health plans, which the administration calls HMOs (health maintenance organizations).

"The way health care is financed today works against the consumer's interest," declared a 1970 study made for the administration by the Health Services Research Center of the American Rehabilitation Foundation in Minneapolis.

Since payment traditionally has been based on the number of doctor-visits and hospital days used, the greater the number of such visits and days, the greater the reward to the provider, the study pointed out, adding:

"The consumer, unable to judge his own treatment needs, pays for whatever he is told he needs."

In contrast, the Minneapolis study suggested a "health maintenance strategy" aimed at a "highly diversified, pluralistic and competitive health industry."

Under such an approach, HMOs of various types would be paid annual fees to keep people healthy—as well as to care for them when sick.

Mr. Nixon clearly accepted these arguments. In his "national health strategy" message last February, he restated points from the Minneapolis report and emphasized that for the seven million Americans enrolled in HMOs, "studies show they are receiving high quality care at a significantly lower cost—as much as one-fourth to one-third lower than traditional care in some areas."

"They go to hospital less often and they spend less time there when they go," the President added.

"Patients and practitioners alike are en-

considering means of integrating the programs established under those authorities more effectively into the system offered by this bill of providing quality consumer oriented health care. It is for this reason that the bill includes extensions to certain major provisions of the Public Health Service Act—such as regional medical programs, comprehensive health planning, allied health training, Hill Burton construction, National Center for Health Services Research and Development—as well as the mental retardation facilities and Community Mental Health Centers Construction Act.

I have been extremely gratified with the responsiveness of Senator KENNEDY to suggestions for modifications in S. 3327 and have worked with him closely in preparing this legislation. I am confident the bill will be further strengthened as hearings develop justification for additional changes.

There are three areas of the bill that I plan to investigate very closely—in addition to expansion of the consumer role and redefinition of the "area health education and service center"—with a view toward offering amendments. These areas are as follows:

First. Providing that HMO's must make special efforts to enroll migrant workers and requiring that a nonresident HMO enrollee temporarily residing in another area must be provided treatment by a federally assisted HMO in that area and also that such HMO enrollees who change their residence must be given first priority for admission to a federally assisted HMO in the area to which they move, as soon as that HMO has a space available.

Second. Requiring that "preventive health services" in HMO's and HSO's, include provision of family planning information—where appropriate—and nutrition education services.

Third. Requiring that HMO's utilize clinical pharmacists to the greatest practicable extent, in drug abuse and alcoholism programs, general inpatient and outpatient care, and the dispensing, monitoring and evaluation of medication dosages.

S. 3327 offers a basic framework for modernizing and making more effective the Nation's health systems. Senator KENNEDY has provided outstanding leadership and courage in presenting this program to the Congress. It will generate a healthy discussion of health issues and philosophies of health care which I believe will enlist the energies of the best minds and talents in the Nation to seeking a better, more responsive and responsible system of health care for all.

I thank Senator KENNEDY and his staff for their cooperation and congratulate them for the highly innovative bill introduced today and which I am privileged to join in sponsoring.

I ask unanimous consent to have printed in the RECORD excerpts from a paper offered by California regional medical programs.

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

#### EXCERPTS FROM PAPER OFFERED BY CALIFORNIA REGIONAL MEDICAL PROGRAMS ON LOCATION OF AREA HEALTH EDUCATION CENTERS IN CALIFORNIA

Because of its inherent complexity and because it cannot depend on any single source for organizing strength, the AHEC concept lends itself particularly to the idea of a consortium, set up in the pattern already demonstrated repeatedly by the regional medical programs, which brings together groups of schools, or groups of hospitals and clinics, or groups of both, working out of a central office of their own.

#### POTENTIAL SITES

A preliminary survey and series of discussion in all parts of California conducted by RMP strongly suggests that within half a year from the passage of legislation on AHEC's, between 12 and 16 sites for local programs could be delineated. In fact, the speed with which the idea has been embraced in some places is startling. Much preliminary work was already done, under sponsorship by RMP and related agencies, so that in six instances in California, the AHEC could set out on its organizational course at once.

1. *San Fernando Valley.* A health consortium is already in existence under the leadership of Dr. Addie Klotz, director of student health services for the San Fernando Valley State College. The consortium relates to RMP projects directed by California RMP Area IV. Relationships have also been maintained with RMP Area V, and, through the two area offices and personnel, with UCLA and USC medical centers. The consortium has brought together a number of hospitals ready to assume teaching functions. With them are representatives of medicine and nursing and the other key health professions. Schools ready to participate in an AHEC are the San Fernando Valley State College itself, and several two-year community colleges. A number of hospitals which have increased in size and medical staff strength in recent years the work of the existing consortium is promising for an AHEC.

2. *Fresno.* The community, from private groups to the Mayor's Office, has long been eager to increase the health training capacity of the central San Joaquin Valley around Fresno. A strong teaching base is provided by Fresno State College and related institutions. Several hospitals, including the VA facility, can provide the needed clinical base. The medical community of Fresno, in spite of considerable distances, has maintained links with several university medical centers. These have been systematically developed through the district organization and a number of operational programs of the California RMP through its Area IV and UCLA.

3. *South Central Los Angeles.* The health needs of the inner city, with its concentration of minority groups, have been documented. A development of national importance has been the establishment of the Drew School for medical training in South Central Los Angeles. The Drew School is already a training base for allied health professions. The King Hospital offers an admirable clinical center. Also of great importance is the neighborhood health center established earlier a few blocks away from the Drew School and the King Hospital. South Central Los Angeles could be an immediate organizing site for an AHEC.

4. *San Diego.* Somewhat resembling the San Fernando Valley health consortium is a coordinating council for health education set up in San Diego county under the leadership of the medical school of the University of California at San Diego and California RMP's Area VII. This council, too, already exists and can be turned to account with minimum delay in the creation of an AHEC. A number of hospitals in San Diego are candidates for inclusion in the AHEC and

clinical teaching sites. The community mix in San Diego also promises cooperative action reaching all ethnic groups. Favorable, too, is a geographic cohesiveness which has promoted joint activity between RMP and the local office for Comprehensive Health Planning.

5. *San Joaquin County.* Further to the north, around Stockton, is another immediately favorable situation for the launching of an AHEC. Here a private institution of higher education, the University of the Pacific, has long been ready to increase its reach into health professional training. The local medical community has sponsored a number of forward looking programs. Not only hospitals, but a significant new ambulatory care center, which will provide service for, among others, migrant farm workers, can provide a clinical base. First discussions of an AHEC have already been carried out between local health leaders and the California RMP (Area III—Stanford).

6. *Santa Rosa.* Santa Rosa has long been a center for residency training for physicians with a strong push toward family practice of medicine. In the last five years, support for this concept has come from Area I of the California RMP. This preliminary work, again in the presence of a cluster of schools including the 4-year Sonoma State College, promises a base for quick and vigorous development of an AHEC.

A number of other possible sites for AHEC's could be listed. The ones named above are simply those in which substantial preliminary work has already been done, promising speedy establishment of functioning AHEC's. Other possible sites, where, for example, other California RMP area offices have been at work, include:

At least two other sites in the San Francisco Bay Area are being examined by Area I at Richmond, perhaps, and in Oakland or Berkeley;

Matching the dispersed features of population and health installations, RMP Area II visualizes a large scale consortium for northeastern California organized from an office at Davis, with the cooperation of the University of California campus there.

A similar consortium, based on Loma Linda University, is seen developing out of California Area VI, for the benefit of southeastern and trans-Sierra California.

In Orange County, with cooperative links reaching into the Long Beach Area, California RMP Area VIII is also assembling the key units for an AHEC, with the help of the medical campus of the University of California at Irvine.

Within Los Angeles, work done by California RMP Areas IV and V indicates another three or four AHEC sites can be established.

In Santa Cruz and Santa Clara Counties, AHEC's may also be established through existing institutions and health professional groups in conjunction with California Area III.

Mr. KENNEDY. First, I wish to thank the Senator from California for his contribution to the development of health legislation. He has been one of the most active and interested members of the committee. California, of course, has so many areas of excellence in the health community and has been the site of many imaginative approaches in a wide variety of different areas of health. I am sure this legislation will benefit from Senator CRANSTON's deep personal interest and dedication. I want to thank him and also the Senator from Minnesota, who has been very interested in all health matters and has contributed



thusiastic about this organizational concept. So is this administration."

He proposed—and Congress is still debating—making HMO membership available, where possible to every health plan subscriber; providing up to \$23 million initially to aid in planning some 163 new HMOs—118 of them in areas now unserved medically—and allocating \$300 million in federal loan guarantees for building HMO clinics and meeting start-up deficits.

The President also proposed a model law for adoption in the 21 states where—under past pressure from the organized medical profession—laws restrict group medical practice.

(The University of Minnesota has been mentioned among many organizations contemplating establishment of an HMO, and the Nicollet Clinic and Eitel Hospital announced plans to cooperate on such a plan.)

Towle admits to some uncertainties about the best financing mix for HMOs, but is convinced, for both personal and professional reasons, of their underlying soundness.

With his employer paying half the monthly premiums for his family—a wife and four daughters—Towle said he had less than \$50 out-of-pocket expense for routine medical care last year, on top of his \$300 half-share in the premium. His wife's major surgery cost him nothing. He recognizes that—despite an 87 percent favorable reaction to Columbia's plan from its members in a recent survey—some subscribers feel smaller families should not subsidize larger ones. A three-rate structure is under review, he noted.

But the prepaid plan basically aims at taking care of what Towle calls "gray-zone people": Those of middle-income, neither old enough to be eligible for Medicare nor poor enough to qualify for Medicaid.

Some such people, he said, buy no medical insurance, taking a chance their families won't get sick.

"But if they lose, those who gamble that they can lose awfully hard," Towle observed.

The administration's "national health insurance partnership"—which supporters of full-scale national health insurance call inadequate—proposes that all employers must provide their employees with basic health insurance coverage. An employee could have the option of using his employer's contribution toward membership in an HMO.

Some such plan, Towle said, would begin to take care of working "gray-zone people"—but there still would need to be government subsidy, as the administration has proposed, for the low-income self-employed and for the unemployed.

Of Columbia's fast-growing plan, which looks toward an eventual enrollment of 100,000, Towle says, "It may seem like socialism to some—but what we're doing is simply pooling our resources."

Mr. MONDALE. Mr. President, we have a similar plan operating very successfully in St. Paul, Minn., and another excellent plan serving the northern Minnesota communities of Hibbing and Virginia. The experience in our State amply justifies the reliance that this bill places on health maintenance organizations as an important contribution to improved health delivery.

Mr. President, I believe this is an outstanding bill. I am proud of my contribution and that of a number of outstanding Minnesotans to it. I hope and trust the bill will be acted on promptly. Once again, I wish to express my admiration and respect for the very significant work in the field of health represented by this measure offered by the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I want

to comment upon the legislation the Senator mentioned, S. 1301. It would provide assistance to medical schools that relates in a substantial way to the delivery of health care. That feature of his bill has been incorporated into the HMO legislation.

There is no reason in the world not to encourage medical schools to move into this area and to provide the kind of expertise, research, and training that only they can. We have included this feature of S. 1301 in the bill, and I think as a result it will provide the kind of additional assistance to medical schools which will bring new energy into HMO's and into the delivery of health care.

I wanted to acknowledge the very substantial contribution of the Senator from Minnesota in this area and thank him for his comments.

Mr. President, I ask unanimous consent that the bill be referred to the Committee on Labor and Public Welfare, and that if and when the bill should be reported, that it be referred to the Committee on Finance for that committee's consideration of any provisions relating to trust funds, and so forth, which might fall within the jurisdiction of the Finance Committee if the Finance Committee so desires.

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

Mr. KENNEDY. Mr. President, I ask unanimous consent that a very splendid statement by the distinguished Senator from Washington (Mr. MAGNUSON) be printed in the RECORD as a comment on the legislation.

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

#### STATEMENT BY SENATOR MAGNUSON

Mr. President, I am pleased to add my support to the Health Maintenance Organization and Resources Development Act of 1972 which the distinguished Chairman of the Senate Health Subcommittee (Mr. KENNEDY) is introducing today. Senator Kennedy once more deserves commendation for his continuing efforts to focus national attention upon the health care crisis in America.

I view this bill not as a finished legislative product but rather as an extremely valuable working paper, a springboard for serious Congressional consideration of the complex issues involved in the delivery of health care. Hopefully, out of this deliberation will come answers to some of the problems that now hinder the delivery of health care.

How can we re-orient health care so that more emphasis will be placed on preventing illness as opposed to just treating its ravages? How can we overcome the maldistribution of health care resources which now denies care to millions of Americans living in rural areas and in inner-city neighborhoods? How can we maximize the use of every health care dollar so that all Americans can receive maximum-quantity health care at minimum cost? These are just some of the questions which must be answered if the dream of quality health care for all is ever to become a reality.

As Chairman of the Health Appropriations Subcommittee, I am committed to translating that dream into reality. That is why I have consistently urged the Congress and the Administration to increase federal expenditures on health research, health manpower training, health facilities construction and the direct delivery of health care to those who would otherwise go unattended. That is why I introduced the National Health Service Corps Act in the 91st Congress and why

I have introduced both the Children's Dental Health Act and the Children's Catastrophic Health Care Act in the 92nd Congress.

For the same reason, Mr. President, I joined as one of the original co-sponsors in supporting the National Health Security Act when Sen. Kennedy first introduced it in 1970. That bill has spurred a wide-ranging debate in Congress and throughout the nation about the best methods for financing health care. Hopefully, the Health Maintenance Organization and Resources Development Act of 1972 will spur a similar national debate over the delivery of health care. Out of that debate, hopefully, will come answers to some of our health care delivery problems. And out of all our efforts will come, hopefully, the day when quality health care for all will be a reality rather than just a dream.

Mr. KENNEDY. Mr. President, I ask unanimous consent to have printed in the RECORD a section-by-section analysis, together with the text of the bill.

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

S. 3327

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Health Maintenance Organization and Resources Development Act of 1972".*

SEC. 2. (a) The Congress finds that—

(1) there is a shortage and maldistribution of quality health care resources which has resulted in limited access to quality health care in the United States;

(2) the present health care system is not organized in a manner which encourages the efficient and economical provision of quality health care;

(3) the present health care system is oriented toward providing care to those manifesting disease, rather than toward providing health maintenance services and maintaining good health;

(4) the establishment of health maintenance organizations, health service organizations, and area health education and service centers will aid in alleviating the maldistribution of health care resources, in providing health care in a more efficient and economical manner, and in reorienting the health care system toward the maintenance of health;

(5) there is a need to provide technical assistance and resources to individuals and groups, undertaking the planning, development, and initial operation of health maintenance organizations, health service organizations, and area health education and service centers;

(6) there is a shortage of educational facilities in health sciences, unbalanced emphasis on hospital practice and on rare and exotic diseases in medical education; and

(7) there exists an excessive variance in the quality of health care and health services.

(b) The purpose of this Act is to assist in improving the system for the delivery of health care through encouragement of and support for the planning, development, and initial operation of health maintenance organizations, health service organizations, and area health education and service centers, particularly with the intent of improving the health of populations in medically underserved areas.

#### TITLE I—HEALTH MAINTENANCE ORGANIZATIONS

SEC. 101. The Public Health Service Act is amended by inserting after title X the following new title:

# **"TITLE XI—HEALTH MAINTENANCE ORGANIZATIONS AND HEALTH SERVICE ORGANIZATIONS"**

## **"PART A—SUPPORT OF HEALTH MAINTENANCE ORGANIZATIONS"**

### **"DEFINITIONS"**

"Sec. 1101. For purposes of this title:

"(1) The term 'health maintenance organization' means an entity which—

"(A) provides as a minimum for all its enrollees (or subscribers) comprehensive health services (as defined in this section) which are uniformly available to all its enrollees (or subscribers) directly through its own staff and supporting resources or through a medical group or groups and such other additional services as may be required through other health delivery entities, for a fixed payment which (i) is to be paid on a periodic basis without regard to the frequency, extent, or kind of health service actually furnished to any particular enrollee; and (ii) is uniform for all its enrollees;

"(B) demonstrates to the satisfaction of the Secretary ability to assure that appropriate comprehensive health services are available and accessible to all its enrollees promptly and in a manner which assures continuity;

"(C) demonstrates to the satisfaction of the Secretary financial responsibility through proof of adequate provision against the risk of insolvency;

"(D) is organized in such a manner (as prescribed by regulations of the Secretary) that assures its members a substantial role in the making of policy for the health maintenance organization, with equitable representation of members from medically underserved areas, and provides meaningful procedures for hearing and resolving grievances (i) between its enrollees and the health maintenance organization (including the medical group or groups and other health delivery entities providing health services) and (ii) between the medical group or groups providing health services and other employees and the health maintenance organization;

"(E) encourages and actively provides for its enrollees (i) health education services, and (ii) education in the appropriate use of health services provided;

"(F) has organizational arrangements, established in accordance with regulations of the Commission on Quality Health Care (established under title IV of this Act) for an ongoing quality assurance program which stresses health outcomes and assures that health services provided meet the quality standards established in accordance with regulations of the Commission on Quality Health Care;

"(G) provides, in accordance with regulations of the Secretary (including safeguards concerning the confidentiality of the doctor-patient relationship), an effective procedure for developing, compiling, evaluating, and reporting to the Secretary, data (which the Secretary shall publish and disseminate on an annual basis) relating to (i) the cost of its operations, (ii) the patterns of utilization of its services, (iii) the availability, accessibility, and acceptability of its services, and (iv) such other matters as the Secretary may require and disclose at least annually and in a manner acceptable to the Secretary, such data to its enrollees and to the general public;

"(H) except for (i) out of area emergency care, and (ii) care reasonably valued in excess of the first \$5,000 per member per year, assumes full financial responsibility, without benefit of insurance, on a prospective basis for the provision of the comprehensive health services defined in this section;

"(I) subject to the requirements of paragraph (K), has an open enrollment period (of not less than thirty days) at least once during each consecutive twelve-month period

during which it accepts individuals in the order in which they apply for enrollment up to its capacity as determined by the Secretary;

"(J) assumes responsibility for the provision of health care services to its enrollees twenty-four hours a day, seven days a week, as may be appropriate and for the prompt availability of such services in emergencies;

"(K) shall enroll no more than 50 per centum of its members from medically underserved areas, except in rural areas as designated by the Secretary;

"(L) provides, or makes arrangements for continuing education for its staff;

"(M) emphasizes the use of physician's assistants, dental therapists, nurse practitioners, and other allied health personnel;

"(N) meets such other criteria for its organization and operations as the Secretary may by regulation prescribe, consistent with the provisions of this title; and

"(O) does not refuse enrollment to or expel an enrollee for any reason concerning his health status or requirements for the provision of health services.

"(2) The term 'comprehensive health services' means health services, provided without limitation as to time or cost, as follows: (A) physician services (including consultant and referral services); (B) inpatient and outpatient hospital services; (C) extended care facility services; (D) home health services; (E) diagnostic laboratory, and diagnostic and therapeutic radiologic services; (F) physical medicine and rehabilitative services (including physical therapy); (G) preventive health and early disease detection services; (H) vision care and podiatric services; (I) reimbursement for expenses incurred for necessary out-of-area emergency health services; (J) mental health services (including drug abuse and alcoholism), utilizing existing community mental health centers on a priority basis; (K) dental services (including preventive dental health services to children); (L) provision of, or payment for, prescription drugs; and (M) such other additional personal health services as the Secretary may determine are necessary to insure the protection, maintenance, and support of human health.

"(3) The term 'medical group' means a partnership or other association or group of not less than four persons who are licensed to practice medicine, osteopathy, or dentistry in a State and who (A) as their principal professional activity engage in the coordinated practice of their profession as a group responsibility; (B) if not employees or retainers of a health maintenance organization, or health service organization, pool their income from practice as members of the group and distribute it among themselves according to a prearranged salary or drawing account; (C) jointly use or share medical and other records, and substantial portions of major equipment and professional, technical, and administrative staff (D) share or jointly utilize such additional health professionals and allied health professionals which may include but are not limited to psychologists and other mental health workers, optometrists, podiatrists, dental therapists, physicians' assistants, nurse practitioners, and nurse midwives, as are needed to provide comprehensive health services; and (E) arrange for and encourage the continuing education of their members in the field of clinical medicine and related areas.

"(4) The term 'enrollee' when used in connection with a health maintenance organization or health service organization (as defined in part B) means an individual who has entered into a contractual arrangement, or on whose behalf a contractual arrangement has been entered into, with a health maintenance organization or a health service organization under which such organization assumes the responsibility for the provision of health services to such individual.

"(5) The term 'medically underserved area' means an urban or rural area or population group designated by the Secretary as an area or population group with a shortage of personal health services. Such a designation may be made by the Secretary only after consideration of the comments, if any, of (A) each State comprehensive health planning agency designated pursuant to section 314(a) of this Act, covering, in whole or in part, such area, (B) each areawide comprehensive health planning agency designated pursuant to section 314(b) of this Act, covering, in whole or in part, such area, and (C) regional medical programs established pursuant to title IX of this Act.

"(6) The terms 'construction' and 'cost of construction' include (A) the construction of new buildings, and the acquisition, expansion remodeling, replacement, and alteration of existing buildings, including architects' fees, and acquisition of land, and (B) equipping new buildings and existing buildings, whether or not acquired, expanded, remodeled, or altered with assistance under this title.

"(7) The term 'university health center' means those health care institutions which are owned and operated by a university or college of medicine or which have a written affiliation arrangement with a university or college of medicine for the purpose of educating undergraduate medical students.

"(8) The term 'area health education and service center' means a hospital, educational facility, or other public or private nonprofit entity affiliated with a university health center for the purpose of providing clinical training in a nonmetropolitan area (other than an area presently served by a university health center) which—

"(A) has an agreement with a health maintenance organization or health service organization (if such an organization exists within the geographical area served by such center) to provide education services to, and health care services through such organization;

"(B) has an agreement with other providers of health care to provide education services to, and health care services through such center; and

"(C) provides, to all licensed health professionals in the geographic area which it serves, equal opportunity to use its facilities and programs.

"(9) The term 'non-metropolitan area' means an area no part of which is within an area designated as a standard metropolitan statistical area by the Office of Management and Budget, and does not contain a city whose population exceeds fifty thousand persons.

### **"GRANTS FOR PLANNING AND FEASIBILITY STUDIES"**

"Sec. 1102. (a) The Secretary may make grants, subject to the general provisions of this title, to public or private nonprofit agencies, organizations, or institutions to assist in projects for planning or studying the feasibility of developing or expanding health maintenance organizations. No project may receive more than \$250,000 in grants under this section. Funds awarded under such grants shall be available for expenditure by the grantee for such period (not to exceed two years from the date of award) designated by the Secretary.

"(b) In making grants under this section the Secretary shall give priority to those applicants who give assurances that at least 30 per centum of their total enrollment shall be persons from medically underserved areas.

"(c) There are authorized to be appropriated to carry out the provisions of this section: \$15,000,000 for the fiscal year ending June 30, 1973; \$21,000,000 for the fiscal year ending June 30, 1974; \$40,000,000 for the fiscal year ending June 30, 1975; \$62,000,000 for the fiscal year ending June 30, 1976; and



of the Senate, assuring them of the need for such legislation.

FLORIDA COUNCIL  
OF FARMER COOPERATIVES,  
JACK NELSON, President.

Mr. KENNEDY. Mr. President, I wish to express my concern about the implications of the arrival Rhodesian chrome ore in an American port. For the first time since 1965, the United States will receive chrome ore from Rhodesia. This country banned trade with Rhodesia in 1965 when the United Nations Security Council imposed mandatory sanctions on trade with the Rhodesian Government. Last September, the Senate voted to violate our United Nations obligation by accepting an amendment offered by the senior Senator from Virginia, permitting the United States to ignore its United Nations agreement to ban trade with Rhodesia. Thus, the United States joins Portugal and South Africa as the only nations officially breaking the Security Council ban on trade with the minority-ruled regime of Rhodesia.

South Africa and Portugal never indulged in the pretense of observing sanctions. Their interests, in one way or another, have long been aligned with each other in national policies on race. Both of those governments maintain racist policies that impose the strictures of minority rule on masses of African citizens.

But the United States, on the one hand, has managed to support a public posture that claims abhorrence of the repressive and inhuman doctrines of minority rule, while on the other hand we actively support countries that officially maintain racist policies.

The Congress last year approved continuation of the bonus paid to South Africa sugar growers—the administration signed a half billion dollar loan agreement with Portugal for the use of an airbase in the Azores—a deal that may ultimately provide support for the Portuguese wars in Mozambique, Angola, and Guinea Bissau—and, 5 days after Mrs. Nixon returned from a visit to Liberia, the administration announced a loan guarantee of \$48.6 million for South Africa to purchase locomotives from General Motors.

No official voice of concern has been expressed by our Government in response to the violence in the Southwest Africa dispute that has shut down an American-owned mining operation.

Rhodesia is a nation where 250,000 whites dominate the lives of 5 million blacks. In 1965, we voted to support the United Nations sanctions because of Rhodesia's split with Great Britain and because we believed in the need to nudge the Rhodesian regime toward a settlement with Great Britain.

Presumably, our Government felt at the time that England would most likely succeed in urging the rebellious Rhodesians to adopt reforms. Over the years, other countries have maintained the ban on trade with Rhodesia, while the United States, claiming a strategic need for Rhodesian chrome, has abandoned its United Nations obligation and succumbed to an unjustified plea for materials we do not need.

Both the State Department and the Office of Emergency Preparedness—

OEP—have denounced the existence of a national chrome "crisis." Last year the administration supported legislation to reduce our current stockpile of chrome ore from 5.3 million tons to 3.1 million tons. Why then have we ignored OEP assurances that chrome stockpiles are more than sufficient to meet our so-called strategic needs?

In the Senate debate on Rhodesian chrome last September a principal concern was the matter of price and the matter of dependence on the U.S.S.R. for chrome ore. Presumably, because of the United Nations resolution, U.S. consumers have had to purchase chrome ore from Soviet sources, at inflated prices. But I feel that the price argument is not a satisfactory reason to refute America's pledge to support the struggle for human decency, wherever it is made. To those who support the need for Rhodesian chrome to satisfy U.S. defense demands, how can it be explained that Foote Mineral's Steubenville, Ohio, plant will probably process the incoming shipment into stainless steel for kitchen utensils and other consumer goods?

Many people have insisted that the sanctions against Rhodesia deny the United States access to a vital defense materiel. But what could be the possible strategic requirement for goose down—one of the newly acceptable Rhodesian imports the Treasury Department included in its list of 72 acceptable commodities.

Thus, when the Argentine ship, the *Santos Vega*, docks in Louisiana it will unload a tremendous cargo of American discredit along with 25,000 tons of Rhodesian chrome ore.

Mr. President, I am concerned about the arrival of the shipment of Rhodesian chrome because the implications are so terribly linked to what has evolved as a national policy of "benign neglect" for the concerns of disadvantaged people, both here and in other countries.

The Pearce commission went to Rhodesia with a view toward extracting expressions of compliance from black Rhodesians for a proposal to adopt majority rule in 30 years or more. Because that proposal so blatantly violates the standards of human justice, the Pearce commission was met with violent eruptions of denunciations because black Rhodesians, like other citizens in the world, refuse to be shackled with the anchors of repression. Yet, the actions of the United States have shown no outward support for the struggle for equality by Rhodesian Africans.

Africans want self-determination. They want to benefit from the satisfaction of selecting their own government, and determining their own destiny. But Rhodesian Africans face the degradation of living in a society controlled by a white minority that believes it is racially superior to them and they show it.

The arrival of the shipment of Rhodesian chrome ore serves to symbolize this country's lack of concern for those policies.

It must be explained to the American public that we are not faced with the issue of whether trade with Rhodesia is economically desirable.

The critical issue at this point simply stated is that the United States has vio-

lated a United Nations sanction that we voted to adopt more than 6 years ago. Moreover, our actions tend to indicate that the world's industrial powers are still more interested in profits than in the right of African peoples to rule themselves.

When the United States broke the sanctions resolution we also undermined the potential for a successful solution to Britain's problems with Rhodesia. Indeed, the white Rhodesian government declared last October that the moves on Rhodesian matters in the U.S. Congress are "symptomatic—they show increasing sympathy for us."

This move of the United States against the interests of black Africans not only erodes our credibility with other African nations but jeopardizes the validity of our United Nations commitments in other spheres of the world.

Bishop Abel Muzorewa, head of the Methodist Church in Rhodesia, told the Security Council that the United States should be brought before the World Court for violating the terms of the United Nations resolution.

I strongly denounce the action that has allowed the United States to begin trading with the Rhodesian Government. I believe that our Government must make a thorough review of the plans permitting the *Santos Vega* to dock at a Louisiana port. Moreover, I will support legitimate efforts to prohibit further shipments of goods from Rhodesia, until after that regime has clearly demonstrated its intentions to halt its inhuman policies.

#### CHILD HEALTH

Mr. MONDALE. Mr. President, the March 1 newsletter of the American Academy of Pediatrics states that the academy has signed a new contract with the Department of Health, Education, and Welfare which would greatly expand and improve the Headstart medical consultation services.

The contract, which extends the program through July 1973, contains two new provisions which I think are of interest to all Members of Congress: First, the academy will hire and train 12 regional health specialists who will develop and coordinate health services to fit the needs of local program personnel and will participate in policy development with the regional Headstart consultants and the Regional Office of Child Development; and, second, the contract calls for a self-evaluation of Headstart at the local level.

Mr. President, we are all aware of the efforts of the academy to improve conditions for our Nation's children; therefore, I ask unanimous consent that the article describing the contract in more detail be printed in the Record.

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

ACADEMY SIGNS NEW CONTRACT WITH HEW  
EXPANDING HEAD START MEDICAL CONSULTATION SERVICES TO 1973

The American Academy of Pediatrics has signed a \$1,134,800 contract with the Office of Child Development, Department of Health, Education, and Welfare, renewing and expanding the AAP Head Start medical con-

exploiting one set of interests to force a redefinition of the whole society's interests.

Repressive governments struck back at "anarchists" at the nineteenth-century Haymarket Square "riot" in Chicago and more recently, also in Chicago, at the "Hippy-Yipie" revolutionists of 1968, knowing in both cases that they could depend on positive public responses. After the "Cambodia-Kent State" incidents and the resulting widespread but largely non-violent campus demonstrations, polls showed the American people locating "campus unrest" and youth rebellion as more critical public issues than either the Vietnam war or racial unrest. Vice-President Agnew and Attorney-General Mitchell demonstrated their skill as agitators by overdramatizing these "anarchist" moments, by appealing to the tastes, interests and fears of the American people.

To convince Americans that their national survival relates to the choices they make in Bangla Desh is incomparably more difficult. Not until a further move is made, not until some Communist power makes gestures of apparent threat, will most Americans even know which side to choose.

While the role of the media could be an important factor, so far as is known the media reinforce existing opinion more than they convert to new opinion. Scores of empirical studies show that media have to rely, "all things being equal," on the predispositions of audiences or parts of audiences. Those who favor Ronald Reagan or George Wallace or Spiro Agnew find themselves more drawn to their heroes after televised performances; those who are repelled find these people even more repulsive after media exposure. So far, the Bangla Desh situation is so blurred, remote and confusing that portrayals of misery there fall into no pattern of reinforcement. McCullum is correct: We've seen all the bloated bellies before. We have to get closer to people's ego than mass media can, to predispose citizens to take seriously the signs of human exploitation and despair.

Although people's ego-formation goes on in the intimate circles of home, school, church and conversation groups, a symbolic national leadership is necessary to shape even these exchanges. Without such national leadership it is difficult to picture the nation coming alive to the problems of India and Pakistan. The name-giver, the eponym-fashioneer, the locator of issues and symbol-creator is essential "Charismatic" is the term usually applied to such leadership. Pope John XXIII took unnamed, ill-defined yearnings for human concord and in five years enforced the themes of ecumenism as other people had not in fifty years. With meagre political programs, the Kennedy brothers brought hitherto-buried issues to public life. A Martin Luther King with very little power based on bus-rides, demonstrations and non-violent action sensitized a nation to the struggle for racial injustice.

A leadership that offers no clear path or clean imagery can hardly bring about the conversions which can then be reinforced by the media. Arms for West Pakistan and concern for Bangla Desh will strike most citizens as incompatible interests; one or the other might make sense, but compassionate response is crushed between the two.

Religious institutions are using their residual power in a minor way to change the situation. The appeals in religious publications, the fund drives of various denominational and ecumenical agencies, the occasional reports of visitors to the scene—all this may be of some modest help. While "crash programs" and "crisis responses" from small corners of the private sector strive to fill the void, agencies involved must also war against apathy. The dulling of human sensitivity is the greatest threat at the moment. Those who deal with religious symbols and theological interpretations are poised to effect some change, at least.

Not much is likely to happen if they support the very governmental policies that contribute to the misery against which they profess to be contending. Nor is much likely to happen if they fall into apathy or cynicism themselves.

#### THE DISTINCTION BETWEEN MODERN WARFARE AND GENOCIDE

Mr. PROXMIER. Mr. President, in testimony before the Foreign Relations Subcommittee on the Genocide Convention, Bruno V. Bitker, a Milwaukee lawyer and expert on the convention, clarified the treaty's distinction between the acts of modern warfare and acts of genocide. Since the war in Vietnam persists, that testimony is worth recalling.

At that time, the distinguished Senator from Idaho (Mr. CHURCH) asked Mr. Bitker whether there was any difference between genocide and the mass killings and bombings of villages which we are inevitably engaged in in Southeast Asia. Mr. Bitker noted the convention's judgment that the intent to commit genocide must be proven in all cases in question. If our intention was solely to destroy a national and racial population, then genocide could be charged. However, our intervention in Vietnam was based on political necessity, in protection of American national security, and such an involvement would not provoke accusations under the articles of the Genocide Treaty.

Although the war in Vietnam tragically continues, and although lives on both sides continue to be lost, the U.S. Government is not guilty of genocide. The distinction which Mr. Bitker made in 1970 points out the critical difference of intent. We are there to halt the Communist invasion from the north and not to destroy an national group. The horror of war is hardly diminished thereby, but Mr. Bitker's testimony does thwart the arguments of those who oppose the treaty for fear of American violations.

Mr. President, I urge Senators to ratify this humanitarian treaty to outlaw genocide.

#### FLORIDA COUNCIL OF FARMER CO-OPERATIVE OPPOSES ADMINISTRATION RURAL REVENUE SHARING PROPOSAL

Mr. HUMPHREY. Mr. President, the Committee on Agriculture and Forestry is now in the process of marking up several of the rural development bills now before it. Included among the bills is the administration's special rural community development revenue sharing proposal, S. 1612.

In the hearings that were held last year before the Rural Development Subcommittee, of which I serve as chairman, many witnesses appeared before us on this measure. With the exception of the administration witnesses, no one favored the enactment of this particular proposal. Yet despite this opposition, President Nixon again this year, in his Rural Development message to Congress, called for enactment of this legislation.

Most Senators know that the administration's proposal calls for the termination of several rural development pro-

grams and activities by turning them over to the States to do with as they wish. Included in these programs are the Co-operative Extension Service, the Rural Environmental Assistance program, the Economic Development Administration, the Appalachian Regional Commission, and others.

I believe it is fair to say that most members of the Committee on Agriculture and Forestry including myself are opposed to this legislation.

The House Committee on Agriculture recently rejected both this proposal and the administration's latest proposal relating to credit sharing involving the turning over of Farmers Home Administration loan funds to the States.

Mr. President, I am not only confident that the Senate Committee on Agriculture and Forestry will join the House Committee on Agriculture in voting down these proposals, but will report a rural development bill which will strengthen the rural development program efforts the administration now wants to weaken or eliminate.

As an example of the many communications I continue to receive in opposition to these proposals of the administration, I ask unanimous consent to have printed in the RECORD a resolution I received recently from the Florida Council of Farmer Cooperatives, stating their opposition to the administration's Rural Revenue Sharing bill, S. 1612.

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

FLORIDA COUNCIL OF  
FARMER COOPERATIVES,  
January 19, 1972.

HON. HUBERT HUMPHREY,  
U.S. Senate,  
Washington, D.C.

DEAR SENATOR HUMPHREY: The Florida Council of Farmer Cooperatives passed the enclosed Resolution at its recent annual meeting. It is our hope that you will give this matter serious consideration and your support.

Please advise us if the Florida Council of Farmer Cooperatives can be of assistance to you in obtaining additional information on this or other agricultural related subjects.

Sincerely,

BOBBY R. BENNETT, Secretary.

Enclosure.

#### RESOLUTION

Whereas, since the 1930's funds from the United States Department of Agriculture have been used to encourage farmers to actively practice soil and water conservation, and

Whereas, these programs have been eminently effective, and

Whereas, it is now desirable that funds dispensed through Rural Environmental Assistance Programs be used not only for soil conservation, but for the preservation of water and air by preventing activities which pollute the air or the water by farmers, and

Whereas, H.R. 9447 and S. 1560 provide authorization for presently appropriated funds to be used for cost sharing by farmers who take active measures to reduce air and/or water pollution, and

Whereas, hearings on these bills are anticipated in early 1972;

Be it hereby resolved by the Florida Council of Farmer Cooperatives meeting November 8, 1971, that full support for this legislation be given by the Association, and that this resolution be forwarded by the Secretary to all members of the Agriculture Committee of the House of Representatives and



sultation program originally initiated in 1967. The contract will extend the program through July, 1973.

The new Head Start contract was initiated and developed by the Academy's Department of Community Services and represents a major step forward by the Academy to insure that health services provided Head Start children throughout the country adequately meet the health needs of these children, their families and their communities.

The Head Start contract features two new provisions which were not included in the original program.

#### REGIONAL HEALTH SPECIALISTS

One provision will enable the Academy to hire and train twelve regional health specialists to develop and coordinate health services training and technical assistance systems to serve the needs of local program personnel. The regional health specialists will participate in general policy making and program development with the regional Head Start consultant and the regional Office of Child Development.

They will assist local program personnel in obtaining and using medical assistance funds; train personnel in the use of planning and budgeting guides, and train program staff in self-evaluation techniques, program budgeting and planning of training and technical assistance needs. Besides training Head Start program personnel, the regional health specialist will monitor local Head Start programs to ensure their smooth and effective operation.

#### SELF-EVALUATION

The other new provision calls for individual self-evaluation of Head Start programs at the community level. Through this mechanism, Head Start medical consultants and program staff will review and critically assess the program's operation in detail. This procedure will enable Head Start consultants, regional health specialists and program staff to effectively develop and implement new techniques as needed to ensure better quality child health care.

These two new provisions in the Head Start contract will further enable consultants to pinpoint and resolve administrative and other types of problems more quickly and efficiently. Thus the consultant will have additional time to provide extensive medical services to Head Start children through a more economic and efficient overall program.

#### CONSULTANTS' DUTIES

Under the provisions of the renewed contract, the Head Start medical consultant will be able to more effectively: assist in the development of applications submitted by the community; meet with local planning committees to map out Head Start programs; maintain contact with program medical directors; follow-up and evaluate programs, and maintain liaison with OCD regional and national offices.

Consultants will work with the Office of Child Development representatives responsible for funding and evaluating Head Start health programs, helping them interpret the needs of the children, the resources of the community, and the success of Head Start programs. The consultant will supplement rather than replace the medical and administrative skills available in each community.

#### FURTHER INFORMATION AVAILABLE

Anyone wishing further information about the Head Start medical consultation service program or desiring to serve as a consultant should contact: Mr. Edmund N. Epstein, administrative director, Head Start Medical Consultation Service, American Academy of Pediatrics, P.O. Box 1034, Evanston, Ill. 60204.

### CLEARCUTTING IN THE MONONGAHELA NATIONAL FOREST

Mr. CHURCH. Mr. President, one of the problems that has arisen in the management of our national timberlands is that of clearcutting—a logging practice in which all timber is removed from a particular area. Last April, the Public Lands Subcommittee of the Senate Committee on Interior and Insular Affairs began a series of hearings on the management of our national timberlands.

The subcommittee has taken extensive testimony on clearcutting as it is practiced in the eastern hardwood forests, as it is practiced in the southern pulp forests, as it is practiced in the Douglas-fir stands in the Northwest, and as it is practiced in national forests on steep slopes at high altitudes in the West. Although there are different views as to the conclusions that the subcommittee should reach, there is no question that clearcutting is being practiced in areas where it should not be. On the steep slopes of the Bitterroot National Forest in Montana and Idaho, slow-growing timber stands at high altitudes have been clearcut and have not been adequately reseeded. The result, an economically and esthetically unsatisfactory management of the Bitterroot Forest, contradicts our national policy of forest management—multiple use for perpetual yield.

One of the first to call attention to our problems with clearcutting was the distinguished Senator from West Virginia (Mr. RANDOLPH). He pointed to the destructive effects of clearcutting, particularly in his home State of West Virginia. He has sought better management of the Monongahela National Forest, 820,000 acres of forest land accessible to the 55 percent of the American public living east of the Mississippi.

Unfortunately, there is some indication that the Forest Service continues to practice clearcutting in the Monongahela National Forest. Senator RANDOLPH, in a letter to the New York Times editor on February 29, 1972, stated that even-aged timber management—or clearcutting—continues to be a major thrust of the Forest Service's program for the Monongahela National Forest. I join Senator RANDOLPH in supporting the recommendation of the West Virginia Forest Management Practices Commission in calling for uneven-aged management of the Monongahela.

I ask unanimous consent that Senator RANDOLPH's letter to the New York Times, published on February 29, 1972, be printed in the RECORD.

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

#### FOREST SERVICE PRACTICES

TO THE EDITOR:

Edward Cliff, Chief of the U.S. Forest Service, took exception to your recent articles on forest management which stated, "Bulldozers and tractors are boring into some of the last remnant of pristine wilderness." He responded, saying the Forest Service now administers 9.9 million acres in the

wilderness preservation system—"hardly a last remnant."

What Chief Cliff failed to point out was that over 97 per cent of this land is west of the Mississippi River and legislation for another 1.2 million acres in the West has been introduced in Congress. Apparently there is a problem in defining where and what is a last remnant of wilderness.

The 26,477 acres east of the Mississippi must serve as wilderness for 66 per cent of our country's population. Consequently, the 17,993,022 acres of eastern forests are being subjected to the timber demands through even-aged harvest practices which are dominating the multiple-use, sustained-yield concept.

The 820,000-acre Monongahela National Forest, located in eastern West Virginia, is within 500 miles of 55 per cent of the nation's population. Many citizens are looking for a "remnant of wilderness" to shed urban wearies and relax. There is not one acre in this forest set aside under the Wilderness Preservation Act and many portions of this ecological paradise have given way to an indiscriminate timber harvesting practice—clearcutting.

The Cranberry Back Country, located in the southern portion of the Monongahela National Forest, must be preserved in its unique and primitive state. The Forest Service, since 1964, awarded timber contracts despite pleas from the public that such cutting would destroy its chance for wilderness recognition.

Earlier, clearcutting in the Gauley Ranger District near Richwood nearly destroyed the local wildlife habitat, recreational potential, drainage systems and the land. This tragic mistake prompted Chief Cliff, in testimony before the Senate Subcommittee on Public Lands, to state:

"In 1964 and until recently, we stated that even-aged management would be the basic system of management in the so-called general forest zone. This has been changed. Our policy now is to use a variety of methods, with no one method as primary."

Actually, little has changed. Contracts awarded since Chief Cliff's testimony are significantly weighted toward even-aged management and uneven-aged management continues to be ignored on the general forest zone, which constitutes over 80 per cent of the forest. This is diametrically opposed to the recommendations of the West Virginia Forest Management Practices Commission, established by the West Virginia Legislature, which urged uneven-aged management be used as the primary harvest method on the Monongahela.

JENNINGS RANDOLPH.

### PLIGHT OF THE MENTALLY RETARDED

Mr. KENNEDY. Mr. President, the Willowbrook State School on Staten Island in New York is the world's largest institution for the mentally retarded. In recent months there has been considerable concern with conditions at this institution. Time magazine, for example, stated:

Actually, Willowbrook, the world's largest institution for the mentally retarded, is a school in name only. It is instead a grim repository for those whom society has abandoned.

Miss Constance Bedson, of Bayside, N.Y., wrote me about Willowbrook, enclosing a poem she composed after watching a TV program about the insti-

tution. I believe her poem is edifying to all of us concerned with the plight of the mentally retarded, and I ask unanimous consent that her letter and poem be printed in the RECORD.

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

BAYSIDE, N.Y.,  
February 3, 1972.

Senator EDWARD M. KENNEDY,  
U.S. Senate,  
Washington, D.C.

DEAR SENATOR KENNEDY: Last night on ABC-TV I saw a program about Willowbrook and Letchworth institutions for Retarded Children.

It led me to write "Willowbrook." I am enclosing a copy. I hope very much you will please kindly read it.

Senator Kennedy, could you please do something to help?

Sincerely,

Miss CONSTANCE BEDSON.

WILLOWBROOK  
(By Constance Bedson)

I saw him there. The Child.  
Retarded. Huddled he was.  
And naked. On the bare floor he was.  
Hiding his face. From the World did he  
hide it.  
O we must reach the Moon.  
And the Stars.  
I saw him there. The Child Retarded.  
O where were the Arms to embrace him?  
And kind words in his ear?  
Does he ever hear Laughter?  
Or Music?  
It takes Money.  
It takes Money.  
And we must journey to the Stars.  
I see him there on the bare floor.  
Huddled. Neglected. Alone.  
I hear him walling.  
The Moaning.  
They say the smell is terrible.  
Is terrible.  
And we must journey to the Moon.  
The cold barren land.  
At Willowbrook, New York.  
There is a child. Huddled.  
Hiding his face from the World.  
O where are the Arms to Embrace him?  
I hear the Walling.

#### WILLIAM H. LAWRENCE—IN MEMORIAM

Mr. DOMINICK. Mr. President, all of us who knew him were saddened to learn of the death of William H. Lawrence on March 2. There is little one can add to what has been written and spoken about Bill Lawrence since his passing, but I want to express my sincere admiration for his intense dedication to a truly outstanding career in journalism which covered four decades. His endless pursuit of facts and close association with newsmakers in this country and abroad earned him a reputation as a most authoritative observer of the political scene. With his passing, we have lost an excellent reporter and a superb human being.

I extend my condolences to the members of the Lawrence family.

#### EVALUATION OF ORGANIZATION OF EXECUTIVE BRANCH

Mr. PEARSON. Mr. President, on the eighth of March, I introduced S. 3312, a bill to establish a commission to study

and evaluate the organization of the executive branch of the Federal Government. I speak today to urge prompt consideration of that measure by the Government Operations Committee.

As I stated while introducing the bill, one of the most legitimate and serious criticisms of Americans is that their Government does not respond promptly and adequately to their needs. In the conduct of their personal business with Government agencies, individual Americans are often overwhelmed at the complexity of accomplishing such simple objectives as obtaining social security benefits, applying for veteran's educational or disability payments. Small cities or school districts are inundated with paper if they should be so audacious as to request Federal assistance for a local program. The Federal agencies themselves often become hopelessly snarled in their own red tape if one of their number should be so bold as to have an original, imaginative idea.

Seventeen years have passed since the second Hoover Commission completed its comprehensive examination of our Federal Government. In those 17 years, the personnel and agencies of the Government have expanded dramatically and, often, unnecessarily. Each of us knows that there is too much waste and mismanagement of money and human resources in our great bureaucracies. We know that too often they fail to carry out the programs under their jurisdiction. Unfortunately, we do not now have the information on hand to develop comprehensive proposals to reorganize the Government.

It has become regrettably apparent that the President's reorganization proposals will languish in committee due to partisan and substantive objections. We must search for other alternatives to accomplish the task. The proposals contained in S. 3312 provide that alternative. The success of the Hoover Commissions is well known. Seventy-two percent of the recommendations of the first Hoover Commission were adopted as were 64 percent of the second. This is a time-tested method for undertaking a comprehensive evaluation of the Federal Government. It has worked twice in the past and it will work once again.

The need for Government reorganization is urgent. The President knows it, Congress knows it, and the American people know it best of all. The time to undertake the reorganization is now.

#### ADDRESS BY VERNON E. JORDAN, JR.

Mr. KENNEDY. Mr. President, I am pleased to bring to the attention of the Senate an excellent appraisal of the current plight of our Nation's urban residential communities and the need to reform our national approach to these problems.

Since he became executive director of the National Urban League, Mr. Vernon Jordan has consistently acted to resolve the Nation's most pressing human problems.

The principal thrust of Mr. Jordan's message addresses the problems of housing, welfare, jobs, and the many other

urban ills in our contemporary society. He presents a clear and exacting description of the need to revise most of the policies that directly affect America's poor. And he sadly laments the failure in current executive leadership that have denied the benefits of adequate directives to the American public.

Mr. President, I ask unanimous consent to have printed in the RECORD the address by Vernon Jordan, executive director of the National Urban League, delivered to the United Neighborhood Houses Annual Conference on March 2, 1972.

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

ADDRESS BY VERNON E. JORDAN, JR.

The struggle to revitalize urban neighborhoods has been accompanied, as must any changes of substance be, by an upswell of grass-roots creativity, along with bureaucratic resistance and polarization. To a degree, the social stresses and strains are inevitable. "If there is no struggle," said Frederick Douglass, "there is no progress."

The problem of transforming urban neighborhoods from their present state of physical deterioration and social alienation is, above all, a political process. To be sure, there are facets that can be identified as economic, educational, social, and even philosophical, but insofar as concerns the conditions for change and the means to effectuate change, we are speaking about a profoundly political process.

The issues of the 1970s are complex and difficult ones, and their answers are to be found at the end of the long trail of the political process. In the 1960s, a burning civil rights issue was the right of black people to sit anywhere on a bus in the south. Today the equivalent of that relatively simple moral issue is where that bus route will go, whether blacks will have all manner of jobs in the bus company, from repairman to president and member of the board of directors, and what the fare will be. What once was an issue that demanded a strategy of inciting public revulsion to blatant Jim Crow in one region of the country is now an issue that demands a strategy national in scope and political in character, insofar as its resolution involves a complex web of private companies, public companies, regulatory agencies, local, state, and national governments, local planning boards, and a host of other private and public agencies whose decisions are based on one phase or another of the political process.

The same holds true for the burning economic issues of our day, for the educational issues and for housing, criminal justice, and other major problems that are at once national in scope and local in impact. Such issues are political not only in the sense of electoral politics, but also in the sense of resolving the claims of conflicting interests. There are always two or more sides to every question and it has been the great failing of liberals and liberal thinkers that they seem to be overly prone to see all sides of the question and to be willing to compromise among them.

I would argue today that this is wrong. That when we address ourselves to questions of justice, to questions of redressing the wrongs of the past and present, and when we deal with moral issues such as housing for the poor, education for the deprived, work and welfare for the impoverished, and justice for the disinherited urban minorities, there can be no compromise.

I would suggest to you that this nation is in the grips of a profound time of testing whose central issue is whether the uncompleted social and moral revolution of the





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