United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

Vol. 117 WASHINGTON, WEDNESDAY, MARCH 10, 1971 No. 32

Senate

THE NATION'S DAIRY ECONOMY

Mr. MONDALE. Mr. President, today I am sending a telegram to Secretary of Agriculture Clifford Hardin, urging him to take immediate action to alleviate the increasingly depressed condition of our Nation's dairy economy. Prices paid to milk producers have failed to keep pace with increases in most other areas of our economy. In the mounting inflation of food prices, farmers have steadily lost ground. It is unfair to penalize dairy farmers for price increases over which they have no control.

Costs of production for dairy farmers have increased during the past year while price support levels have remained the same. There is no reason why farmers should be made the scapegoat for this administration's failure to meet its responsibility to control inflation and assure full employment.

I have strongly urged the following actions by Secretary Hardin to insure that dairy farmers are not made step-children in the economic market place: Restoration of the full 90-percent parity that is allowed by law; follow through on administration promises for increased purchases of cheese for schools and needy families and reconsideration of President's decision not to fund the special school milk program which was approved by Congress last year.

Full 90 percent parity is needed to allow dairy farmers a fair return on large investments of capital and labor. Further, it is essential to counteract the inflationary pressure felt by farmers in purchasing replacement equipment, and in meeting tax payments, high interest rates, and other operating costs.

The inadequacy of cheese purchases by the Department of Agriculture is detrimental not only to farmers but also to those in the school lunch program, needy families, and nonprofit institutions whom such purchases are designed to serve. In order to provide an adequate amount of cheese for these programs, USDA should be purchasing between 130 and 135 million pounds of cheese annually. At the present time less than 50 million pounds are being purchased.

Last month Secretary Hardin said that USDA would step up its purchases of cheese. I note that this pledge has not been carried out. Adequate purchases would benefit the poverty stricken, supplement the diets of children in school, and help to stabilize the market price of cheese at a level that would provide a fair return to producers.

In the Child Nutrition Act of 1970, the special school milk program was extended and Congress made plain its support for this program. I am dismayed that the administration is again trying to eliminate the special school milk program. The President has not requested any funds for this program in his fiscal year 1972 budget. A note found in the appendix to the budget clearly indicates that this was not an oversight. I have protested to Secretary Hardin this deliberate effort to frustrate the will of Congress.

I have asked that the Secretary of Agriculture consider each of these recommendations, and redirect USDA policies both in fairness to farmers and for the sake of our entire economy. I have asked that he take action before April 1, 1971, to prevent present economic slippage among dairy farmers from spreading, with its disastrous consequences for farmers and nonfarmers alike.

Mr. President, I ask unanimous consent that the text of my message to Secertary Hardin be printed in the RECORD.

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

MARCH 9, 1971.

Mr. CLIFFORD HARDIN,
Secretary of Agriculture, Department of Agriculture, Washington, D.C.:

I am very concerned about the depressed state of the dairy economy. The prices paid to producers of milk have failed to keep pace with increases in most other areas of the economy. As a result the price support which you established a year ago, that reflected 85% of parity has now been reduced to 79%.

I strongly urge you to increase the support price of manufacturing milk to the full 90% that is allowed by law. This action is necessary to insure that our dairy farmers will be full participants in the economic market place. I also urge you to increase the amount of cheese that is purchased by the Federal Government. This action is necessary to maintain a stable market for dairy products as well as to provide adequate amounts of cheese for the school lunch program, nonprofit institutions and the poverty stricken. It is my understanding that the Department of Agriculture is currently purchasing less than half of the cheese that is needed for these programs.

I was also very disappointed to learn that no funds were requested in the President's budget for the special school milk program. I would hope that this decision would be reconsidered and that the administration would support this vital program.

I hope that you realize the plight of the dairy farmers and will give serious consideration to these requests.

WALTER F. MONDALE,
U.S. Senate.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

Vol. 117 WASHINGTON, THURSDAY, MARCH 11, 1971 No. 33

Senate

By Mr. MONDALE (for himself, Mr. YOUNG, Mr. BURDICK, Mr. CRANSTON, Mr. EAGLETON, Mr. GURNEY, Mr. HARRIS, Mr. HART, Mr. HATFIELD, Mr. HOLLINGS, Mr. HUGHES, Mr. HUMPHREY, Mr. INOUYE, Mr. MAGNUSON, Mr. MCGOVERN, Mr. METCALF, Mr. MONTOYA, Mr. NELSON, Mr. STEVENS, Mr. STEVENSON, Mr. THURMOND, and Mr. TUNNEY):

S. 1197. A bill to extend availability of Federal crop insurance and to authorize the appropriation of funds for administrative expenses of the Federal crop insurance program. Referred to the Committee on Agriculture and Forestry.

FEDERAL CROP INSURANCE

Mr. MONDALE. Mr. President, I introduce for myself and Senators YOUNG, BURDICK, CRANSTON, EAGLETON, GURNEY, HARRIS, HART, HATFIELD, HOLLINGS, HUGHES, HUMPHREY, INOUYE, MAGNUSON, MCGOVERN, METCALF, MONTOYA, NELSON, STEVENS, STEVENSON, THURMOND, and TUNNEY, amendments to the Federal Crop Insurance Act, 7 U.S.C. 1508. We are proud that 22 Senators from both parties have joined in support of this bill.

For the past 33 years the Federal Crop Insurance Corporation has offered a kind of hazard protection to farmers that was unavailable through private insurance sources. Only in recent years has any private insurance been offered on an all-risk basis, and then only in a few States for a few crops.

The Federal Crop Insurance Corporation provides protection against such hazards as: insect and wildlife damage, plant diseases, fire, drought, wind, and other weather conditions. Coverage has gradually been extended, so that it now includes 26 different crops. Yet less than half the counties in the country are able to take part in the program, and not all crops are insured in all locations.

As farm production costs continue to increase, experts cite the need for still greater all-risk crop insurance. Comparable insurance is generally not available from private sources. In only 11 States is all-risk private insurance offered and there just a few crops are covered. The oldest private program started in 1965; the others are only a year old.

In short, the need for Federal insurance is expanding, but the program is not. Coverage cannot be extended to include all crops in all counties because there is a statutory limitation on administrative costs.

In 1938, when the Federal Crop Insurance Corporation came into existence, a limit of $12 million for administrative expenses to be paid out of appropriations was altogether adequate. However, after three decades of inflation it is completely unreasonable to leave the ceiling unchanged.

The program was intended to be, and has been, essentially self-supporting; that is, indemnities have normally been fully covered by premiums. Administration expenses were to be paid out of appropriated funds. The problem is that administrative costs are now also coming out of the premiums paid. Since 1962 between $1.7 and $3.7 million per year have been taken out of premiums to meet administrative expenses. It is small wonder the program has not been able to expand to meet our farmers' current needs.

The bill we are introducing will raise the outdated limit on administrative costs from $12 to $20 million. In addition, the Corporation will be directed to extend coverage to all areas where the relevant crops would constitute an important part of the local agricultural income.

It has been proposed by some that appropriations for administrative expenses be abolished rather than raised. They would have all of the administrative expenses paid out of premiums. With administrative expenses now running in excess of $12 million each year and premiums currently at a level of approximately $50 million a year, that would mean an increase in premiums of almost 25 percent. With so many of our Nation's farmers operating on incredibly narrow margins, such an increase would force many of them to forgo this essential protection and face the risk of financial ruin.

We introduce this legislation because we feel the farmer needs more help, not less. It is in that spirit that we review the recommendations of the "Task Force 70" study of the Corporation with great interest. Although this bill does not bear directly on the matter, we are anxious that adequate local service not be sacrificed in the name of efficiency by concentrating the insurance and claims functions in 13 new territorial offices of the Corporation. It is hoped that the increased appropriations provided by this bill will substantially reduce the pressure to economize by closing State and county offices, which are vital to providing the needed services to our farmers.

Mr. President, if the Government can afford to pay 100 percent of the cost of repairing public facilities damaged by natural disasters, surely it can afford to pay just the administrative expenses for disaster insurance which is so vital to the interests of our much neglected farmers. During the past 33 years the program has proven its mettle. We feel it deserves our continued support.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

Vol. 117 WASHINGTON, TUESDAY, MARCH 16, 1971 No. 36

Senate

By Mr. MONDALE:

S. 1265. A bill to amend the Social Security Act to provide automatic adjustments in benefits;

S. 1266. A bill to amend title II of the Social Security Act to increase the annual amount individuals are permitted to earn without suffering deductions from the insurance benefits payable to them under such title;

S. 1267. A bill to amend the Social Security Act to provide an increase in the minimum benefit; and

S. 1268. A bill to amend title II of the Social Security Act to permit the computation of benefits thereunder on the basis of the worker's 10 years of highest earnings. Referred to the Committee on Finance.

SOCIAL SECURITY AMENDMENTS

Mr. MONDALE. Mr. President, improvements to social security legislation are now moving through the Congress. It was gratifying to see the overwhelming support in the Senate for the 10 percent across-the-board increase in benefits. I regret that the conference committee did not adopt the $100 monthly minimum provision, and the increase of the earnings limitation, which I had introduced in the last Congress, and which I feel more strongly than ever should be adopted.

There is additional legislation on social security now being considered in the House. I am introducing today amendments for consideration when that legislation is taken up by the Senate, to continue the vital work assisting our older citizens.

I propose the following improvements:

We should adopt the cost-of-living provision which was approved by the Senate in December.

The computation of average monthly wages should be narrowed to eliminate periods of unemployment or income loss; I propose that benefits be based on a retiree's 10 highest earning years.

We should provide a $100 monthly minimum benefit.

The limitation on other earnings allowed without loss of benefits should be raised from $1,680 to $2,400 per year.

The definition of disability should be broadened to include occupational disability.

To grow old and retire in the United States today is to surrender rather than gain independence. In 1935, when the Social Security Act became law, President Roosevelt regarded it as the beginning of a "supreme achievement" of national legislation. Thirty-six years later, this Government has not redeemed that promise. We have not protected the economic trust of senior Americans; we have rather seen their rewards for labor eroded, and millions of older citizens have become imprisoned in poverty. Almost 30 percent of all Americans over 65 live in poverty, as opposed to 12 percent of all other citizens. Nearly half of all persons over 65 have less than $1,500 income per year; particularly distressing is the statistic that 60 percent of elderly widows are in poverty, and this figure is 85 percent for nonwhite widows. Many citizens who are now retiring or approaching retirement had to bear the heavy burdens of the depression and the Second World War; in the twilight of their citizenship we owe these Americans economic security.

As technology accelerates, problem of age are exacerbated. Skills gained in earlier decades need updating. Increased mobility quickly depreciates old associations. Family and personal relationships are geographically split. As economic and physical ability declines with age, vocational, and social handicaps press upon the elderly as never before.

Elderly rural residents are particularly disadvantaged. Approximately 15 percent more elderly persons live in poverty in rural as opposed to other areas. The rapid advances in medical technology have generally not become available to elderly rural residents who often do not have the financial means to travel to urban medical centers. In addition to medical clinics, social service centers, and housing for the elderly have not been brought to rural areas. In both rural and urban areas, the presence of weakened, lonely, poverty-stricken Americans quietly dying in wretched surroundings is all too hauntingly familiar.

The United States has not even kept pace with other industrialized Western nations in efforts to assist the elderly. During the last decade, Sweden, West Germany, and France have outstripped us in average amounts spent per capita on benefits to the elderly. In addition, these and other Western countries have spent significantly larger percentages of gross national products to aid older citizens, in some cases doubling our effort.

I propose, Mr. President, that we begin now to remedy this national neglect.

We need to provide an automatic review of social security incomes to protect older citizens against inflation. I propose that benefits rise automatically with the cost-of-living, whenever Congress fails to legislate increases.

The average retired citizen over 65 receives only 30 percent of his previous wages. Each day I receive letters from older citizens about to lose homes because pensions cannot keep pace with property taxes. How such elderly persons manage to survive is often incomprehensible to me. We must remove the pressure of inflation on older citizens and decrease the anxious waiting which surrounds each periodic increase in benefits.

Last month saw the largest rise in wholesale prices in years, while 7 million Americans over 65 are living in poverty. The Senate Special Committee on Aging of which I am a member reported that the number of all poor persons in the United States fell 36 percent between 1959 and 1968, while the number of poor persons over 65 was reduced by only 16 percent. I estimate that raising the minimum social security payment to $100 per month for an individual will remove approximately a million and a half persons from poverty.

In proposing that the earnings limitation be raised to $2,400 per year, I call attention to the following statistics:

In the last 30 years, the average life expectancy in the United States has risen from 53 years to 70. At the same time the mandatory retirement ages in many occupations have been lowered. This has brought enforced idleness and feelings of uselessness to millions of our citizens. In the past 15 years, the percentage of those between 65 and 70 who were employed dropped from 58 to 34 percent.

At the same time, as our society has become more mobile, our traditions of mutual support between children and aging parents have fallen away.

Idleness and isolation are often accompanied by severe income losses. The incident of poverty among persons over 65 is almost three times the rate among the population under 65. Most importantly, only 17 percent of social security recipients have any outside source of income.

Many retirees wish to remain active by working part time. This often contributes to good physical and mental health, and obviously many retirees need income supplements. This amendment would reduce enforced idleness and low levels of income. It would do much to encourage part-time employment among retired persons and would also help prevent the complete loss of the valuable talent and experience which senior citizens add to the Nation's productivity.

I propose that we further protect retirement incomes by basing benefits on an individual's 10 highest earning years. This bases the computation on the positive side of the employment record, over which an individual has control. Under present law, benefits are based on average earnings in all years, minus the 5 lowest years. On this basis, benefits are reduced in cases of declining earnings in later years, or in cases of reduced wages of unemployment in a changing industry.

To illustrate the workings of this provision: In Minnesota, where we have had rises and declines in the iron ore and lumber industries, a laborer at the median wage level would have $168 monthly social security benefits at best. If he had suffered 5 years of reduced pay or a year of unemployment late in his career because of changes in his industry, he would get only $161, or a 4-percent reduction. Under my amendment, his benefit would be based only on his 10 highest years of earnings, and he would pay no penalty for wage conditions beyond his control. He would earn $179 per month, or 12 percent more than under present law.

The high current rate of general unemployment is causing losses in the computation of average monthly wages for those covered by social security among the 5 million unemployed.

It is obvious that we ought to design methods of computing benefits which would protect social security beneficiaries from erosions of their benefit base over which they have no control. This kind of policy is now applicable to Federal civil service employees; the Congress recently established their retirement benefits based on their highest 3 years of wages. For many years the military has based retirement income on the highest permanent pay grade attained. These positive definitions result in pension levels which are in sharp contrast with the average social security payment, which the Bureau of Labor Statistics says constitutes only one-third of a reasonable budget for retired persons.

Large discrepancies currently exist in administration of disability insurance benefits. Social Security Administration guidelines are significantly more severe for the disabled than those definitions used in the Railroad Retirement System and those adopted by major industrial firms and labor organizations. In recent years, approximately 25 percent of those eligible for disability benefits by industrial standards could not qualify for social security disability awards.

I will propose that the social security definition be broadened to include "occupational" as well as "total and permanent" disability. This distinction is particularly important in times of high unemployment. For example, a 50-year-old worker who becomes incapacitated and unable to continue in his usual occupation may not be totally and permanently disabled, but he may have little chance of finding substantial gainful employment. Rather than denying him assistance under an unduly strict standard, the Social Security Administration ought to be able to make a verification of his real ability to get any employment, and award him disability benefits based on his occupational disability if he is not employable.

We must take adequate steps to provide equitably for older citizens. This is not largesse; it is their social and economic right. We must remove the uncertainties and insecurities of aging in the United States, and begin to redeem the promise made in 1935.

Of the thousands of letters we receive in the Senate on this subject, I believe one quoted in a report by the Special Committee on Aging says it all:

> I am . . . now retired after 42 years of service, of supporting myself, of being a law respecting citizen. Now my income is fixed. I want to . . . contribute, and be involved with American life. I should be able to enjoy the monetary security that I have worked for, planned for. But I may not be able to even keep my home; I feel that I am one of the workers who has contributed to this great nation. Don't destroy me, and my age group—for if it is done, not only I, but the nation suffers.

Mr. President, I urge early approval of these amendments to improve social security benefits.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

Vol. 117 WASHINGTON, FRIDAY, MARCH 19, 1971 No. 39

Senate

By Mr. MONDALE:

S. 1301. A bill to improve the quality and availability of medical care in communities presently lacking in adequate medical care services. Referred to the Committee on Labor and Public Welfare.

THE COMMUNITY MEDICINE ACT OF 1971

Mr. MONDALE. Mr. President, American medical care is the best in the world—for those who can find it and afford it. But soaring costs, the demise of the general practitioner, and the flight of doctors from small towns, rural areas, and the inner city are increasingly putting this care out of the reach of those who often need it most.

The unequal availability of medical care is reflected in our ranking among the world's most healthful nations. We rank eighth in life expectancy for females—behind the Scandinavian countries and England and France. We rank 13th in infant mortality—behind those same countries and Australia, New Zealand, and East Germany. We rank 27th in life expectancy for males—behind those countries and Japan, Poland, Czechoslovakia, Bulgaria, Greece, and the U.S.S.R. What is worse, while we are making progress, we are slipping back, relative to other nations. Twenty years ago, we ranked sixth, seventh, and 10th, respectively, in the same three measures.

There are at least 53 counties in the Nation that do not have a physician; fully 27 percent of all U.S. counties have less than a third as many doctors, in relation to their population, as does the Nation in general. Even in areas where medical care is readily available—as we have repeatedly been reminded in testimony regarding the health of our migrant workers—certain segments of the population are scarcely served at all.

Our rural areas can be characterized by generally low levels of available medical care. In the Nation's urban areas, however, service levels vary widely. Some areas have more physicians than can be used efficiently, while in others, the residents are tragically underserved. According to a recent survey of ghetto blacks and rural Appalachian whites, the prevailing health condition of poverty areas justifies referring to these groups as "the living sick." Pollster Louis Harris commented as follows:

> For two out of three people in the U.S., "feeling fine" means that there is nothing the matter with them. But for two out of three ghetto blacks and rural poverty whites in Appalachia, "feeling fine" means literally, "not as sick as usual."

In spite of unprecedented increases in personal expenditures for health, and notwithstanding an increase in the number of medical school graduates, there is no evidence that the Nation's poor are healthier, or find it easier to obtain medical care. The National Center for Health Statistics said 3 years ago that serious illness among the poor is appreciably higher than in any other group. The poor have four times as much mental and nervous trouble; six times as much arthritis and rheumatism; six times as many cases of high blood pressure; over three times as many orthopedic impairments; and almost eight times as many visual impairments. These findings would be no different today.

The typical response to this health care crisis has been to furnish assistance to those who cannot afford decent medical care—as in the medicaid program—and to assist medical schools in order to increase the Nation's supply of physicians. Over the past decade, for example, Federal appropriations for medical education have increased sixfold—from $95 million in the academic year 1958–59 to more than $600 million in 1967–68. Federal dollars now pay for 60 percent of all medical school expenditures, compared with 30 percent 10 years ago; and local, State, and private support has also risen. While greatly increased costs have eroded much of this increased support, the number of students and graduates have both increased somewhat.

However, it is becoming increasingly clear that additional physicians trained in the traditional fashion of our existing patterns of medical care cannot begin to achieve an equitable distribution of health care for all Americans. The maldistribution of physicians and the inefficient use of health personnel are symptoms of fundamental defects in the way health services are organized, paid for, and governed. Where these structural defects have been corrected—as for example, in the Kaiser-Permanente and similar health plans—it has been found that unnecessary demand can be reduced, and that productivity can be increased without adding physicians. Clearly, it is time for basic reforms both in the Nation's health industry, and in the education and training which supports it.

Fortunately, promising reforms in the delivery of health care are already underway. A prime example is the proposed legislation to encourage the formation of large health maintenance organizations, which would pull together the personnel and facilities required to provide comprehensive health care. They would do so through annual contracts, at rates determined and paid in advance, thereby sharing the risk of illness with their subscribers. This key feature of the proposal would be a powerful incentive to provide quality services at the lowest possible cost. Methods for increasing productivity and reducing costs are already known and tested—automated laboratory equipment, computerized information systems, organizing health personnl into efficient health teams, and so on.

The introduction of these reforms will mean that future patterns of medical practice will bear little resemblance to what we know now. In order to prepare physicians and other health workers to function well under these changed conditions of practice, it is clear that parallel reforms should now be undertaken in medical education.

Dissimilarities between medical education and medical practice have long been the object of criticism. Distortions in medical training arise because of the academic isolation of the medical school from the health needs of the community. Clinical training occurs almost exclusively in teaching hospitals, which—in spite of their scientific and technological excellence—are far from typical of practice conditions the physician will encounter in the community.

Medical center patients are typically indigent, have rare medical conditions, and are often acutely ill. The emphasis in medical care is on expensive, episodic treatment, directed by a handful of eminent specialists. Moreover, the clinical training of physicians, nurses, and allied health personnel is planned and carried out independently, with no effective coordination of the activities of those who will be expected to function increasingly as a team, if forecasts of future medical practice are correct.

One medical school dean summarized the situation in these words:

> Service is on the basis of clinical experience. Involvement in a real life situation involving illness, worry, and death is a strong stimulus to learning. At the expense of exposure to these life situations, medical schools have tended to get carried away with the unusual and rare. They have preferred to expose the student more to such rare maladies as Henoch's purpura, syringomyelia, and ochronosis than to put him out where he can see those diseases he will most frequently see as a practitioner.

One unfortunate and ironic result of this is that, immediately surrounding many major medical teaching centers, there are pockets of poverty in which may be found the highest morbidity and mortality rates in the entire Nation.

In some medical schools, departments of community medicine have made valiant efforts to amend the health problems of the community, but there has been little support for their efforts. However, a growing number of medical educators is becoming aware of the problem and looking for solutions. The medical school dean I quoted a minute ago is now the Assistance Secretary of Health, Education, and Welfare for Health and Scientific Affairs—Dr. Roger O. Egeberg. In the same address from which the previous remarks were taken, Dr. Egeberg gave his views on the nature of the reforms that are needed in medical education if community health problems are to be alleviated, and if doctors are to be appropriately trained for medical practice. In the words of Dr. Egeberg:

> Historically, medical education and medical service have been teammates since before Hippocrates. Recently, however, things seem to have fallen out of balance; service has regrettably become subordinate.
>
> I would like to suggest that if we are to deal squarely with the increased and increasing responsibilities which confront the medical community, two issues are vital: First, we must restore the balance by assuring the exposure of the medical student to service during his own medical education within the framework of the medical schools. Second, and of equal importance, we must involve the medical schools more actively in service beyond its walls.

Mr. President, I am today introducing a bill which addresses the critical relationship between medical education and our inadequate health delivery system. This is the same legislation which I first introduced last October, as S. 4480. The basic objective of the bill, the Community Medicine Act of 1971, is to pull America's medical schools—their faculties and their students—out of their academic isolation and into the arena of true community health needs.

This bill will provide for special improvement grants to medical schools and teaching hospitals for the operation of medical care systems for underserved populations as an integral part of their clinical training programs. To be eligible for such grants, medical schools would be required to:

Revise their training programs to include clinical educational experience in communities which have clearly demonstrable, high health risks and low levels of service. This would be accomplished by reducing time spent in clinical training in traditional hospital settings, and by increasing time spent in comprehensive, family-centered clinical teaching centers that emphasize prevention, early detection, and home care.

Plan these revisions jointly with hospitals, community colleges, and other institutions training nurses and allied health workers so as to assure the inclusion of clinical training and experience for service on health teams during the undergraduate years.

Establish comprehensive total health care service organizations for a defined, underserved population, although it would be understood that the population covered would not consist exclusively of persons from this underserved group.

Project grant funds will be used primarily for support of educational personnel and for research on the delivery of health services to the underserved. Grants will be awarded directly to medical schools and teaching hospitals, generally for a 4-year basic period, but extendable where appropriate for a period up to 3 additional years.

Proposed authorization levels envision grants to approximately 50 medical schools and teaching hospitals under the fiscal 1972 authorization of $25 million. Authorizations for ensuing years provide for a gradual growth in participation up to 300 medical schools and teaching hospitals under the fiscal 1976 authorization of $150 million.

Mr. President, four centuries ago the Chamberlain forceps was invented, a medical invention which was eventually to revolutionize childbirth. But for nearly 200 years this simple instrument of mercy was kept a family secret, and made available only to those who could pay enough. Women whose husbands were too poor to afford the forceps either suffered prolonged agonies of labor, or, as was common, died about as unpleasantly as one can. This state of affairs was accepted—unfortunate, perhaps, but good business.

Today, we are faced with a similar situation. We have to decide whether American medicine is to remain a Chamberlain forceps—available only to those who can afford it—or is to be let out of our medical centers and made available to those who need it. If we mean—as we have been saying for a number of years—that decent health care is a birthright of all Americans, then we must be prepared to enact the fundamental changes to realize this vision. While this bill is only a step, I believe that it can become a vehicle for the basic reforms which must come in medical education.

Mr. President, our present health delivery system is so badly in need of reform, it should not be made a partisan issue. The American people deserve nothing less than our most diligent effort to improve their health care. Advancement will not come easily, and if we are successful there will be credit enough for everyone.

It is in this spirit that I was glad to see included in the President's February 18 health message a number of proposals which follow very closely the concepts of this bill which I first introduced last year.

Under my bill, money is authorized for medical schools and community teaching hospitals to operate comprehensive medical care services in order to assist communities and defined population groups which are characterized by a lack of adequate medical care services. In his message, the President asked for "a series of new area health education centers to be established in places which are medically underserved". He went on to explain:

> These centers would be satellites of existing medical and other health science schools.

The parallel is striking. Needless to say, I am very pleased to have the support of the administration on an issue which I consider to be an important part of any solution to the problems of our health care system.

This concept has received strong support from another important source, the Carnegie Commission for Higher Education. Shortly after I introduced my bill last year, the Carnegie Commission issued a comprehensive report which recommended action to "relate medical training more effectively to the delivery of health care." Toward that end the Commission proposed the same type of medical training and service program that was embodied in my bill. The President mentioned the Carnegie Commission report as the basis of his recommendations to the Congress.

Still another supporter of this approach is the chairman of the health subcommittee. Title II of S. 935, a bill introduced by the Senator from Massachusetts (Mr. KENNEDY) moves in the same direction as my bill. I am pleased to be a cosponsor of the bill.

I have been very impressed by the widespread positive response my community medicine bill has already received. Mr. Theodore Kummer, executive director of the Association for Hospital-Medical Education, wrote to the AHME membership asking for their views. Favorable comment has come from literally every part of the country—from the Northeast, the South, the Midwest, and the Far West.

I was interested to see in how many different places the concept I am recommending here has at least been started. An article in the Journal of the American Medical Association described the use of this approach at the University of Florida. Clearly a growing number of members of the medical profession are recognizing the potential of community health centers to provide for health needs heretofore unmet. However, as the letters indicate, unless we move to nurture these budding plants they may never come to full bloom. I sincerely hope Congress will give these public-spirited people the help they need.

Since we are all talking about doing the same thing, I hope we can move quickly to consider these various proposals and to shape the best possible legislation. I am proud to reintroduce may bill as the Community Medicine Act of 1971.

Mr. President, I ask unanimous consent that a number of the letters and the article to which I referred and the text of the bill be included in the RECORD.

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

S. 1301

A bill to improve the quality and availability of medical care in communities presently lacking in adequate medical care services

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

SHORT TITLE

SECTION 1. This Act may be cited as the "Community Medicine Act of 1971"

STATEMENT OF PURPOSE

SEC. 2. (a) It is the purpose of this Act to assist communities and defined population groups which are characterized by a lack of adequate medical care services to secure more adequate medical care services by making grants, as provided in this Act, to public and private nonprofit medical schools and community teaching hospitals which operate comprehensive medical care systems under which medical care services are provided to such communities or such population groups.

(b) Any grant made under this Act to any medical school or community teaching hospital shall be made for the purpose of assisting such school or hospital in establishing and operating, in connection with the comprehensive medical care system operated by it—

(1) programs which provide educational experiences for medical students, interns, residents, and other health care personnel;

(2) programs which have been jointly planned by such school and one or more hospitals, community and junior colleges, or other institutions, which provide training in nursing or the allied health professions under which students of such hospitals, colleges, and other institutions who are undergoing such training will obtain practical experience and specialized training while serving on health teams established and operated as a part of such comprehensive medical care system; and

(3) programs under which such school, hospital, and other health care institutions or institutions providing training of nurses or allied health professions personnel will jointly undertake to provide through a health maintenance organization, health care services for a group which is characterized by a lack of adequate medical care services.

GRANTS TO MEDICAL SCHOOLS AND TEACHING HOSPITALS

SEC. 3. (a) From the sums appropriated pursuant to section 4, the Secretary of Health, Education, and Welfare (hereinafter referred to as the "Secretary") is authorized to make grants, in accordance with the provisions of this Act, to carry out the purposes of section 2.

(b) No grant shall be made under this Act unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulations prescribe.

(c) (1) Grants under this Act shall be in such amounts and subject to such limitation and conditions as the Secretary may determine to be proper to carry out the purposes of this Act.

(2) In determining the amount of any grant to a medical school or hospital under this Act, the Secretary shall take into consideration—

(A) the number of medical students, interns, residents, and other health care students or trainees who would participate in the program with respect to which the grant is to be made;

(B) the number of individuals for whom improved health care services would be provided under such program;

(C) the extent to which the field of community medicine (when compared to other fields of medicine) is emphasized in the curriculum of such school or hospital; and

(D) the need of such school of hospital for assistance under this Act to carry out the program with respect to which the grant is requested.

(d) (1) Any grant under this Act to any medical school or teaching hospital with respect to any program shall be used only for the purpose of assisting such school or hospital to defray expenses incurred by it in meeting salary and other personnel costs for individuals participating in, supervising, or administering such program, or individuals engaged in research in the delivery of health services to defined population groups.

(2) Grants under this Act may be paid in advance or by way of reimbursement, and in such installments as the Secretary may determine.

(e) No grant under this Act shall be made to any medical school or teaching hospital with respect to any program for any year if, prior to such year, such school or hospital has received a grant under this Act with respect to such program for seven years.

AUTHORIZATION OF APPROPRIATIONS

SEC. 4. For the purpose of making grants to carry out the purposes of this Act, there is authorized to be appropriated $25,000,000 for the fiscal year ending June 30, 1972, $50,000,000 for the fiscal year ending June 30, 1973, $80,000,000 for the fiscal year ending June 30, 1974, $110,000,000 for the fiscal year ending June 30, 1975, and $150,000,000 for the fiscal year ending June 30, 1976.

DEFINITION

SEC. 5. (a) For purposes of this Act, the term "nonprofit" when applied to any medical school or teaching hospital, means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(b) For purposes of this Act, the term "teaching hospital" means any hospital which has a graduate medical education program, approved by a nationally recognized accrediting body, and which makes extensive use, as defined by regulations, of the regular hospital staff in its medical education program.

OVERLOOK HOSPITAL,
Summit, N.J., November 13, 1970.

Re Community Medicine Act, 1970–S4480.

Mr. THEODORE G. KUMMER,
Executive Director, Association for Hospital Medical Education, Arlington, Va.

DEAR TED: I wish to express my full support of the proposed legislation (S4480), which I feel will:

(1) be an effective means of delivering Health Care to the underserved target group;

(2) increase and more effectively utilize, existing resources both physical and human;

(3) provide a means for closer cooperation between the university and the community hospital;

(4) stimulate the development models for the delivery of comprehensive health care.

Sincerely yours,

WARREN B. NESTLER, M.D.,
Medical Coordinator.

WAKE COUNTY HOSPITAL SYSTEM, INC.,
Raleigh, N.C., November 17, 1970.

Mr. THEODORE G. KUMMER,
Executive Director, Association for Hospital Medical Education, Arlington, Va.

DEAR MR. KUMMER: I have taken the liberty of writing to Senator Mondale directly regarding his proposed legislation. It so happens that Senate Bill 4480 can be directly related to our attempts to affiliate with the University of North Carolina for the training of medical students on all services. At the present time we are negotiating an affiliation in Medicine, which is going to cost us an additional $100,000 a year, and it is not prudent to add this financial burden to the sick persons hospital bill. I am confident that it would be possible for us to develop affiliations on all services if Senator Mondale's bill became the law.

These affiliations serve the dual purpose of providing competent staff to fill the needs in the clinics in our hospitals, as well as providing a conducive environment for the University to use for student training. As you very well know, the University salaries for medical faculty appointments is more than the community hospital can afford; therefore, I urge the support of this bill before the Congress.

You may be assured that we will be willing to testify before the appropriate committee if that becomes necessary.

Yours truly,

WILLIAM F. ANDREWS, Sr.,
Administrator.

THE METHODIST HOSPITAL OF CENTRAL ILLINOIS,
Peoria, Ill., November 27, 1970.

T. G. KUMMER,
Executive Director, Association for Hospital Medical Education, Arlington, Va.

DEAR SIR: This is written in response to your memorandum of November 9, 1970. Subject: Community Medicine Act of 1970.

The Department of Family Medicine of The Methodist Hospital of Central Illinois, as a part of the developing program of the Peoria Medical School, University of Illinois, and as a provider of community medicine is most interested in this bill.

One of the activities of this department has been the establishment of a Cooperative Family Health Center in cooperation with an existing Community Center of our black inner city area.

Although the existing Community Center and the people involved with it have most willingly provided facilities and some very limited manpower resources, and the Board of Trustees of our hospital has provided significant financial support; and, the physician members of our department and the others of the community have voluntarily offered of their time and services to staff the Center, it may well have failed for lack of funding. Certain essential parts of the Clinic's effort depends on financial support that is very difficult to achieve locally. This then represents a community effort on a voluntary basis in an area of very great need. Certainly this is a prototype that could be followed in many other cities of like and greater size. Under the provision of the bill, as we understand it, funding could be achieved that would allow this effort to reach its objective. Not only would the goal of improved community health be realized but the Clinic as well as the other facilities of the family medicine program would and will be available to undergraduate and graduate students.

Although this is simply one instance in one area of a hospital's effort in community medicine and education that may well be duplicated in many other localities. We would, therefore, urge our support of this bill as well.

Although this information is very sketchy we hope that it will serve to illustrate the need for this type of funding from both an educational and health delivery standpoint, and hope that it will be received favorably. If we can offer any additional details or testimony in this regard we will be most happy to cooperate.

Sincerely yours,

FRED Z. WHITE, M.D.

GENERAL HOSPITAL,
Phoenix, Ariz., November 20, 1970.

Mr. THEODORE G. KUMMER,
Executive Director, Association for Hospital Medical Education, Arlington, Va.

DEAR MR. KUMMER: Thank you for sending your memorandum of November 9, 1970 re: Community Medicine Act of 1970—S. 4480.

Collectively, we at Maricopa County General Hospital are delighted to send the following comments to you:

1. We heartily endorse this proposed bill.
2. We would like to emphasize the need for availability i.e., not a part of university or medical school programs.
3. Cost of financing medical education (i.e., training of interns and residents, nurses, etc.) can no longer be totally subsidized by city, county, or state government or by hospitals or by patients alone. Federal support is mandatory:
4. Care should be taken not to eliminate teaching hospitals from grants just because they do not have family practice residency programs.
5. This should not be a program where government funds are allotted on a decreasing graduated scale, the difference to be made up by the teaching hospital budget.
6. Additional funds should be allotted for continuing medical education programs in teaching hospitals for practicing physicians, graduate nurses and paramedical personnel.

Thank you for the opportunity of sending you these thoughts. If I may be of further service to you, please permit me that privilege.

Sincerely,

THOS. L. HOLLIS,
Administrator.

TRI-COUNTY COUNCIL FOR CONTINUING EDUCATION,
Springfield, Ohio November 17, 1970.

Mr. THEODORE G. KUMMER,
Executive Director, Association for Hospital Medical Education, Arlington, Va.

DEAR MR. KUMMER: Thank you for giving me an opportunity to comment on Senate Bill No. 4480 entitled "Community Medicine Act of 1970". I do, indeed, have some recommendations which I would like to call to your attention.

First, I would like to say that Senator Mondale's intent is very good. Since I work at the communtiy level it is easy for me to say that the assumptions made about the acute need for better delivery of health care to rural and inner city populations is well founded.

Second, I want to bring to your attention the wording contained in the Statement of Purpose, Section 2, A. which says "To assist communities and defined population groups which are characterized by a lack of adequate medical services". When it becomes time to define specific population groups to be served by the provisions of this act it is my opinion that definite reference must be made to geographical location of these defined population groups in relation to the medical school or teaching hospital which would be designated to serve them. In other words, it is imperative for this proposed program to be available to communities far removed from university medical centers. In defining 'far removed' I am speaking of a distance of a radius of from sixty to ninety miles around the medical school or teaching hosptial concerned.

Yet another factor to definitely consider is the availability of our super highway system between the "purveyor" community and the "consumer community". In Ohio, the medical schools at Ohio State University and the University of Cincinnati have so many affiliated hospitals in their immediate environs that there is only token interest in affiliations with community hospitals located within an hour to one and one-half hours drive from the medical centers. Where such situations exist, change should be initiated. Taking a very permissive attitude toward these conditions will result in a retardation of progress reaching those people who need the most assistance, which is the goal of the Community Hospital Act.

Third, it is entirely possible that a small cadre of medical professionals will have to be placed in these communities that are removed from the medical schools.

Finally, I hope that you feel that my suggestions are of some value. If you decide that further amplification of my remarks would be of assistance to you and to Senator Mondale, please contact me. Again, thank you for approaching me. I am

Sincerely,

VAUGHN K. TAYLOR, *Ph. D.*

[From Journal of the American Medical Association, Oct. 19, 1970]

THE UNIVERSITY AND RURAL HEALTH: A YEAR IN MAYO, FLA.

(By Richard C. Reynolds, M.D.)

On Jan. 6, 1969, the Lafayette County Health Center began to provide ambulatory health services to the 3,000 residents of Lafayette County. This center was the result of mutual efforts by the faculty of the colleges of medicine and nursing of the University of Florida, members of the Lafayette County Health Department, and the citizens of the county. Seventeen patients were treated the first day.

This small rural health center is the first venture by the College of Medicine which attempts to provide comprehensive ambulatory health care to an unselected population group outside the hospital. Health services are not designated to a specific age, sex, disease, or economic group but are offered to all who live within the county. This rural health project does represent an increasing concern by the medical school in community medicine.

A RURAL LOCATION

Fifty-five million people in this country live in communities of 2,500 population or less. Despite a decline in the percent of rural residents the actual number of persons living in these sparsely populated areas has remained steady for two decades. However, only 12% of physicians, 3% of dentists, 18% of nurses, and 14% of pharmacists are located in these rural areas.[1] The problems of health care are further complicated by the distances between rural residents and hospital facilities, by the limited economic resources typical of many rural areas, and by primitive attitudes and beliefs that exist in respect to health and health services.[2]

Several metropolitan medical schools in the development of their community health care program have focused on the surrounding urban and ghetto problems. The College of Medicine at the University of Florida is located in a predominantly rural setting. To begin teaching and training programs in the health care practices and problems of a rural location seemed reasonable.

SELECTION OF LAFAYETTE COUNTY

What better way for members of the medical school to study health services and needs of rural areas than to start, develop, and maintain a practice in a rural community. North central Florida is sparsely populated, and its residents compared to other portions of the state are poor.

Lafayette County is a prototype of many rural counties throughout the United States. It is 60 miles from Gainesville, the site of the University of Florida. The Suwannee River marks the northern and eastern boundary of the county. Cattle and poultry raising, dairy and tobacco farming, and harvesting pine timber are the major industries. The 3,000 residents of Lafayette County have been without the services of a local physician for ten years. Approximately 10% to 15% of the population is black. All black residents live in a sharply segregated area adjacent to the county seat, Mayo.

A visit to a physician by a person living in Mayo did require a round trip of 45 to 60 miles to Live Oak or Perry, Fla. Anthropological studies done over the four previous years revealed that many residents simply did not receive any medical care.[3] The few physicians in nearby counties are inundated by patients from their own localities. In one adjacent county, Dixie, with a population of 5,500, one osteopath alone tries to provide medical services. The shortage of dentists and other health personnel is equally great.

OBJECTIVES

The College of Medicine defined four specific objectives to result from its establishment of a rural health center. First, it was to provide and strive to improve ambulatory health services to the 3,000 residents of Lafayette County. Second, medical and nursing students by living and working in a rural community, by actually participating in the delivery of health services, would develop a concern for health needs of people outside of the hospital. It was hoped that they would begin to recognize and understand health and medical care as it is perceived by the patient as a member of his family and community. Third, the Lafayette County Health Center would focus study on the problems of health care of a rural community. These investigations would include clinical studies of minor and chronic ills among ambulatory patients, evaluation of the effectiveness and economy of health services, and examination of patient attitudes toward health. Finally, health care would be recognized as a cooperative experience with participation and interaction by all health professionals, patients, and community members.

COMMUNITY INTERACTION

The success of any health care project will always depend on the cooperation of the people being served. Cooperation often coincides with responsibility and participation. Before the actual selection of Lafayette County as the site of a rural health center, there were several meetings between the health professionals from the university and members of the community. The residents expressed their desire to participate in the project and thought the people in the county would patronize it. A Community Advisory Committee comprised of town leaders from the educational, business, and government worlds was activated before the clinic opened. This committee has served as a valuable adjunct to the health center and has contributed measurably to its success. A dialogue between the committee, representing the recipients of medical care, and the health professionals, the purveyors of medical care, was established. Hours of clinic operation, fees for services, housing for students, complaints from dissatisfied patients are freely discussed. The patients through their Community Advisory Committee representatives actually participate in planning their health care.

RESULTS

By the end of the first year approximately two thirds of the county residents had visited the Lafayette County Health Center at least once. There were nearly 6,000 patient visits. Medical students or the resident in medicine, who lives in Mayo and works with the students, made 500 house calls. More than 550 home visits were made by the nursing staff in response to follow-up clinic visits or at the specific request of a community member.

A full spectrum of illness is seen at the clinic. Most frequent are acute respiratory ills of the young. There have been minor epidemics of mumps, influenza, and conjunctivitis. The common chronic illnesses of the adult, arthritis, arteriosclerosis, hypertension, and diabetes, are treated. Usually six to eight persons each month are referred to hospitals from the clinic. The nearby community hospitals are used except in those few occasions when the greater resources of the teaching hospital seem indicated for the patient.

During the last three months of 1969 the Department of Ophthalmology of the College of Medicine has staffed an Eye Clinic one day each week. Twelve to 13 complete eye examinations are accomplished in this clinic. Since there are no ophthalmological services closer than 65 miles, this has been an invaluable addition to the health services now available to the people.

PUBLIC HEALTH

Public health practices have been incorporated into this community program and are not identified separately. A recent scare precipitated by a patient with diphtheria in a nearby county has caused us to review the immunization procedures of children. Despite the fact that immunization has always been available, free of charge, to children through the county health department, we estimate that only 60% of immunization are up to date. One goal during 1970 for the Lafayette County Health Center is 100% appropriate immunization of all schoolchildren.

In October 1969 the Florida State Division of Health appointed the Director of Lafayette County Health Center the acting County Health Officer. This appointment reflects the

cooperativeness between separate organizational units involved in health care. It also demonstrates to the students the necessity or coordinating the management of acute episodic illness wth preventive medicine and health maintenance.

Future plans include the provision of more services to the residents of Lafayette County. We are working in concert with the newly forming College of Dentistry to bring dental services to this community. With the help of the Florida State Division of Mental Health we are trying to assess the mental health needs of this rural county. When needs have been defined, we will then establish a mental health program to meet these needs. There is precious little background data concerning mental health needs in rural areas.

EDUCATION

The colleges of medicine and nursing are primarily educational institutions for training of health personnel. Obviously we have examined this project carefully to see if it meets the educational goal of developing in our students a concern for health care of people in a community. We emphasize this goal because the health care we provide within the hospital meets only a few of a person's total health needs. The only way for the student to become aware of the patient's total needs in health care of health maintenance is to participate in health care delivery in the patient's community. This has been the most rewarding experience of this rural health center. During the first year, 60 fourth-year medical students rotated for three- to six-week periods in Lafayette County. They lived in the county and became, albeit briefly, community members. Similarly, 30 nursing students during their course in public health nursing spent four to ten weeks in Lafayette County.

All students have been encouraged to go beyond the usual boundaries of patient care as it is provided in the clinic facility. The students write an article for the local weekly newspaper describing health topics pertinent to the community. Subjects have included colds, "shots," immunizations, intestinal worms, tetanus, mumps, and influenza. Actually we believe that these articles may have influenced the patient's understanding of his illness and his use of the clinic.

During a mumps epidemic, many children were brought to the clinic simply for confirmation of the diagnosis, reassurance, and advice concerning symptomatic treatment. Following a description of mumps that appeared in the weekly newspaper, the visits to the clinic for mumps abruptly declined. Subsequent patients with mumps orchitis suggested that the infection was still present in the community. During a mild influenza outbreak in the Spring of 1969, an article appeared in the *Mayo Free Press* depicting this illness as essentially self-limiting but with possible complications developing after three or four days. Again it was the impression of the students and physicians in the clinic that the brief newspaper article altered the patient's decision as to when to seek medical care. Apparently parents were now tolerating the first few days of their illness and seeking care only if the illness persisted or worsened after symptomatic treatment. Presently we are trying to devise an educational program on upper-respiratory tract disease, to see if specific health education can alter the decision regarding when a patient chooses to seek medical advice. A successful educational effort might keep patients from visiting the physician with benign self-limited disease but influence them to appear sooner with the complications of upper-respiratory tract disease for which the physician often has a specific and effective treatment.

Nursing students have developed a puppet show to illustrate dental hygiene which they present to the primary grades in the elementary schools. First-aid courses are organized for community members by the nurses, who have also attempted to form a club of diabetic patients for continuing education on the management of this chronic illness. Medical students have given several lectures to high school biology classes and are now considered a resource to the science teachers in the course. Health Center personnel have given numerous talks to local community groups such as Mayo Women's Clubs, churches, school classes, and Rotary Club. This community interaction by students is not traditional medical or nursing education. Its effect, however, is best summed up by the students themselves.

"As an experience in medical education, the clinic offers several unique opportunities. The patient population is unselected, with the physical and emotional, the benign and the morbid, and the sub-clinical and the end stage of disease thrown together. A knowledge of human behavoir and culture is essential in order to function efficiently in such a setting. Skill is required in the practice of meeting the needs of the patient as the patient sees them and in being able to withstand the anxiety, both yours and the patient's, of not being able to call the patient's difficulty by name or arrive at a diagnosis. In day-to-day practice of medicine this particular goal is achieved with clarity in only a small percentage of cases. It was fascinating to observe how the patient's concept of "good medical care" came to influence my approach to self-limited, generally benign processes." (Gary C. Hankins, MS4 (Class of 1969.)

". . . a unique educational experience which augmented and beautifully complemented the referral nature of Shands Teaching Hospital. In Mayo I was usually the first "physician" to see the patient. . . . Diagnosis at Mayo had to be made without the sophisticated "knee jerk" laboratory procedures we all use at Shands Teaching Hospital. Physical examination and improvisation suddenly became more important. We had to think twice before getting a simple chest x-ray. Cost of medical care to the patient came to the forefront. . . . I was left with certain concepts of health care and the role of the LMD. These concepts can be appreciated in such a short time only in a very small community as Mayo. I became acutely aware of the frustrations of a referring physician trying to utilize Shands Teaching Hospital. In a sense, for the first time I was on the outside looking in." (Walter H. Murshall, Jr., MS4 (Class of 1969).)

RESEARCH

In Lafayette County while delivering health care to residents we have tried to observe carefully the effect of our presence on the health of the community. These observations have provoked several studies. A sociologist is studying communication between the health professional and members of the black community. Following a clinic visit, the sociologist will interview the patient at home several days later to determine what the patient recalls from his visit and what instructions he is following. The sociologist then reviews the clinic records, sometimes discusses the medical situation with the physician, and tries to evaluate the success or failure of communication between the patient and his physician. The implications of this type of study are obvious. Faulty communication can vitiate any health gain that might result from the clinic visit.

A random 10% sample of the population has been identified in this county. Household members are interviewed weekly to determine the effect of illness on the daily functioning of any member of the household. One observation which we hope to make from this study is to discover if those who avail themselves of the medical services at Lafayette County Health Center actually have a decreased morbidity, measured by their ability to return to usual daily activity. This study will also try to define the extent of health impairment of this segment of rural population in a one-year period.

Even a cursory glance at rural health problems, the number of people to be served, the distances of people to health services, quickly reveals that the traditional providers of health care, the doctor and the public health nurse, have not been and will not be able to meet the demands for health services. To deliver health services to many rural areas paramedical people must be recruited and trained in providing primary care. The Lafayette County Health Center is an ideal location to study and define what the training of these ancillary personnel should be and to monitor their effectiveness in providing care.

A separate study has even attempted to refine the steps in medical decision making. One medical resident examined approximately 400 consecutive patients seen at the Lafayette County Health Center. He identified the complaints that brought the patients to the clinic, listed the examinations he performed to elucidate the complaint into a diagnosis, and recorded the treatment performed or recommended. Presently this information is being transferred to punch cards for tabulation and analysis. This type of data collection may provide some quantitative insight into medical decision making. It is from this study and others like it that we may begin to structure curriculum for the training of paramedical personnel to serve as primary-care physicians.

Developing health services for the residents of Lafayette County has yielded a community laboratory which has been helpful in more traditional clinical research. Surveys have revealed a pharyngeal carrier rate (17%) of meningocci in the throats of rural residents similar to that found in military recruits and denser populations. Routine immunization for measles, mumps, and rubella are given to some children by aersol insufflation to measure the acceptance and effectiveness of this method. One medical resident has described an illness which was part of the health folklore of the community. Workers cropping tobacco often become ill when performing this task after an early morning rain or heavy dew. The illness comprises nausea and vomiting, dizziness, and malaise and is self-limited in 12 to 24 hours. It appears to be related to a substance that is absorbed from the tobacco leaf through the skin of the worker. Historically it antedates the use of pesticides. It had already been dubbed "tobacco sickness" by the community.

COMMUNITY RELATIONSHIPS

Lafayette County is a poor community. Per capita income is less than $1,700. Lafayette County Health Center, however, is not an indigent-oriented clinic. Health services are available to all members of the community. At the insistence of the Community Advisory Committee a fee is charged for all services except for those to people who are known to be welfare recipients. Fees are adjusted when the cost of medical care appears to be unusually burdensome to any patient or family.

The Community Advisory Committee has remained a strong, vigorous unit. It was influential in persuading the county commissioners to underwrite some of the costs of serving those who are unable to pay. The county has recently purchased an x-ray unit to increase the services provided by the clinic. The close relationship between the Community Advisory Committee and the health professionals is extraordinarily important in making the health planning a mutual effort between the providers and receivers of medical care.

The clinic has had an interesting impact on the economic welfare of the community. Sales tax revenues for Lafayette County increased approximately 25% during 1969, compared to an average 10% increase in surrounding counties. Except for the clinic, there has been no other alteration in the economy of the county. Local merchants suggest that formerly visits to physicians in other counties were often converted into shopping tours. The increased sales tax receipts are a surprising finding, and we are trying to determine its relationship to the health center.

CONCLUSIONS

The initial objectives of the university in establishing the rural health center in Lafayette County has been met. Ambulatory medical services are available to the residents of this county. There are plans to extend the care to include dental services. Health education will bring to the community an awareness of the advantages of preventive medicine and health maintenance.

As an educational experience this health center appears to have had significant impast on many of the medical and nursing students. To enhance the student experience the College of Medicine has added a faculty member, a general practitioner, with a lengthy background in rural medicine. He will work closely with the students and house staff and will monitor the provision of health services. Whether this experience will influence a student's return to rural areas after graduation remains unknown.

The research implications of this rural health center have only been touched. There is now, in essence, a rural community in which imaginative and innovative health services may be critically reviewed. The Lafayette County Health Center is one year old. The university has only begun to learn how to study rural health problems. The existence of the health center, however, does represent the commitment of the university to explore further the health needs of rural populations.

FOOTNOTES

[1] Roemer MI: Health needs and services of the rural poor, in *Rural Poverty in the United States: A Report by the President's National Advisory Commission on Rural Poverty*, Washington, D.C., U.S. Government Printing Office, 1968, pp. 311–332.

[2] Murphree AH: A functional analysis of southern folk beliefs concerning birth. *Amer. J Obstet Gynec* 102:125–134, 1968.

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PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, FIRST SESSION

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Senate

By Mr. MONDALE (for himself, Mr. BROOKE, Mr. CASE, Mr. CRANSTON, Mr. JACKSON, Mr. KENNEDY, Mr. TAFT, Mr. ANDERSON, Mr. BAYH, Mr. HARRIS, Mr. HART, Mr. HUGHES, Mr. HUMPHREY, Mr. INOUYE, Mr. MAGNUSON, Mr. MCGEE, Mr. MCGOVERN, Mr. MOSS, Mr. MUSKIE, Mr. NELSON, Mr. PEARSON, Mr. STEVENSON, and Mr. TUNNEY):

S. 1305. A bill to amend the Economic Opportunity Act of 1964 to authorize a legal services program by establishing a National Legal Services Corporation, and for other purposes. Referred to the Committee on Labor and Public Welfare.

Mr. MONDALE. Mr. President, on behalf of myself and Senators BROOKE, CASE, CRANSTON, JACKSON, KENNEDY, and TAFT, as well as Senators ANDERSON, BAYH, HARRIS, HART, HUGHES, HUMPHREY, INOUYE, MAGNUSON, MCGEE, MCGOVERN, MOSS, MUSKIE, NELSON, PEARSON, STEVENSON, and TUNNEY, I am today introducing legislation to provide for an independent and strengthened legal services program. An identical bill has been introduced in the House by a bipartisan group of Congressmen.

Our bill would establish a National Legal Services Corporation—which would be a private, nonprofit entity, chartered under the laws of the District of Columbia—to carry out the functions and activities of the legal services program now administered by the Office of Economic Opportunity. This Corporation will be authorized to make grants and contracts for comprehensive legal services and assistance to low-income persons. The Corporation also will assist disadvantaged persons in obtaining a legal education.

This plan has been endorsed in principle by the President's Advisory Council on Executive Organizations—the Ash Commission—by the Standing Committee on Legal Aid and Indigent Defendents of the American Bar Association, and by the American Bar Association's Section on Individual Rights and Responsibilities.

Like the legal services program itself, our legislation is a nonpartisan effort to provide all Americans—regardless of economic status—with access to courts and other institutions. Our goal is to insure that progressive change can be accomplished in courts and Government agencies, rather than on the streets.

The broad support for this bill—across widely ranging political and philosophical views—is testimony to the importance of that purpose.

Prior to the establishment of the Legal Services program in 1965, the poor did not have access to judicial institutions and other decisionmaking agencies.

In 1964, the civil legal aid offices in this country reached fewer than 1 percent of those requiring legal aid. The overall national expenditure for legal services to the poor amounted to only $4 million—less than two-tenths of 1 percent of the national total spent for the assistance of all attorneys.

It was not just the poor who suffered from this absence of legal representation. With the doors of the legal system closed to a broad segment of our population, many great reform measures remained an empty promise.

Laws were passed to protect the poor, but no means were provided for effective enforcement. Programs were created to benefit the poor, but arbitrary rules and bureaucratic obstacles perverted the purpose of these programs. And commercial interests exploited the poor in clear violation of the law, secure in the knowledge that the poor were powerless to protect themselves.

At a time when many were advocating violence and disruption, the Legal Services program was established with the hope and the promise that these lawyers would enable the poor to use the system for the redress of legitimate grievances.

From the beginning, this program has attracted the best of young lawyers, who came with the belief that there would be no political strings tied to their representation of the poor.

The results of their efforts have been dramatic.

To begin with, the number of lawyers serving the poor has sharply increased.

At the end of fiscal year 1970, there were 2,000 Legal Services lawyers in over 900 neighborhood law offices—located throughout the United States.

These lawyers handled approximately 1,200,000 legal problems in the last fiscal year, and many Legal Services attorneys deal with 500 problems each year.

The problems covered such diverse areas of the law as family relations, consumer abuses, landlord-tenant matters, welfare hearings, and juvenile proceedings.

Legal Services attorneys successfully dispose of over 70 percent of these matters each year.

Beyond the statistics is the impact that this legal assistance has had on the daily lives of te clients served.

Most of the Legal Services caseload does not involve major legal issues and new judicial precedents. To the recipient of these services, however, the availability of legal representation has meant the prevention of an unlawful eviction, the solution of a family dispute, and the enforcement of a neglected housing code.

But this program has done more than cope with the individual problems of individual clients. Recurring patterns of problems—affecting large numbers of the poor—have been discovered and effectively addressed.

Broad social reform has resulted from legal services cases which:

Eliminated welfares "man-in-the-house" rule and residency requirement;

Granted tenants in public and private housing substantial new rights in dealing with their housing problems;

Obtained minimum justice for migrants and farmworkers by redúcing illegal border crossings and requiring enforcement of minimum wage legislation;

Forced the Department of Agriculture to feed hungry people, as the law requires.

The success of the legal services program has affected the entire legal profession. Large corporate law firms now provide resources for the representation of the poor. And most law schools now include in their curriculum—in addition to the traditional emphasis on the tax and corporation—courses concerned with the problems of poverty.

But as legal services has succeeded, it has aroused the intense opposition of powerful private interests, as well as that of mayors, Governors, and other public officials at all levels of government. These attacks have posed a substantial threat to the attorney-client relationship.

In 1965, the organized bar was extremely concerned that the traditional sanctity of the lawyer-client relationship and the independence of the attorney to pursue his client's cause could be jeopardized in a program funded by and responsible to the political system. It was only after assurances were given to bar leaders that the program obtained the official support of the American Bar Association and other bar groups.

The worst fears of the bar were realized in 1967. An amendment was offered in the Senate which would have prevented legal services lawyers from bringing actions on behalf of their clients against Federal, State, and local governmental agencies. This amendment was a direct challenge to the ethical obligations of a lawyer to his client. Fortunately, it was defeated.

Again, in 1969, another crippling amendment was offered in the Senate, and passed by a narrow margin. This amendment would have allowed Governors to veto—without OEO override—any legal services program in their particular State. The bar, legal services attorneys, and clients, along with a bipartisan coalition of Members of Congress, were ultimately successful in defeating this provision.

In 1970, OEO proposed to regionalize the Legal Services program—a move which would have subjected the program's attorneys to much greater local political pressure. OEO finally rescinded this proposal and reaffirmed its commitment to a nationally run program.

Finally, in a blatant example of political interference, Governor Reagan vetoed one of the most outstanding Legal Services programs in the country—California Rural Legal Assistance. While OEO gave this program a 6-month extension, it refused to directly override the Governor's veto.

Although the major congressional and administrative battles involving Legal Services have been widely reported, Legal Services offices throughout the country have faced deadly political pressures with relatively little public attention.

Both public and private interests, whose policies and activities have been challenged for the first time by poor people with Legal Services representation, have attempted to curb this program. There have been numerous efforts to convince local Legal Services boards that certain types of cases should not be handled by their attorneys; there have been appeals to Governors to veto individual legal services programs; and OEO officials have been urged to stop a refunding or to oppose a new project.

As a result of these pressures, the provision of Legal Services has become an issue to be considered politically at every level of government. The poor are beginning to surmiset hat this program—in which they have developed such great confidence—will be subjected to the pressures of a political litmus test.

Most of the opposition to the program has arisen because of the so-called law reform cases which these attorneys have won. The program's critics somehow consider these cases a form of legal agitation.

But the landmark cases won by Legal Services lawyers were based on real problems experienced by individual clients seeking legal assistance. When a California court prevented the Governor of California from drastically reducing payments under the State's medicaid program, it did so because a CRLA lawyer was pressing the legitimate claim of his client—a man unable to obtain a badly needed operation without medicaid.

In all of these cases, Legal Services attorneys were merely fulfilling the clear mandates of their profession. Canon 7 of the Code of Professional Responsibility states that "A lawyer should represent a client zealously within the bounds of the law." Ethical consideration 7-1 elaborates on this canon in the following manner:

The duty of a lawyer, both to his client and to the legal system, is to represent his client zealously within the bounds of the law, which includes Disciplinary Rules and enforceable professional regulations. The professional responsibility of a lawyer derives from his membership in a profession which has the duty of assisting members of the public to secure and protect available legal rights and benefits. In our government of laws and not of men, each member of our society is entitled to have his conduct judged and regulated in accordance with the law; to seek any lawful objective through legally permissible means; and to present for adjudication any lawful claim, issue or defense.

In light of these ethical requirements, a legal-services attorney—like any other lawyer—cannot stop and weigh the political consequences of contemplated legal action. But those who have attempted to curtail this program are not overly concerned with the ethics of the legal profession.

It should be emphasized that these political attacks have cut across party and ideological lines. Democrats and Republicans, liberals and conservatives have opposed and defended various aspects of this program.

But despite the impressive accomplishments of legal services, there can be no doubt that constant political interference has taken its toll. For once political pressure is apparent, legal-services attorneys inevitably begin to consider the consequences of bringing certain types of legal actions.

There are many kinds of reprisals against a program whose attorneys are considered too aggressive in representing their clients. The next grant can be vetoed by the Governor; debilitating restrictions can be placed on the grant; and the program's funds can be reduced by cautious officials unwilling to offend powerful local interests.

These are serious and substantial fears—which many attorneys in the field have experienced at one time or another. And even if these fears do not materialize, the perception of pressure and reprisals can hamper an attorney's ability to fully and effectively represent his client.

While the legal-services program has survived past attacks on its independence, its integrity, and its capacity to provide full legal representation to the poor, each challenge has drained the program's energy and diverted its resources. As long as the program remains vulnerable to political attack or manipulation, the damage will grow worse until it could be fatal.

Our legislation is designed to insulate this vital program from political interference—and in so dong, to insure its integrity and independence.

The National Legal Services Corporation will be established as a new title under the Economic Opportunity Act, and it will be funded by the Federal Government. But as a private, nonprofit corporation, it will not be an agency or establishment of the U.S. Government. Thus, OEO would have no administrative control over the program.

The corporation's basic mission will be the same as the Legal Services program now administered by OEO. It will be authorized to make grants and contracts to provide comprehensive legal services and assistance to low income persons; to carry out programs for research, training, technical assistance, and law school clinical assistance; and to assist disadvantaged persons in obtaining a legal education.

The corporation will be administered by a 19-member board of directors. Five members of the board will be chosen by the President with the advice and consent of the Senate. One member will be appointed by the Chief Justice of the Supreme Court upon the recommendation of the Judicial Conference of the United States. Six members serve by virtue of their office, including the president and president-elect of the American Bar Association, president of the American Trial Lawyers Association, president of the National Bar Association, president of the National Legal Aid and Defenders Association, and the president of the American Association of Law Schools. Three will be chosen by a clients advisory council and three will be chosen by a project attorneys' advisory council—each council to be established by the act. The executive director of the corporation, selected by the board, will also be a voting member of the board of directors.

Six months after the date of enactment of this legislation, the corporation will become fully operative. During the transition period, the board of directors will be selected and the corporation will take necessary organizational steps. OEO will continue to administer the Legal Services program throughout this transitional period.

The corporation will be funded by yearly appropriations from the Congress. The authorization for fiscal year 1972 is $140 million, and the authorization for fiscal year 1973 is $170 million.

The present Legal Services budget is $61.4 million; but this does not include another $15 million which Legal Services receives from other parts of OEO's budget, and thus their actual budget is approximately $75 million.

It is clear that the program's present funding level is inadequate to meet the overwhelming legal needs of the poor. Under the most optimistic estimates, the program is only meeting 20 percent of that need.

Many areas of the country do not have a Legal Services office, despite the demand in those areas for such services. These areas have submitted applications for funding, only to have them rejected because of a shortage of funds. And almost all existing grantees are woefully underfunded.

An example of this acute funding shortage is the Legal Services effort to recruit and support disadvantaged students desiring to obtain legal education—the Council on Legal Education Opportunities—CLEO. This vital project under present funding levels will be able to recruit only 200 students in fiscal year 1971—despite the fact that there are hundreds of other young Americans seeking this opportunity.

I do not believe, therefore, that the authorizations in our bill are unreasonable. The cost overruns on the C–5A airplane alone—over $1.5 billion—would operate the Legal Services program at the funding levels in our bill for 10 years.

In seeking a federally funded nonprofit corporation to administer Legal Services, our legislation is consistent with past congressional action. Under analagous circumstances, Congress passed the Public Broadcasting Act of 1967, which created the Corporation for Public Broadcasting—an independent, nonprofit corporation, receiving Federal funds, to assist in developing a noncommercial educational broadcasting system.

The reasons for creating such a structure were obvious: Congress wanted to promote this type of vital programing, but at the same time, it wanted to assure that there would be no political interference with the funding decisions and other activities of the corporation.

In hearings on this legislation, Fred Friendly told the Senate Commerce Committee of the need for this type of independence:

Of one thing we can be certain: Public Television will rock the boat. There will be—there should be—times when every man in politics—including you—will wish that it had never been created. But Public Television should not have to stand the test of political popularity at any given point in time. *Its most precious right will be the right to rock the boat.*

Congress recognized the need to preserve the independence of public broadcasting. We must make the same commitment to preserving the independence of Legal Services.

Our legislation, like the Public Broadcasting Act of 1967, would accomplish this purpose. It would insulate the client and his lawyer from harmful restrictions motivated by political considerations.

The Board of Directors, which will run the National Legal Services Corporation, is carefully balanced. The public, the legal profession, Legal Services lawyers and their clients will be equally involved in determining the policies and procedures of this Corporation.

While this structure will preserve the independence of Legal Services lawyers, our bill also insures accountability.

Annual reports to Congress are required, and the Corporation's fiscal procedures will be subject to both private and GAO audits. In addition, the bill makes it clear that the program's attorneys will be governed at all times by the highest standards of the legal profession—thus assuring accountability to the courts. And finally, each local grantee will be accountable to a local board of directors—composed of both attorneys and representatives of the client community.

This type of accountability is consistent with the primary purpose in establishing this Corporation—protection of the integrity of the attorney-client relationship. The attorneys operating under this program, so long as they act in accordance with the highest standards of the legal profession, will be free to raise any legal claims on behalf of their clients—regardless of whether these claims challenge the policies and practices of Government agencies or challenge the validity of existing legislation. And they will be free to do so without fear of retaliation or political intimidation.

Enabling these attorneys to operate independently on behalf of their clients is not a special privilege for attorneys serving the poor. It is required by the canons and ethics of the legal profession.

Disciplinary rule 5–107(b) states:

A lawyer shall not permit a person who recommends, employs or pays him to render legal services for another to direct his professional judgment in rendering such legal services.

And ethical consideration EC 5–23 makes clear the same concerns:

Since a lawyer must always be free to exercise his professional judgment without regard to the interest or motives of a third person, the lawyer who is employed by one to represent another must constantly guard against erosion of his professional freedom.

These standards reflect the fact that our system of justice is based on the adversary process—which in turn depends upon effective advocacy. A dilution of the lawyer's independence threatens this adversary process. As former Chief Justice Warren has stated:

A right without an advocate is as useless as a blueprint without a builder or materials.

No attorney can meet his professional responsibilities to a client if there are outside restraints on the types of cases in which he can participate or the kinds of issues he can raise. No large corporation would tolerate outside interference with their retained attorneys. Certainly the poor should not be expected to tolerate such interference.

The National Legal Services Corp. will do far more, however, than protect the professional integrity of Legal Services attorneys. It will help protect the integrity of our entire system of government.

Under our system of government, the courts are the forum of last redress. We understand as a people that we must respect the supremacy of law—and the inviolability of recourse to the courts for those who are disenfranchised and for those who, for one reason or another, have been dealt with unfairly and arbitrarily.

In this decade, it is a singularly small but visible effort which has come to symbolize the possibility of a new period of maturity, of conscience, of self-assurance, for our Nation—the Legal Services program.

I believe that our Government has reached the point where it can admit that it is capable of error, that it no longer need claim infallibility or hide behind sovereign immunity. We are ready to set up mechanisms whereby the people can hold the Government accountable—not only every 2 or 4 years—but can challenge individual acts and specific policies as contrary to law.

This is the genius and historic significance of the Legal Services program—that a government can offer to the powerless the opportunity and the resources which are needed to challenge improper acts by both private and public bodies.

This National Legal Services Corp. will not be free of controversy. No method of resolving conflict is without controversy—except total suppression.

If the poor and the powerless do not have free access to our legal system, government by law is a failure.

Our legislation is designed to assure that access. In this basic respect, it represents a traditional and time-honored means of achieving orderly change.

Mr. President, I ask unanimous consent that the text of our legislation, a section-by-section analysis, and a sum-

mary be printed in full at this point in the RECORD.

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

S. 1305

A bill to amend the Economic Opportunity Act of 1964 to authorize a legal services program by establishing a National Legal Services Corporation, and for other purposes

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 "National Legal Services Corporation Act".

SEC. 2. The Economic Opportunity Act of 1964 is amended by adding at the end thereof the following new title:

"TITLE IX—NATIONAL LEGAL SERVICES CORPORATION

"DECLARATION OF POLICY

"SEC. 901. The Congress hereby finds and declares that—

"(1) it is in the public interest to encourage and promote resort to attorneys and appropriate institutions for the orderly resolution of grievances and as a means of securing orderly change, responsiveness and reform;

"(2) many low income Americans are unable to afford the cost of legal services or of access to appropriate institutions;

"(3) access to legal services and appropriate institutions for all citizens of the United States not only is a matter of private and local concern, but also is of appropriate and important concern to the Federal Government;

"(4) the integrity of the attorney-client relationship and of the adversary system of justice in the United States require that there be no political interference with the provision and performance of legal services;

"(5) existing legal services programs have provided economical, effective, and comprehensive legal services to the client community so as to bring about a peaceful resolution of grievances through resort to orderly means of change;

"(6) a private nonprofit corporation should be created to encourage the availability of legal services and legal institutions to all citizens of the United States, free from extraneous interference and control.

"ESTABLISHMENT OF CORPORATION

"SEC. 902. (a) There is established a nonprofit corporation, to be known as the 'National Legal Services Corporation' (hereinafter referred to as the 'Corporation') which wil lnot be an agency or establishment of the United States Government. The Corporation shall be subject to the provisions of this title, and, to the extent consistent with this title, to the Distriot of Columbia Nonprofit Corporation Act. The right to repeal, alter, or amend this title is expressly reserved.

"(b) No part of the net earnings of the Corporation shall inure to the benefit of any private person, and it shall qualify as an organization described in section 501(c)(3) of the Internal Regenue Code of 1954 which is exempt from taxation under section 501(a) of such Code.

"PROCESS OF INCORPORATION AND ORGANIZATION

"SEC. 903. (a) There shall be a transition period of six months following the date of enactment of the National Legal Services Corporation Act for the process of incorporation and initial organization of the corporation.

"(b) There is established an Incorporating Trusteeship composed of the following persons: the President of the American Bar Association, the President Elect of the American Bar Association, the President of the National Legal Aid and Defenders Association, the President of the American Association of Law Schools, the President of the American Trial Lawyers Association, and the President of the National Bar Association. The Incorporating Trusteeship shall meet within 30 days after the enactment of the National Legal Services Corporation Act to carry out the provisions of this section.

"(c) (1) Not later than sixty days after the enactment of the National Legal Services Corporation Act the Incorporating Trusteeship shall establish the initial Clients Advisory Council to be composed of eleven members who are selected, in accordance with procedures established by the Incorporating Trusteeship, from among individuals recommended by the governing boards of existing legal services programs who are representative of the class of clients served by any such program.

"(2) Not later than sixty days after the enactment of the National Legal Services Corporation Act the Incorporating Trusteeship shall establish the initial Project Attorneys Advisory Council to be composed of eleven members to be selected, in accordance with procedures established by the Incorporating Trusteeship, by attorneys who are actively engaged in providing legal services under any existing legal services program from among individuals who are attorneys actively engaged in providing such services.

"(3) To assist in carrying out the provisions of this subsection, the Director of the Office of Economic Opportunity shall compile a list of all legal services programs publicly funded during the fiscal year ending June 30, 1971, and the subsequent fiscal year and furnish such list to the Incorporating Trusteeship. In order to carry out the provisions of this subsection the Director of the Office of Economic Opportunity shall make available to the Incorporating Trusteeship such administrative services as it may require.

"(d) Not later than ninety days after the enactment of the National Legal Services Corporation Act the Clients Advisory Council shall each meet and each appoint three representatives to serve on the initial Board of Directors of the National Legal Services Corporation.

"(e) During the ninety-day period of incorporation of the Corporation the Incorporating Trusteeship shall take whatever actions are necessary to incorporate the Corporation, including the filing of Articles of Incorporation under the District of Columbia Nonprofit Corporation Act, and to prepare for the first meeting of the Board of Directors, except the selection of the Executive Director of the Corporation.

"(f) During the 90 day period immediately following the period specified in subsection (e) of this section the Board shall take whatever action is necessary to prepare to begin to carry out the activities of the Corporation six months after the enactment of the National Legal Services Corporation Act.

"DIRECTORS AND OFFICERS

"SEC. 904. (a) The Corporation shall have a Board of Directors consisting of 19 individuals, one of whom shall be elected annually by the Board to serve as Chairman. Members of the Board shall be appointed as follows:

"(1) Public Members. Five members of the Board shall be appointed by the President, by and with the advice and consent of the Senate, and one member shall be appointed by the Chief Justice of the United States after consultation with the Judicial Conference of the United States. After giving due consideration to individuals recommended by associations of attorneys whose membership is actively engaged in conducting legal services programs the President shall make the appointments under this paragraph to the initial Board of Directors. After giving due consideration to recommendations of individuals recommended by the Board the President shall make the appointments under this paragraph for any Board subsequent to the initial Board.

"(2) Legal organization members. Six individuals shall be members of the Board by virtue of holding the following offices:

"(A) The President of the American Bar Association.

"(B) The President-elect of the American Bar Association.

"(C) The President of the National Legal Aid Defender.

"(D) The President of the American Association of Law Schools.

"(E) The President of the American Trial Lawyers Association.

"(F) The President of the National Bar Association.

"(3) Attorney-client members. Six members of whom three shall be selected by the Clients Advisory Council and three shall be selected by the Project Attorneys Advisory Council. Any Board after the initial Board shall, in consultation wth the respective Advisory Councils, provide for the rules with respect to the subsequent meetings of the Clients Advisory Council and the Attorneys Advisory Council and the process of selection of members of the Board in accordance with this paragraph.

"(4) The Executive Director of the Corporation.

"(b)(1) Members appointed under paragraph (1) of the preceding subsection shall be appointed for terms of three years except that—

"(A) the terms of the Directors first taking office shall be effective on the ninety-first day after the enactment of the National Legal Services Corporation Act and shall expire, as designated by the President at the time of appointment, three at the end of three years, two at the end of two years, and in the case of the Director appointed by the Chief Justice, two years; and

"(B) any Director so appointed to fill a vacancy occurring before the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term.

"(2) The members selected under paragraph (2) of the preceding subsection shall serve for the term of office for which they are elected and by virtue of which they become members of the Board except in no case shall a term exceed three years. If anyone of the organizational members' term will exceed three years by virtue of holding a position more than three yars, the Boara shall provide for the appointment of a successor by the appropriate organization.

"(3) The members selected pursuant to paragraph (3) of the preceding subsection shall serve for a term of three years except that—

"(A) the terms of the Directors first taking office shall be effective on the ninety-first day after the enactment of the National Legal Services Corporation Act and shall expire as designated by the selecting Advisory Council, one at the end of one year, one at the end of two years, and one at the end of three years after such date; and

"(B) any director so appointed to fill a vacancy occurring before the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term.

"(c) The Corporation shall have an Executive Director, who shall be an attorney, and such other officers as may be named and appointed by the Board of Directors, at rates of compensation fixed by the Board, and serve at the pleasure of the Board. No individual shall serve as Executive Director of the Corporation for a period in excess of six years.

"(d) No political test or qualification shall be used in selecting, appointing, or promoting any officer, attorney or employee of the Corporation. No officers or employees of the Corporation shall receive any salary from any source other than the Corporation during the period of employment by the Corporation.

"ADVISORY COUNCIL: EXECUTIVE COMMITTEE

"SEC. 905. (a) The Board shall provide for the selection of a Clients Advisory Council subsequent to the first such Council to be composed of not more than eleven members, selected in accordance with procedures established by the Board, from among individuals who are representative of the class of clients served by the legal services programs conducted or assisted by the Corporation. The Clients Advisory Council shall be available to advise the President on general policy matters relating to the needs of the members of the client community and to select members of the Board in accordance with section 904.

"(b) The Board shall provide for a Project Attorneys Advisory Council subsequent to the first such project. Project Attorneys Advisory Council shall be composed of not more than eleven members to be selected in accordance with procedures established by the Board, from among individuals who are attorneys actively engaged in providing legal services conducted by the Corporation. The Project Attorneys Advisory Council shall be available to advise the President on general policy relating to the furnishing of legal services to members of the client community and to select members of the Board in accordance with section 904.

"(c) The Board may establish an Executive Committee of not less than five members nor more than seven members which shall consist of the Chairman of the Board, the Executive Director of the Corporation, one Director appointed pursuant to paragraph (1) of section 904(a), one Director appointed pursuant to paragraph (2) of section 904 (a), and one Director appointed pursuant to paragraph (3) of section 904(a).

"ACTIVITIES AND POWERS OF THE CORPORATION

"SEC. 906. (a) Effective six months after the enactment of the National Legal Services Corporation Act, in order to carry out the purposes of this title, the Corporation is authorized to—

"(1) provide financial assistance to qualified programs furnishing legal service to members of the client community;

"(2) provide financial assistance to pay the costs of contracts or other agreements made pursuant to section 3 of the National Legal Services Corporation Act;

"(3) carry out research, training, technical assistance, experimental and clinical assistance programs designed to improve the provisions of legal services to members of the client community;

"(4) increase opportunities for legal education among individuals who are members of a minority group or individuals who are economically disadvantaged;

"(5) collect and disseminate information designed to coordinate and evaluate the effectiveness of the activities and programs for legal service in various parts of the country;

"(6) assist and coordinate all programs for the provision of legal service and legal assistance to the client community conducted or assisted by the Federal Government including—

"(A) reviewing all grants and contracts for the provision of legal services to the client community made under other provisions of Federal law by any agency of the Federal Government together with making recommendations to the appropriate Federal agency;

"(B) reviewing and making recommendations to the President and Congress concerning any proposal, whether by legislation or executive action, to establish a federally assisted program for the provision of legal services to the client community; and

"(C) upon request of the President, providing training, technical assistance, monitoring and evaluation services to any federally assisted legal services program;

"(7) establish such procedures and take such other measures as may be necessary to assure that attorneys employed by the Corporation and attorneys paid in whole or in part from funds provided by the Corporation carry out the same duties to their clients and enjoy the same protection from interference as if such an attorney was hired directly by the client;

"(8) establish standards of eligibility for the provision of legal services to be rendered by any grantee or contractee of the Corpora-

tion with special provision for priority for members of the client community whose means are least adequate to obtain private legal services;

"(9) establish policies consistent with the best standards of the legal profession to assure the integrity, effectiveness and professional quality of the attorneys providing legal services under this title; and

"(10) carry on such other activities as would further the purposes of this title.

"(b) In the performance of the functions set forth in subsection (a) the Corporation is authorized to—

"(1) make grants, enter into contracts, leases, cooperative agreements or other transactions, in accordance with by-laws established by the Board of Directors appropriate to conduct the activities of the Corporation;

"(2) accept unconditional gifts or donations of services, money or property, real, personal, or mixed, tangible or intangible, and use, sell, or otherwise dispose of such property for the purpose of carrying out its activities;

"(3) appoint such attorneys and other professional and clerical personnel as may be required and fix their compensation;

"(4) promulgate regulations containing criteria specifying the manner of approval of applications for grants based upon the following considerations—

"(A) the most economical, effective and comprehensive delivery of legal services to the client community;

"(B) peaceful resolution of grievances and resort to orderly means of seeking change; and

"(C) maximum utilization of the expertise and facilities of organizations presently specializing in the delivery of legal services to the client community;

"(5) establish and maintain a law library;

"(6) establish procedures for the conduct of legal services programs assisted by the Corporation containing a requirement that the applicant will give assurances that the program will be supervised by a policy making board on which the members of the legal profession constitute a majority and members of the client community constitute at least one-third of the member of such Board.

"(c) In any case in which services are performed for the Federal Government by the Corporation the Corporation shall be reimbursed for the cost of such services pursuant to an agreement between the Executive Director of the Corporation and the head of the agency of the Federal Government concerned.

"NON-PROFIT AND NON-POLITICAL NATURE OF THE CORPORATION

"SEC. 907. (a) The Corporation shall have no power to issue any shares of stock, or to declare or pay any dividends.

"(b) No part of the income or assets of the Corporation shall inure to the benefit of any Director, officer, employee or any other individual except as reasonable compensation for services.

"(c) The Corporation may not contribute to or otherwise support any political party or candidate for elective public office.

"ACCESS TO RECORDS AND DOCUMENTS RELATED TO THE CORPORATION

"SEC. 908. (a) Copies of all records and documents pertinent to each grant and contract made by the Corporation shall be maintained in a place readily accessible and open to public inspection during ordinary working hours for a period of at least five years subsequent to the making of such grant or contract.

"(b) Copies of all reports pertinent to the evaluation, inspection or monitoring of grantees and contractees shall be maintained for a period of at least three years, subsequent to such evaluation, inspection or monitoring visit. Upon request, substance of such reports shall be furnished to the grantee or contractee who is the subject of the evaluation, inspection or monitoring visit.

"(c) The Corporation shall be subject to the provisions of the Freedom of Information Act.

"FINANCING OF THE CORPORATION

"SEC. 909. In addition to any funds reserved and made available for payment to the Corporation from appropriations for carrying out the Economic Opportunity Act of 1964 for any fiscal year, there are further authorized to be appropriated for payment to the Corporation such sums as may be necessary for any fiscal year. Funds made available to the Corporation from appropriations for any fiscal year shall remain available until expended.

"RECORDS AND AUDIT OF THE CORPORATION AND THE RECIPIENTS OF ASSISTANCE

"SEC. 910. (a) The accounts of the Corporation shall be audited annually in accordance with generally accepted auditing standards by any independent licensed public accountant certified or licensed by a regulatory authority of a State or other political subdivision of the United States. Each such audit shall be conducted at the place or places where the accounts of the Corporation are normally kept. All books, accounts, financial records, reports, files and all other papers, things, or property belonging to or in use by the Corporation and necessary to facilitate the audit shall be made available to the person conducting the audit, and full facilities for verifying transactions with the balance, or securities held by depositories, fiscal agents and custodians shall be afforded to any such person. The report of each such independent audit shall be included in the annual report required under this title. The audit report shall set forth the scope of the audit and include such statements as are necessary to present fairly the Corporation's assets and liabilities, surplus or deficit of the Corporation, with an analysis of the changes therein during the year, supplemented in reasonable detail by a statement of the income and expenses of the Corporation during the year, and a statement of the sources and application of funds, together with the opinion of the independent auditor of those statements.

"(b) (1) The financial transactions of the Corporation for any fiscal year during which Federal funds are available to finance any portion of its operations may be audited annually by the General Accounting Office in accordance with the principles and procedures applicable to commercial corporate transactions and under such rules and regulations as may be prescribed by the Comptroller General of the United States. Any such audit shall be conducted at the place or places where accounts of the Corporation are normally kept. The representative of the General Accounting Office shall have access to all books, accounts, records, reports, files and all other papers, things or property belonging to or in use by the Corporation pertaining to its financial transactions and necessary to facilitate the aduit, and they shall be afforded full facilities for verifying transactions with the balances or securities held by depositories, fiscal agents, and custodians. All such books, accounts, records, reports, files, papers and property of the Corporation shall remain in the possession and custody of the Corporation.

"(2) A report of each such audit shall be made by the Comptroller General to the Congress. The report to the Congress shall contain such comments and information as the Comptroller General may deem necessary to inform Congress of the financial operations and condition of the Corporation, together with such recommendations with respect thereto, as he may deem advisable. The report shall also show specifically any program, expenditure, or other financial transaction or undertaking observed in the course of the audit, which in the opinion of the Comptroller General, has been carried on or made without authority of law. A copy of each report shall be furnished to the Executive Director and to each member of the Board at the time submited to the Congress.

"(c) (1) Each grantee or contractee, other than a recipient of a fixed price contract awarded pursuant to competitive bidding procedures, under this section shall keep such records as may be reasonably necessary to fully disclose the amount and the disposition by such recipient of the proceeds of such assistance, the total cost of the project or undertaking in connection with which such assistance is given or used, and the amount and nature of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit.

"(2) The Corporation or any of its duly authorized representatives shall have access for the purpose of audit and examination of any books, documents, papers, and records of the recipient that are pertinent to assistance received under this section. The Comptroller General of the United States, or any of his duly authorized representatives shall also have access thereto for such purpose during any fiscal year for which Federal funds are available to the Corporation.

"REPORTS TO CONGRESS

"SEC. 911. The Corporation shall prepare an annual report for transmittal to the President and the Congress on or before the thirtieth day of January of each year, summarizing the activities of the Corporation and making such recommendations as it may deem appropriate. This report shall include findings and recommendations concerning the preservation of the attorney-client relationships and adherence to the Code of Professional Responsibility of the American Bar Association in the conduct of programs supported by the Corporation. The report shall include a comprehensive and detailed report of the operations, activities, financial condition and accomplishments of the Corporation together with dissenting views and recommendations, if any, of Members of the Board.

"DEFINITIONS

"SEC. 912. As used in this title the term—

"(1) 'client community' means individuals unable to obtain private legal counsel because of inadequate financial means;

"(2) 'member of the client community' includes any person unable to obtain private legal counsel because of inadequate means;

"(3) 'representative of the client community' includes any person who is selected by members of the client community whether or not a member of that community;

"(4) 'legal services' includes legal advice, legal representation, legal research, education concerning legal rights and responsibilities, and similar activities;

"(5) 'legal profession' refers to that body composed of all persons admitted to practice before the highest court of at least one state of the United States;

"(6) 'state' includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands;

"(7) 'non-profit', as applied to any foundation, corporation, or association means a foundation, corporation, or association, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual;

"(8) 'Corporation' means the National Legal Services Corporation to be established pursuant to this title.

"FEDERAL CONTROL

"SEC. 913. Nothing contained in this title shall be deemed to authorize any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over the Corporation or any of its grantees or contractors or employees, or over the charter or bylaws of the Corporation, or over the attorneys providing legal services pursuant to this title, or over the members of the client community receiving legal services pursuant to this title."

SEC. 3. (a) During the fiscal year 1972 the Director of the Office of Economic Opportunity shall take such action as may be necessary, in cooperation with the Executive Director of the National Legal Services Corporation, to arrange for the orderly continuance by such Corporation of financial assistance to legal services programs assisted pursuant to sections 222(a)(3), 230, 232, or any other provision, of the Economic Opportunity Act of 1964. Whenever the Director of the Office of Economic Opportunity determines that an obligation to provide financial assistance pursuant to any contract or grant agreement for such legal services will extend beyond 6 months after the date of enactment of this Act, he shall include in any such contract or agreement provisions to assure that the obligation to provide such financial assistance may be assumed by the National Legal Services Corporation, subject to such modifications of the terms and conditions of that contract or grant agreement as the Corporation determines to be necessary.

(b) Effective six months after the date of enactment of this Act, section 222(a)(3) of the Economic Opportunity Act of 1964 is repealed.

SEC. 4. (a) Of the amounts appropriated to the Office of Economic Opportunity for carrying out the Economic Opportunity Act of 1964, there shall be reserved and made available to the Legal Services Corporation established pursuant to title IX of such Act, not less than the sums of $140,000,000 for the fiscal year ending June 30, 1972, and $170,000,000 for the fiscal year ending June 30, 1973.

(b) Notwithstanding any other provision of law, after the enactment of this Act but prior to the enactment of appropriations to carry out the Economic Opportunity Act of 1964 for the fiscal year ending June 30, 1972, the Director of the Office of Economic Opportunity shall, out of appropriations then available to him, make funds available to assist in meeting the organizational expenses of the Corporation and in carrying out its activities.

SEC. 5. Title VI of the Economic Opportunity Act of 1964 is amended by inserting after section 622 thereof the following new section:

"RESPONSIBILITY FOR NATIONAL LEGAL SERVICES CORPORATION

"SEC. 623. Nothing in this Act, except title IX, and no reference to this Act unless such reference refers to title IX, shall be construed to affect the powers and activities of the National Legal Services Corporation."

SECTION-BY-SECTION ANALYSIS—NATIONAL LEGAL SERVICES CORPORATION ACT

Section 1.—*Short Title:* National Legal *Services Corporation Act* authorizing a National Legal Services Corporation by amending the Economic Opportunityl Act of 1964.

Section 2.—Establishes Title IX to the Economic Opportunity Act of 1964 entitled "National Legal Services Corporation"

SECTION 901—DECLARATION

(1) it is in the public interest to encourage and promote resort to attorneys and appropriate institutions for the orderly resolution of grievances and as a means of securing orderly change, responsiveness and reform:

(2) many low income Americans are unable to afford the cost of legal services or of access to appropriate institutions;

(3) access to legal services and appropriate institutions for all citizens of the United States not only is a matter of private and

local concern, but also is of appropriate and important concern to the Federal Government;

(4) the integrity of the attorney-client relationship and of the adversary system of justice in the United States require that the performance and provision of legal services be free from political interference;

(5) existing legal services programs have provided economical, effective, and comprehensive legal services to the client community so as to bring about a peaceful resolution of grievances through resort to orderly means of change;

(6) a private nonprofit corporation should be created to encourage the availability of legal services and appropriate institutions to all citizens of the United States, free from extraneous interference and control.

ANALYSIS

SECTION 902—ESTABLISHMENT OF CORPORATION

Establishes a non-profit Corporation, under the laws of the District of Columbia, which will not be an agency or establishment of the United States Government.

SECTION 903—PROCESS OF INCORPORATION

There is established an incorporating trusteeship made up of the President and President-Elect of the American Bar Association, and the Presidents of the National Legal Aid and Defender Association, American Association of Law Schools, American Trial Lawyers Association, and National Bar Association. The incorporating trusteeship shall, within sixty days after enactment, establish an eleven member Clients Advisory Council from among persons recommended by the Boards of Directors of existing Legal Services programs and who are representative of the client community. Similarly, the trustees shall establish a Project Attorneys Advisory Council. Within ninety days of enactment the Clients and Project Attorneys Advisory Council will select three representatives to serve on the Corporation's Board of Directors.

SECTION 904—DIRECTORS AND OFFICERS

The Corporation shall have a Board of Directors made up of nineteen persons, one of whom shall be elected annually by the Board to serve as Chairman. Five members of the Board are appointed by the President with the advice and consent of the Senate. The President's initial appointments shall be made after giving due consideration to indivduals recommenided by associations of attorneys actively engaged in conducting Legal Services Programs, and subsequent appointments to the Board by the President shall be made after giving due consideration to individuals recommended by the Board. One member by the Chief Justice of the United States after consultation with the Judicial Conference of the United States. Six members serve by virtue of their office (Presidents of the ABA, NLADA, American Association of Law Schools, American Trial Lawyers Association, and National Bar Association) and the President-Elect of the American Bar Association. Six members are chosen by the Clients and Project Attorney's Advisory Councils (three members each). The Executive Director of the Corporation is a voting member of the Board of Directors. The term of office for a Director is three years. The initial Board will be so constituted that members will have staggered terms of one, two, and three years. The Executive Director, selected by the Board of Directors, shall be an attorney and no individual can serve in this position for a period which exceeds six years.

SECTION 905—ADVISORY COUNCIL; EXECUTIVE COMMITTEE

Establishing Clients and Project Attorneys Advisory Councils selected in accordance with procedures promulgated by the Board of Directors. The Board of Directors shall also establish an Executive Committee of five members.

SECTION 906—ACTIVITIES AND POWERS OF THE CORPORATION

(a)(1) Provide financial assistance to programs furnishing legal services to the client community.

(a)(2) Carry out programs, including research, training, technical assistance, and law school clinical assistance, to improve the provision of services to the client community.

(a)(3) Increase opportunity for legal education for individuals who are economically disadvantaged or members of minority groups.

(a)(4) Co-ordinate activities in various parts of the country through information collection and dissemination.

(a)(5) Assist and coordinate all Federal programs for the provision of legal services to the client community by reviewing and making recommendations upon (a) grants and contracts concerning legal services and (b) proposed legislative or executive action.

(a)(6) Assure that attorneys paid in whole or in part by funds from the Corporation owe the same duty to clients and enjoy the same protection from interference as if the attorney was directly employed by the client.

(a)(7) Establish policies which assure the professional quality of the attorneys and adherence to the Canons of Ethics.

(a)(8) Establish eligibility standards for clients with first priority on those who are destitute or extremely poor.

(b) The Corporation is further authorized to make grants, contracts, and enter into cooperative agreements. Promulgate regulations approving grants and contracts using criteria regarding (1) the most economical, effective, and comprehensive delivery of services (2) peaceful and orderly methods of seeking change and (3) maximum utilization of organizations presently delivering legal services. Insure that the Board of Directors of grantees are made of a majority of attorneys and at least one-third representatives of the client community.

SECTION 907—NON-PROFIT AND NON-POLITICAL NATURE OF THE CORPORATION

The Corporation may not contribute to or support any political party or candidate for elective public office.

SECTION 908—ACCESS TO RECORDS AND DOCUMENTS RELATED TO THE CORPORATION

Full access to records is insured. The Corporation is subject to the provisions of the Freedom of Information Act as long as consistent with the Canons of Ethics and the ABA Code of Professional Responsibility.

SECTION 909—FINANCING

Authorizes funds to be appropriated for payment to the Corporation as may be necessary for any fiscal year, including funds to assist the Corporation in meeting its organizational expenses. The proposed Act also reserves and makes available not less than $140 million for the first fiscal year of operation and not less than $170 million for fiscal year 1973. Funds made available to the Corporation under this Act shall remain available until expended.

SECTION 910—RECORDS AND AUDITS OF THE CORPORATION AND THE RECIPIENTS OF ASSISTANCE

Authorizes annual audit by the GAO and requires Comptroller General to make a report to Congress on any such audit.

SECTION 911—REPORTS TO CONGRESS

An annual report shall be prepared for the President and the Congress.

SECTION 912—DEFINITIONS

"Client Community" means that group of individuals not able to obtain private legal counsel because of inadequate financial means; in establishing eligibility standards for clients, the Corporation must give first priority to those who are destitute or extremely poor.

"Legal Services" includes legal advice, legal representation, legal research, education concerning legal rights and responsibilities and similar legal activities.

SECTION 913—FEDERAL CONTROL

Prohibits Federal control over the Corporation or its employees.

Section 3—During the first year of operation the Director of OEO shall take such action as may be necessary to arrange for the orderly continuance by the Corporation of the Legal Services Program.

Section 4—See Financing section in this analysis.

SUMMARY—NATIONAL LEGAL SERVICES CORPORATION ACT

This bill establishes a private, non-profit corporation (chartered under the laws of the District of Columbia) to carry out the functions and activities of the present Legal Services Program now administered by OEO. It will be authorized to make grants and contracts to provide comprehensive legal services and assistance to low income persons. The Corporation also will assist disadvantaged persons in obtaining a legal education.

The National Legal Services Corporation will be established as a separate title under the Economic Opportunity Act, and it will be funded by the Federal government. It is patterned after the Corporation for Public Broadcasting.

The Corporation will be administered by a nineteen member Board of Directors. Five members of the Board will be chosen by the President with the advice and consent of the Senate. One member will be appointed by the Chief Justice of the Supreme Court upon the recommendation of the Judicial Conference of the U.S. Six members serve by virtue of their office, including the President and President-elect of the American Bar Association, President of the American Trial Lawyers Association, President of the National Bar Association, President of the National Legal Aid and Defenders Association, and the President of the American Association of Law Schools. Three Board members will be chosen by a Clients Advisory Council and three will be chosen by a Project Attorney's Advisory Council (each council to be established by the Act). The Executive Director of the Corporation, selected by the Board, will also be a voting member of the Board of Directors.

Six months after the date of enactment of this legislation, the Corporation will become fully operative. During the transition period, the Board of Directors will be selected and the Corporation will take necessary organizational steps. OEO will continue to administer the Legal Services Program throughout this transitional period.

The Corporation will be funded by yearly appropriations from the Congress. The first fiscal year authorization is $140 million, and $170 million is authorized for Fiscal Year 1973.

United States Senate
WASHINGTON, D.C. 20510

Walter F. Mondale
U.S.S.

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