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HEARING

BEFORE THE

COMMITTEE ON

LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

FIRST SESSION

ON

H. STEWART, OF MARYLAND, TO BE SURGEON
GENERAL OF THE PUBLIC HEALTH SERVICE



SEPTEMBER 29, 1965



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Committee on Labor and Public Welfare

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COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE
EIGHTY-NINTH CONGRESS

COMMITTEE ON LABOR AND PUBLIC WELFARE

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NOMINATION

WEDNESDAY, SEPTEMBER 29, 1965

U.S. SENATE,
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The committee met at 10:55 a.m., pursuant to call, in room 4232, Senate Office Building, Senator Lister Hill, chairman of the committee, presiding.

Present: Senators Hill (presiding), Morse, Yarborough, Clark, Randolph, Williams, Pell, Javits, Prouty, Dominick, and Fannin.

Committee staff present: Stewart E. McClure, chief clerk; John S. Forsythe, general counsel; Robert Barclay, professional staff member; and, Stephen Kurzman, minority counsel.

The CHAIRMAN. The committee will kindly come to order.

We are glad to have with us William H. Stewart, nominee to be Surgeon General, U.S. Public Health Service.

Doctor, suppose you give us a brief statement as to what you feel your qualifications are for this particular position. We will place your prepared statement in the record.

(The statement referred to appears on p. 2.)

STATEMENT OF WILLIAM H. STEWART, M.D., NOMINEE FOR SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE

Dr. STEWART. Mr. Chairman, it is a pleasure to appear before this group this morning.

I was born in Minneapolis, Minn., in 1921, which makes me 44 years old.

I grew up there, and attended the University of Minnesota until between my sophomore and junior year when my family moved to Louisiana. I continued my education in Louisiana State University and received my medical degree from Louisiana State University School of Medicine in 1945.

I interned at Philadelphia General Hospital for 9 months. You remember during the war, it was a 9-9-9 plan.

I entered the Army for my tour of duty.

I completed a residency in pediatrics at Charity Hospital, New Orleans, in 1950; and then I entered the private practice of medicine in Alexandria, La., in July of 1950.

The Korean conflict came along, and I was drafted. I heard through some friends that the Public Health Service was particularly interested in getting pediatricians into a group called the Epidemic Intelligence Center in the Communicable Disease Center. So I wrote a letter and said I would be interested in that. Then I entered the Public Health Service.

The first few years in the Public Health Service were spent in field research in epidemiology after which I came to the National Institutes of Health and undertook several assignments within its programs.

I think as far as my present nomination goes, it is the last 8 years of my career in the Public Health Service which are of particular significance, since they have been spent almost entirely in a staff capacity, either in the Surgeon General's office or in the Secretary's office, with the exception of 1 year when I was forming a new division of Community Health Services in the Bureau of State Services.

During my tour in this staff capacity, I was the staff director of the Bain report, "Physicians for a Growing America," which I believe served in part toward the development of the Health Professional Education Assistance Act with which you are familiar with.

There are additional studies for which I have served as staff director. They are in this document, and I won't bother you with them now.

In January of 1963, I became special assistant to the Special Assistant to the Secretary for Health and Medical Affairs. In that capacity, I served in staff duties on a wide variety of activities in the Department in the health area.

I believe, Mr. Chairman, that is a brief summary of my biography. I believe the committee has had a more detailed biography submitted to you.

(The biography of Dr. Stewart follows:)

BIOGRAPHY OF DR. WILLIAM H. STEWART

Name: Stewart, William H., M.D.

Date and place of birth: Minneapolis, Minn., May 19, 1921.

Marital status: Married, two children.

Education:

1939-41: University of Minnesota.

1941-42: Louisiana State University.

1942-45: M.D., Louisiana State University School of Medicine.

Professional positions held:

1945-46: Rotating intern, Philadelphia General Hospital.

1946-48: U.S. Army Medical Corps.

1948- : Physician, Veterans' Administration Outpatient Clinic, St. Paul, Minn.

1948-50: Resident, pediatrics, Charity Hospital, New Orleans, La.

1950-51: Private practice, Alexandria, La.

1951- : Commissioned officer, U.S. Public Health Service. Present rank: Assistant Surgeon General.

Assignments in Public Health Service:

1951-53: Head, Epidemiology Unit, Thomasville Field Station, Communicable Disease Center, Thomasville, Ga.

1953-54: National Institutes of Health, National Heart Institute—Grants and Training Branch.

1954-56: Bureau of State Services, Division of Special Health Services; Chief, Heart Disease Control Program.

1956-57: Assistant Director, National Heart Institute, National Institutes of Health.

1957-58: Assistant to the Surgeon General, Public Health Service.

1958-61: Chief, Division of Public Health Methods, Office of the Surgeon General-Public Health Service.

1961-63: Chief, Division of Community Health Services, Office of the Surgeon General-Public Health Service.

1963-65: Assistant to Special Assistant to the Secretary (Health and Medical Affairs).

Present assignment: Director, National Heart Institute, National Institutes of Health.

Specialty: 1953 certified, American Board of Pediatrics.

Societies:

American Medical Association.
American Public Health Association.
American Academy of Pediatrics.
American Heart Association.

BACKGROUND AND EXPERIENCE

Dr. William H. Stewart was born in Minneapolis, Minn., on May 19, 1921. He attended the University of Minnesota and Louisiana State University, and received his medical degree from Louisiana State University School of Medicine in 1945.

His internship at Philadelphia General Hospital was followed by a 2-years duty with the U.S. Army Medical Corps. In 1950, he completed his residency in pediatrics at Charity Hospital, New Orleans, and was in private practice in Alexandria, La., until 1951 when he entered the Public Health Service. He was certified by the American Board of Pediatrics in 1953.

As a career officer, he served 8 years in a staff capacity, first to the Surgeon General and, later, to the Secretary of the Department of Health, Education, and Welfare.

He was Chief of the Division of Public Health Methods, staff planning arm to the Surgeon General, from 1958 to 1961. During those years he also served as executive director of the Surgeon General's Committee on Medical Manpower which issued "Physicians for a Growing America," a report that led the way to enactment of the Health Professions Educational Assistance Act; member of the study group on the mission and organization of the Public Health Service, and staff director for the study of environmental health, conducted by the National Advisory Health Council and for the special report of the same Council on the role of the Service in medical care.

In early 1963, after serving as Chief of the then new Division of Community Health Services, he was named to the immediate office of the Secretary of HEW as assistant to the Special Assistant to the Secretary (Health and Medical Affairs). He left that post last August to become Director of the National Heart Institute.

Dr. STEWART. I would be very happy to answer any questions if I can.

The CHAIRMAN. Any questions?

Senator JAVITS, you indicated yesterday you might have some questions.

Senator JAVITS. Dr. Stewart, I asked yesterday if you would care to testify. It is almost universally agreed that you could be confirmed solely on your record. I felt that it was such an important assignment that for your own dignity you should appear and testify. I am very pleased that you have responded so promptly.

There are a number of things I would like to ask you about.

Now, generally speaking, the Surgeon General is within the framework of the Department of Health, Education, and Welfare; is it not?

Dr. STEWART. That is correct.

Senator JAVITS. To what extent do you feel the Secretary of Health, Education, and Welfare has authority over the Surgeon General?

Dr. STEWART. Well, as far as the legal authority goes, there are many Public Health activities for which the legal authority rests with the Surgeon General. In general, the more recent authorities that have come to the Department in the health area have vested the authority in the Secretary.

Senator JAVITS. Do you feel that you are a political or professional official?

Dr. STEWART. I feel that I am a professional official.

Senator JAVITS. But you will also be Surgeon General?

Dr. STEWART. I hope so.

Senator JAVITS. Are you prepared, if the professional responsibility calls for it, to declare that your professional responsibility comes first if you differ with the Secretary of Health, Education, and Welfare?

Dr. STEWART. I think I would have to stand on my professional responsibilities.

Senator JAVITS. Can you conceive of a situation where you felt so strongly about your professional responsibilities that you would be willing to resign rather than to carry out the orders of a Secretary under whom you serve?

Dr. STEWART. I can conceive of it, but I hope it does not happen.

Senator JAVITS. But you can conceive of it?

Dr. STEWART. Yes.

Senator JAVITS. Are you morally, in conscience, prepared to assume that kind of responsibility?

Dr. STEWART. Yes; I am.

Senator JAVITS. I think it is important for you to know that I, as one Senator, expect that, or I would not vote for your confirmation.

Now, do you think that you would be better off as an independent Surgeon General within the Department, or do you think that perhaps a dual role like that just given to Dr. Keppel would be better for you in respect to the relationships between yourself and the Department? He has just been made Assistant Secretary of HEW as well as Commissioner of Education. Do you have any opinions on that?

Dr. STEWART. I think it would be difficult to carry forward this professional role that we were describing before in a dual capacity.

Senator JAVITS. So you are better off as you are?

Dr. STEWART. I think so.

Senator JAVITS. We have just enacted a new program called medical care for the aged, a landmark program.

Dr. STEWART. Yes, sir.

Senator JAVITS. You do not necessarily have to administer that program, but certainly you have a great deal to do with the facilitation of research, and the prestige of your office will be behind the recommendations you will make to us with respect to the adequacy of medical facilities to carry out in good faith the obligations of the United States under the program. Are you sympathetically enlisted in the program?

Dr. STEWART. Yes, I am.

Senator JAVITS. You like it?

Dr. STEWART. Yes.

Senator JAVITS. Will you assure us that you will do everything within your proper authority, notwithstanding the views of many doctors which many of us had to fight against for years, to see that this program is carried out in good faith by the United States?

Dr. STEWART. Yes; I will.

Senator JAVITS. Now, as to the matter of research, I would like to pose to you an example of a man I consider to be a very great doctor, and I would like to get your reaction. You do not necessarily have to agree with me, or with him. I served in the Army with Dr. C. P. Rhodes, who is the head of the Sloan-Kettering Institute. Dr. Rhodes believed that there is no medical problem impossible of solution if you mass adequate resources upon it; that it might take time, but it could be solved if you massed adequate resources on it and organized the research administratively in an effective way. Generally

speaking, could you either tell us that that is your philosophy, or what your philosophy is on medical research?

Dr. STEWART. Well, I would think if Dr. Rhodes was speaking of resources as being people—scientists, who are the most important resource in doing research work, that at least we cannot see any limits to what can be done as far as approaching the disease and health problems of the population. The limits are limits of knowledge, really. And the creation of new knowledge is going to be dependent upon new ideas from these people that I am talking about. Otherwise, all the other resources—building, money, equipment, and so on—are in support of these ideas and these people.

Is that responsive to your question?

Senator JAVITS. Entirely responsive.

Now, there was great concern, when the President was considering this appointment, as to whether he would appoint an organization man or a nonorganization man; that is, there was considerable talk about appointing a man outside the Public Health Service for that reason. However, there may be organization men outside the Public Health Service even more emphatically in pursuit of that goal than those in it. Could you tell us frankly how you feel about this matter? Do you feel that your work as a medical scientist, researcher, leader, and organizer of medical service in every field for the people of the country, is paramount in your deep conscience to what is going to happen to the Public Health Service as a service, the aggrandizement of the Service, the advancement of its people, et cetera? How do you feel yourself in that regard?

Dr. STEWART. Well, there is always this tendency, I think, in any organization—you might call it a danger—of the goals of the organization becoming the advancement of the organization itself. And I think that whenever an organization has such goals, rather than being concerned with goals to carry out programs in health, for example, then something should be done about it.

Senator JAVITS. So that you feel that you can run this whole establishment with a fidelity to its objectives rather than to its organizational future?

Dr. STEWART. I will do the best I can.

Senator JAVITS. And you feel that way in conscience?

Dr. STEWART. Yes; I do.

Senator JAVITS. Now, my final question is this. Given the context of the Constitution, do you feel that you have any particular concern about whether your doctors and scientists, et cetera, are Republicans, Democrats, Liberals, Conservatives, et cetera?

Senator PROUTY. You had better define your terms.

Dr. STEWART. I don't think that has anything to do with the professional aspects of medicine at all.

Senator JAVITS. So you do feel that there is room for and propriety for academic freedom within the Service?

Dr. STEWART. I think there is room for it.

Senator JAVITS. Thank you.

The Chairman. Any other questions? Senator Morse?

Senator MORSE. Dr. Stewart, I have been sitting here watching my dear friend from Vermont drive another nail into his coffin. So my first question is, Do you smoke cigarettes?

Dr. STEWART. No; I don't.

Senator PROUTY. That is not what I thought you were going to say.

Dr. STEWART. I am happy to say I do not.

The CHAIRMAN. You might ask, does he smoke at all.

Senator MORSE. I am going to limit myself to cigarettes.

Would you advise the committee what your conclusions are and your position is with regard to the program that General Terry carried forward and his research efforts in connection with the cigarettes and their relationship to cancer?

Dr. STEWART. Senator Morse, I am not aware of any findings—any recent findings—which have changed the conclusions of the Surgeon General's report on smoking. And therefore, I think the program should continue as it has been.

Senator MORSE. I am very glad to hear that. And I am glad that Senator Prouty had a chance to hear it too.

The CHAIRMAN. Doctor, as the present Director of the Heart Institute, would your answer be the same for the heart as you made for cancer?

Dr. STEWART. Yes; it would.

Senator MORSE. In your capacity as Surgeon General, what would be your relationship to the Department of Pure Foods and Drugs?

Dr. STEWART. Our relationship would be principally in the regulation of biologicals. The regulation of biologicals is in the Public Health Service, in the Division of Biologic Standards of the National Institutes of Health. And there is a relationship in activity and in legislation actually between the two organizations. The other principal interest, which I cannot describe in detail, would be these upper professional interests. Wherever we can provide professional, technical assistance in the health areas, we would be glad to do so.

Senator MORSE. Has the Service been called upon to give advice and information and assistance in any way to Dr. Larrick, who is in charge of the Food and Drug Division in respect to the contents of various foods?

Dr. STEWART. Not so much with foods as with drugs. The scientists in the Food and Drug Administration now consult with the scientists at NIH if they happen to be working in that area. Much of the clinical kind of research in that area is supported by NIH. In foods at the moment, other than in research, it would be in relationship to pesticides, in which the activities of the Public Health Service have only recently begun and are growing. There is one exception—the laboratory that we have had at Savannah for a good many years, which is now in Atlanta, and which is mainly working on the human storage of the various pesticides.

Senator MORSE. I have a question that is a little bit afield, but I want to take advantage of this opportunity to see whether or not you could be of assistance to us in recommending what an expert could advise his lawyer. I know no lawyer worth the reputation and title makes a curbstone judgment, and I would not expect a surgeon to make a curbstone judgment. But we have before this committee a bill giving some of us a great deal of trouble, and we find ourselves in some difference of opinion at the present time. Others on the committee—I probably have somewhat of a difference of opinion with my friend Senator Javits, although we may end up together on the bill. We have before this committee a so-called candy additive bill where the candy manufacturers are seeking to get a bill passed which would

permit them to add to the candy certain additives that are nonfood ingredients, such as clay and chalk. There is some testimony about adding silver, I don't know what silver would be doing in it, but they must mean some silver compound. In my opinion, it is adding material to candy that is nonfood ingredients, but is supposed to keep it better, and won't dry it out, and won't spoil it. And it disturbs me very much. Perhaps sentimentally, I don't know. But I have a great deal of difficulty bringing myself to vote for that bill.

It was suggested in the meeting yesterday by Senator Javits, and I agreed, that we get some non-Government expert, recognized authority, to testify on the bill. My question is, without curbstoning you on it, Do you think that this problem is sufficiently serious so that it would merit our making a most careful study of the facts, and listening to experts discuss these nonfood ingredients in candy?

Of course, my opposition can say we have already had hearings. I read the hearings and they convinced me that I should not vote for the bill if I am going to accept the reliability of Government witnesses. But apparently their reliability is somewhat in question. Do you have someone that you can suggest would be a professional but non-Government expert that you might consult with on this bill?

Dr. STEWART. Senator Morse, I don't think I can answer the question without curbstoning, because I don't know enough about the details of this to be responsive at the present time. It seems to me it is a highly technical problem as well as, as you describe it, a sentimental kind of problem, if that is the right word. I just don't know.

Senator MORSE. The argument is that the cookie manufacturers have been allowed to get by with this for a long time, therefore, there is discrimination against the candy manufacturers, because the cookie manufacturers have been allowed to do this. My answer, of course, is that cookie makers should not be allowed to do it, and the privilege ought to be taken away from them. But is it true that you can add nonfood ingredients to food such as clay and chalk and whatever the other nonfood ingredients are, take them in the human body and let them pass through the digestive tract, and in fact there would be no appreciable damage, like putting ground up corncobs in cattlefeed, there is no damage to the cattle, but it does not provide any nutrition either? Have the researches in medicine shown that we can pick these nonfood ingredients through the human system and it does no damage to us?

Dr. STEWART. As you know, Senator Morse, it is very hard to eat a meal without eating food in which there are additives of many varieties and types. These have all met, I think, the requirements of the food additive law, the color additive law and the other Food and Drug Administration laws, which are based on preventing those things from harming people and on making them safe.

So there are additives which we do eat every day of a variety of types for purposes other than nutritional value. Some of them are for—well, to cut spoilage and that type of thing—but they have complied with the Food and Drug Administration's laws and regulations.

Senator MORSE. The case is made that in some instances, the research shows that the addition of the additive results in the better utilization of the food, it has the effect of apparently holding it in the digestive tract so that there is full digestion of it. And the individual

gets the full nutritional benefit of the food, although there is no nutritional benefit from the additive, which has the effect of slowing up its progress through the digestive tract. Is that a sound observation?

Dr. STEWART. I really don't know enough about the details of nutrition to answer your question. Actually, cream and milk will slow down digestion.

Senator MORSE. It seems to me that one of the facts I have got to find the answer to is whether or not we are dealing with an additive that can really be of help in the full utilization of the food to which it is added, or an additive that is just put in there for the purpose of the dollar sign, so that the manufacturer can make more money by selling a food product padded with nonfood fillers. It seems to me the latter objective, if it is an objective in any case, is totally unjustifiable. I am far from convinced that that is not what is involved in this candy bill. And the opposition to it disturbs me very much. I have not been impressed by the arguments for it. Thank you very much.

The CHAIRMAN. Senator Yarborough?

Senator Yarborough. I have only two questions, Mr. Chairman.

Dr. Stewart, when broiler chicks are 2 or 3 days old, they give them a shot in the back of the head to make them grow fast; and they also give beef cattle a shot to make them grow faster. There are some circles in the country who hold that the consumption of the meat of these animals which have been given these shots to stimulate growth might have some effect in stimulating the growth processes in the human body, there might be runaway growth. Is there any research being done now by the National Institutes of Health that would shed any light on the effect on people of eating meat that has been processed with this stimulated growth? Is there any research being done that you know of in the public health sector or with research grants in the National Institutes of Health in any of the clinics or medical schools or hospitals of the country or research institutions?

Dr. STEWART. Senator Yarborough, I will have to give you a general answer. There has been a great deal of interest in toxicology, the variety of substances which are in food or air or this type of thing, with an increased amount of support for research from the National Institutes of Health. Now, whether there is a different project for the substances in meat, I don't know.

Senator YARBOROUGH. I just want to recommend to you as Surgeon General that in checking over the National Institutes of Health, that somewhere some institute be encouraged to make this type of research.

Dr. Stewart, I note that you followed the example of the Vice President rather than the Governor of your State, Governor Rolvaag, and you went south from Minnesota to Louisiana to go to school. The Vice President went south to Minnesota to LSU to go to school, and you followed him there to LSU. You Minnesotans seem to have been using pretty good judgment, and some of you might just drift over the Sabine River and come to Texas for your education. I have no further questions.

The CHAIRMAN. Mr. Clark?

Senator CLARK. Dr. Stewart, I am going to make a few observations on the subject of family planning and birth control, and ask

you to indicate to us what your general attitude and policy in the area would be.

As you know, this bill is a somewhat controversial subject, and the winds of controversy surrounded about your predecessor for a good many years. But at the moment in the Department of Health, Education, and Welfare the National Institute for Child Health and Human Development is spending about \$500,000 a year for basic research in reproductive biology. The Children's Bureau under the leadership of Mrs. Katherine Oettinger is also doing a good deal of research. And she made what I thought was an excellent speech the other day. I would just like to quote you the last paragraph:

Many of us here are working together at a new rapid pace as dimensions of our problem become clearer in reaching the goals providing better health for the mothers and children in this Nation. If family training is a useful tool in achieving this goal, it should be available on a universal basis as a right to parents without coercion with a genuine and sympathetic attention to the needs of each human being.

The American Medical Association's House of Delegates, not too long ago, passed a resolution:

That the prescription of child spacing measures should be made available to all patients who require them, consistent with their creed and mores, whether they obtain their medical care through private physicians or tax or community-supported health services.

The Secretary of the Interior Udall is making contraceptive information available to Eskimos, American Indians, and Polynesians who are under his general supervision.

Senator Gruening is holding some most interesting and provocative hearings in a subcommittee of the Government Operations Committee on a bill which should create Assistant Secretaries on population in both the HEW and the State Department.

Our foreign aid programs under the splendid leadership of Dr. Baumgartner and various others have for some years under the Fulbright amendment to a recent foreign aid bill made the technical assistance and research facilities available to countries receiving foreign aid, particularly in Latin America, Africa and Asia.

Your colleague, Dr. David E. Price, back in April made an address entitled "Action on the Home Front" to the symposium on population growth and birth control at Boston University during the course of which he summed up the various governmental programs as follows—speaking, I guess, for the Surgeon General's office—"our job is three-fold, to continue to help States and localities make family planning available based on existing knowledge; to speed up research in all aspects of human reproduction, and population dynamics so that knowledge may be improved; and to increase greatly our training of personnel so that the inevitably heavy demand for their services may be met."

I have been somewhat critical of Mr. Sargent Shriver and the Office of Economic Opportunity because of what seemed to me to be his undue timidity in this area. It is true that he has made under some local pressure a few grants available in the poverty program. I made a speech on the floor of the Senate the other day indicating that.

I would like to know whether you endorse these various Government programs, and what would be your general policy with respect to family planning and birth control if you become Surgeon General.

Dr. STEWART. I might answer that in two parts. First, I would like to give you my personal and professional feelings about this. I think the world population problem is a great problem. And it is going to become greater. I include the United States in the world. I believe that family planning is a way of perhaps doing something about this. However, I think that family planning should be on the individual's initiative.

Senator CLARK. Let me interrupt you to ask you whether you believe that every American family has the right to know the basic facts and have the technical assistance available to them so that they can make their own decision about how large their family should be rather than being in the position where, because of ignorance, they have an enormous number of unwanted children, as they often do?

Dr. STEWART. Yes; you anticipated my next sentence. I don't think people can make intelligent choices unless they know, and therefore, they need to know so they can make these choices.

Now, as far as the role of the Public Health Service in this is concerned, at the moment, I believe what Dr. Price summarized is probably our role: three parts research, because I don't know that we have the ideal ways for family planning. There are a variety of ways. On population dynamics itself, we also need more information, and we need to assist in training individuals for a variety of things. We need, as well, to provide assistance to the State and local communities as we do in many other kinds of programs with information and for development programs in family planning.

Senator CLARK. This latter effort is primarily educational, is it not?

Dr. STEWART. I think it would be primarily education, although some of our grant money to States is used for clinics. Principally, however, the latter comes from that is in the Children's Bureau.

Senator CLARK. But you would have no inclination to sweep this problem under the rug?

Dr. STEWART. Not at all.

Senator CLARK. Thank you.

The CHAIRMAN. Any further questions? Senator Randolph?

Senator RANDOLPH. Dr. Stewart, I have read your biography and I think there are very searching questions here. Sometimes they may be slightly afield, but you come to this important position of leadership in Public Health Service. I feel that your experience and training and your sensitivity as well as your knowledge will serve your country well. I shall vote for your confirmation.

Dr. STEWART. Thank you very much.

The CHAIRMAN. Any further questions? Senator Pell?

Senator PELL. A couple of little questions. You have been in the Coast Guard 25 years, and I notice you never served on a ship. What was the reason for that? Every public health doctor is supposed to.

Dr. STEWART. Senator, I don't know what they would do with a pediatrician on a ship.

Senator PELL. Very good. And also along that line, which may differ from my friend, Senator Javits, I like the idea of a career public health doctor being the Surgeon General. I was wondering what made you delay your decision about joining the Health Service until 1950?

Dr. STEWART. I think my career idea was the practice of medicine. And what I had in mind, in fact, if I had had my "druthers" when I finished my residency, I would have gone to medical education. But I was in debt, and the salary they could offer would not get me out of debt very fast. And so I felt I needed to go into practice for a while. And I also felt that practical experience would help me a great deal in medical education.

I did not have public service in mind at that time, although I had had relationships with public health for some time, because my father was so interested in public health. I knew about it as a boy, in fact, I helped my father on some of the field studies, boiled the needles, and that sort of thing. It was when I was drafted again in the Korean conflict, and I had heard about this opportunity to use my skills. Pediatricians were wanted in the epidemic intelligence service because we had more experience with infectious diseases and might be able to do something about epidemics in the United States. And I felt this would be a good experience. I did not have the intention of staying in the Public Health Service at that time. I was coming in to serve my 2 years for the Korean conflict. But it was at the end of that that I began to feel that this was a career I wanted to have.

Senator PELL. I just want to express my own admiration of the uniformed Public Health Service, which has a proud tradition. And I am glad to see one of its members become Surgeon General.

And finally, when you do become Surgeon General, I wish you would perhaps look into the Public Health Service doctor under contract with you in Newport, R.I., who doesn't have too much to do but needs to be jacked up in his willingness to do it, no matter if it is after hours.

The CHAIRMAN. Senator Fannin?

Senator FANNIN. Dr. Stewart, I notice in addition to your widespread experiences and accomplishments that you served as executive director of the Surgeon General's Committee on Medical Manpower which issued "Physicians for a Growing America." We are just starting a new medical school in Arizona, as I mentioned to you before the hearing started. One of the great problems is staffing the medical school, and this comes about because of the lack of research money. Do you have any ideas how this problem can be solved?

Dr. STEWART. Well, I think that the amendments to the Health Professional Education Assistance Act which you have had before you just recently is going to help in part relieve that situation, because it does provide the funds for the education portion. Schools are not now dependent entirely on developing a research base first to attract research money. So I think this is going to help a great deal.

Senator FANNIN. You understand that many in the medical profession do not want to go to a school for the teaching services only, that they are vitally interested in research, and that is especially true today. And I am just wondering how we might overcome this problem in Arizona.

Dr. STEWART. Well, I think there has definitely been a very large growth of the research activities in medical education. I think this is very sound and very good. I think it is now time for us to stimulate the same type of growth in the education portion. They are not separate things. Actually they get all mixed up together, because you cannot do one without the other. But there has been this really relative greater rate of growth in the one area.

Senator FANNIN. Thank you.

The CHAIRMAN. Any further questions? Senator Williams?

Senator WILLIAMS. I didn't hear the discussion on the question on additives in candy. The proposal which some of us are supporting is that candy manufacturers should have the same opportunity as food processors to add nonnutritive additives. I just wondered if you, Doctor, are familiar enough with the law and regulations to know that, if this were done, the Food and Drug Administration by law and regulation and the requirements of findings would still have all responsibility to make sure that any additive is, No. 1, safe; and No. 2, to make sure that no additive could be used if it were shown that "the proposed use of the additive would promote deception of the consumer in violation of the Food and Drug Act, or would otherwise result in an adulteration or misbranding of food within the meaning of this Act." This is a quotation from the act. Are you familiar with this part of the law and regulations?

Dr. STEWART. Senator, I am not familiar enough with the act to respond to your question. It is the responsibility of the Food and Drug Administration. I have not been involved in this legislation at all, and I don't know.

Senator WILLIAMS. I was not familiar with the fact that your earlier discipline in medicine was pediatrics. There can be no question that any candy manufactured under this proposal would be safe for kids.

Dr. STEWART. I would assume on a general basis that the purpose of the food and drug laws is to protect the consumers, and they would have to meet this law. Just how that is to be done in the specific regulations, I would not be able to tell you.

Senator WILLIAMS. Thank you.

The CHAIRMAN. Senator Prouty?

Senator PROUTY. Mr. Chairman, I don't want to belabor this candy problem, but it is my understanding that the additives which are proposed to be used in candy are now used in baby foods. I would like to get your opinion. If that is the case, can you see any reasonable objection to their use in candy?

Dr. STEWART. All I can really say is that if they are being used in baby foods, Food and Drug Administration's laws and regulations which are for the protection of the consumer have been complied with.

Senator MORSE. Isn't it true, Doctor, that additives in baby food are to help the baby with the digestion of food by creating bulk, as I said earlier? It is quite a different thing to put a filler in candy for that purpose.

Dr. STEWART. I know that some of the additives in the baby foods are for the purposes that you describe.

Senator MORSE. I don't know of any other purpose.

Senator JAVITS. If the Senator would yield, I think that our purposes are the same. And I think what he is trying to point out is that the deception question would deal with bulk, while the Pure Food and Drug Act in its other sections would deal with safety.

One question, which is a narrow question, is this: If a manufacturer comes to us and says, "Look, you can help me in my effort to preserve the freshness of candy. I will accept any regulation to show that there is no harm whatever." We can say to him, "Go peddle your papers elsewhere, we are only interested in adding nutritive value or

something for the child, and if you can't do that, we are sorry if it is no good for your business." But we are interested in business, too, as well as in candy for children. If it is really necessary and we are absolutely convinced that there would be no harm to the child, then that is the question. And then you can go into these issues to your heart's content. Maybe we are wrong on these issues; maybe there are some additional things we ought to do that will safeguard the things we want to safeguard.

Senator MORSE. As I indicated yesterday when I asked the question of the doctor, I am very concerned about Larrick's testimony. That is ominous testimony, in my judgment. That is why I think your suggestion in getting someone else up here as well as Larrick for further examination may resolve it. But that testimony of Larrick is pretty difficult. You have got to have an answer, I think, to Larrick's testimony.

Senator JAVITS. That was my suggestion. And I could not agree with you more. But the only thing I didn't want the record to suggest was that there was any opposition on the fundamental question. We are seeking the same thing as you are.

Senator MORSE. I didn't mean to give the impression that that was not the case.

The CHAIRMAN. Any further questions, gentlemen? Senator Prouty?

Senator PROUTY. Dr. Stewart, do you view the office of Surgeon General as being completely independent of the pressures from other sources? I am thinking particularly of the Secretary of HEW, or whatever administration might be in power. Or would you be in a position to exercise completely independent judgment?

Dr. STEWART. I don't think one can say completely independent because the Public Health Service is a part of the Department of Health, Education, and Welfare. But when you use the word "pressure," if it were pressure against a professional approach to things, I would try to resist it. But we are part of the Department of Health, Education, and Welfare.

Senator PROUTY. I would hope that any Surgeon General would be in a position to make his own view prevail on the matters within his jurisdiction.

Dr. STEWART. I have no question that I will be able to make known my own views to the Secretary at any time.

Senator PROUTY. Do you foresee a broad extension to the Public Health Service?

Dr. STEWART. In size and scope, are you talking about?

Senator PROUTY. Yes.

Dr. STEWART. I think that the Public Health Service will continue to grow. It has grown rather rapidly in the last 10 years. But it has really had a steady progress from the end of World War II. And I think it will continue to grow. But I doubt if it will be at the same rate.

Now, this is said without knowledge of the assumption of new programs in the future which may come into law. This year, of course, we are having added to us a considerable number of responsibilities which are going to require full-time implementing in the best possible way.

Senator PROUTY. Do you think it will ever reach the point where most or all citizens will be treated by physicians of the Public Health Service?

Dr. STEWART. No.

Senator PROUTY. If you were asked to make a recommendation by administration officials about the desirability of compulsory health programs for all citizens, what opinion would you give on that?

Dr. STEWART. Well, I can't give an opinion. I would not know—I don't know what the definition of a compulsory health insurance program is.

Senator PROUTY. Well, all Americans would be brought under it, as they are now under medicare, all 65 and over.

Dr. STEWART. I really can't answer that question now. I don't know. I don't foresee any compulsory health insurance program for all Americans in the future—the near future that I can see now.

Senator PROUTY. I take it you are not in favor of such a program?

Dr. STEWART. Well, I think I would have to examine it in the light of, whether it would really benefit the people. I think this would be the determining factor.

Senator PROUTY. Then you are not certain as to what your position would be?

Dr. STEWART. Not until that point came. And I don't think that point is coming in the near future.

Senator PROUTY. How long would you expect to continue in your office as Surgeon General?

Dr. STEWART. The appointment is for 4 years from the time that I am confirmed.

Senator PROUTY. Would you care to comment on the present status of relationships between the private medical profession and the Public Health Service? Are there any problems with which you are aware?

Dr. STEWART. No; I am not aware of any serious conflicts. I think there is a general uneasiness between Federal health officials, and private practitioners of medicine which was generated over the good many years of debate on various forms of medicare. I think that I detect some healing of the wounds in just a short time, and that the relationships are going to become much better.

Senator PROUTY. And in the event of your confirmation, you would work in that direction?

Dr. STEWART. I certainly would.

Senator PROUTY. I have no further questions.

Senator CLARK. Mr. Chairman, I have about a 1-minute statement I would like to make.

I am not happy about some of the questions that have been asked with respect to the complete independence of the Surgeon General's Office from the authority and direction of the supervision of the Secretary of HEW. In my opinion, one of the reasons why we have not had a better administration in that Department is because there are a lot of sort of independent baronies running around HEW, each one receptive to and influenced by the particular lobby which has that particular subject in mind, whether it is the medical profession, the Public Health Service, or the professional aid to education. Having been an administrator myself, I am a strong believer in lines of authority. I think any Secretary of HEW who is going to do a good job for the future is going to have to have supervisory control of all these agencies under him.

I am glad, Dr. Stewart, that you hedged on your answers to those questions. Because I don't think you ought to be completely independent from the Secretary of HEW. I think you are working for him. And I hope you feel that.

Senator JAVITS. I have one more question, Mr. Chairman.

The CHAIRMAN. Senator Javits?

Senator JAVITS. In the first place, let me say to Senator Clark that I could not agree with him more. My only question is: When the professional responsibility collides with the political hierarchy, which will take priority? And I am so pleased that Dr. Stewart felt that he must as a doctor have the professional responsibility come first.

Dr. Stewart, I have been interested for a long time in patient consent with respect to experimental drugs and experimental procedures. I have a letter from the previous Surgeon General dated July 16, 1965, which I would request you to look up, which says that, as far as the Public Health Service itself is concerned, the National Institutes, et cetera, where it deals with patients it is following very faithfully the consent ideas which are incorporated in the 1962 amendments to the Food and Drug Act for which I was responsible. He says that, as to research where the Service finances others, the only assurance that you have is the high ethical quality of those you seek to choose as researchers. But he says he thinks the subject deserves further inquiry, and he will take it up with the National Advisory Health Council in its forthcoming session.

Will you be good enough to look into that and give us a letter—which might, depending upon when it arrives, be incorporated in this record—on two points: (1) What, if anything, has been done about that matter beyond his letter of July 15; and (2) any views you may have on the subject as the new Surgeon General?

Dr. STEWART. Yes; I will.

Senator JAVITS. Thank you very much.

(The letter referred to follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE,
Washington, D.C., October 15, 1965.

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

DEAR SENATOR JAVITS: During the course of the hearings relating to my appointment as Surgeon General of the Public Health Service, you inquired concerning the status of our consideration of the problems surrounding the consent of patients involved in experimental activity. You had previously raised these questions in a letter to my predecessor, Dr. Luther Terry, who had indicated that we were giving concentrated attention to certain aspects of this complex matter. One element of this examination would involve discussion of these questions with the National Advisory Health Council in its forthcoming meetings.

I have been informed by Dr. Terry that the general question of the ethical, moral, and legal aspects of clinical investigations was, indeed, discussed with the National Advisory Health Council during the course of its meetings on September 27 and 28. Dr. James A. Shannon, Director of the National Institutes of Health, reviewed for the National Advisory Council the provisions in the administration of the NIH research grant programs which have been made to deal with certain of the questions that are raised for a granting agency in this area. Present arrangements provide for the following matters:

1. Study sections and scientific review groups which consider grant applications made to the Public Health Service for support of research have been specifically directed to examine with great care those projects which appear to involve exposure of human subjects to risks beyond the normal therapeutic situation. This close examination is directed toward assessing the competency of the investigator to

undertake such study and the adequacy of the institutional setting for the conduct of such research. These matters clearly bear upon the qualitative attributes of the project and enter into the conclusions reached by such groups in respect to the support of such proposed projects.

2. The broad questions surrounding the ethical and moral aspects of clinical investigation have been discussed before each of our National Advisory Councils during the past year to emphasize the caution that must be exercised in considering applications for grant awards involving clinical investigation. These discussions have also been directed toward establishing the clear responsibility of the institution and the investigator for safeguarding the welfare of the patients involved in experimental procedures. The award of the grant by a Federal agency does not involve any transfer of responsibility for such matters to the granting agency. It is, however, a responsibility of the granting agency to assure itself that its grantees are clearly aware of their full legal responsibilities in this matter and to provide adequately for the discharge of these responsibilities.

3. As a consequence of the discussions noted in 2 above, the several Institutes of the NIH have adopted, as a matter of standard operating procedure, conveying to grantee institutions and investigators with the formal notice of grant award a statement relating to their responsibilities in clinical investigative activities involving the human being.

In addition to discussing these steps with the National Advisory Health Council, Dr. Shannon also proposed for consideration by the National Advisory Council a draft resolution concerning the exercise of ethical and moral judgment in the conduct of clinical investigation to provide for the promulgation of certain principles which should apply in all circumstances involving observation or investigation utilizing human beings, regardless of the sources of support or other circumstances attendant upon the conduct of the research activity. A draft copy of this proposed resolution is attached for your information.

The National Advisory Health Council expressed its serious concern with these matters, stated its approval of the steps thus far taken by the NIH in the conduct of its programs, and expressed the desire to study carefully the proposed resolution, to discuss it within their own institutional environment, and to conduct the examination of this matter with the clear intent of reaching a conclusive stand upon it in the next series of meetings of the Council scheduled for December of 1965.

I trust this summary report of our most current actions in this area will be informative to you. I assure you I will continue to convey to you promptly information concerning our further consideration of and actions in respect to this grave and important matter.

Sincerely yours,

WILLIAM H. STEWART, M.D.,
Surgeon General.

PROPOSAL FOR DISCUSSION

RESOLUTION OF THE NATIONAL ADVISORY HEALTH COUNCIL ON THE EXERCISE OF ETHICAL AND MORAL JUDGMENT IN THE CONDUCT OF CLINICAL INVESTIGATION

During the postwar period scientific capability for more precise and productive clinical investigation has advanced with rapid strides. New knowledge, new diagnostic and therapeutic means and procedures have extended the scope of clinical investigation substantially beyond the process of observation into complex manipulation and experimentation. These innovations pose new problems for investigators in respect to the ethical, moral, and legal limits of scientific inquiry where the human is involved.

In very large part the ethical concepts bearing upon clinical investigation derive from the traditional concepts of the physician-patient relationship. In this circumstance the objective of the patient's recovery is clearly understood by both the physician and the patient. The actions of the physician are directed toward this end and as a consequence the risk-benefit relationship of any therapeutic course is a matter for the responsible physician to judge. In the area of clinical investigation, however, there is an additional objective imposed upon this relationship, namely the advancement of knowledge. In this circumstance the dominant professional interests involved shift from those of the physician to those of the scientist. Thus the role of the patient becomes that of a means rather than an end. In this circumstance the judgmental exclusiveness of the physician-patient relationship is inadequate as a basis for determining the propriety and necessity of a project of clinical investigation which exposes human beings to

hazard, particularly when such hazard may be of an unknown or uncertain nature or degree.

By virtue of this shift of the principal objective of the clinical actions involved from those solely concerned with the recovery of the patient to those relating to the advancement of knowledge, the responsibility for assessing the risk-benefit relationship posed by such new procedure or experimental therapy cannot be the exclusive responsibility of the investigator. Additional and separate judgments relating to the value of the scientific objective being sought in relationship to the hazard imposed upon the patient, as well as concern for the clinical welfare of the patient alone are necessary.

Be it resolved, therefore, that the National Advisory Health Council believes that research and experimentation involving observation of or use of human beings should be carried out in a framework which clearly establishes the principle that the judgment of the investigator involved must be subject to review by his peers to assure an independent determination of the risk benefit of the scientific work involved and maximum protection of the rights and welfare of the individual or individuals involved. An arrangement to provide for this review by peers of proposed clinical investigation should be clearly provided for in every institution where such work is conducted. The presence or absence of such a framework should be considered as one of the qualitative attributes of research projects proposed for Federal support.

The CHAIRMAN. Any further question?
Senator Dominick?

Senator DOMINICK. I have been sitting here admiring your answers to some very difficult questions, Doctor. And I will ask one that I think is probably equally difficult, but which bears directly on your position as Surgeon General. And that is, what is your view of your primary responsibility as Surgeon General?

Dr. STEWART. Well, I think I would view it as two principal responsibilities. One is as the head of the organization. That implies the goals of the organization, whether we are equipped with personnel, a proper structure, and everything else that goes into the management of a large organization with great responsibilities.

The other involves my professional responsibilities for the medical aspects of our own programs, the competence of them, quality, and that type of thing.

So I see it as sort of a dual thing, although they are really in one.

Senator DOMINICK. So you are talking about making sure that the administration of existing personnel is efficient, and second, that the administration as such and the personnel which you got can further the goals of the Public Health Service?

Dr. STEWART. That is right.

The CHAIRMAN. As you gentlemen know, I happen to be the chairman of the Subcommittee on Appropriations that handles the appropriations for the Public Health Service and NIH, and one matter gives me great concern, and I am sure it does others. I don't expect you to give us an answer today, but I want you to give it your thought. In fact, I think this is a matter for the President of the United States. That is the question of salaries for your topflight men. Now, quite recently we have lost two of our very best men out of NIH. One is Robert Aldrich, who is exceptionally fine. He has been head of the new Institute that we just created here 2 or 3 years ago, the Institute for Child Health and Development; and he left and went to the University of Washington in Seattle. He got quite an increase in salary. Not only did he get an increase in salary, but his children are eligible for scholarships. And there is no income tax on that.

We had Dr. Robert Felix whom I knew very well, and who was before our Appropriations Committee many times, and who had

great capacity for doing a job, not only for doing it, but selling it, and making a challenge in the statement about the work that he was doing. Bob Felix went to the University of St. Louis Medical School at a higher salary than he was getting here. And he also has some children who can go to school.

And there are some other cases that I could cite. I think one of our problems in this salary business is that, as I express it, all the sheep have to go through the gate at the same time, starting with the lowest one, and the less qualified perhaps—I don't like the word "hacks" but it might be true—everybody goes through together.

Undoubtedly, in the passage of the Health Educational Assistance Act and these amendments which were reported favorably on yesterday—and which I am sure Congress will pass—we have taken a step to do much to help medical education.

But surely as Surgeon General I hope you will give very careful thought to this matter of personnel. And when you do that you have got to think in terms of remunerations. We have lost some good men simply because we could not meet the competition. I think Bob Aldrich was one of the best men we have had. And I know Bob Felix was an awfully good man. I think it is a matter for the President of the United States, who is head of the whole executive branch of our Government. We have got to give very careful consideration to it.

As you know, a corporation like General Motors—and I say this with no criticism of General Motors—and Westinghouse or General Electric, if they want a man, they give him what it takes to get him.

And if we are going to do this job and continue to make the advances that we have made in medicine we must do likewise. It is said that during the past two decades, we have made more progress in medicine than we made in all the centuries before that. We have had some terrific advances.

Our friend here, Senator Javits, spoke about Professor Rhodes, whom I happened to know pretty well because he came here to testify before our Appropriations Committee. That is a perfect inspiration, to have so many dedicated men like Professor Rhodes working in that field.

Am I right?

Dr. STEWART. You are quite right.

The CHAIRMAN. So I hope you will give this all very careful thought and consideration for NIH and the whole Public Health Service.

We are trying now to get a vaccine for rubella, which is a commonly known as German measles. If a pregnant woman during the first 3 months of her pregnancy has rubella, her child may be born deaf, blind, mentally retarded, or have some bone damage, and be abnormal or disabled.

So I hope you will give this matter your careful consideration. I don't expect you to give any comment now. But it goes perhaps to the President and the whole executive department. We do need to get the best we can in these jobs. And we are helping our medical schools. And I think the medical schools are somewhat in competition with us. They not only pay higher salaries, but they give the children a scholarship to college.

So it presents a problem.

Senator DOMINICK. I just wanted to bring up one other matter.

Recently, I have had some correspondence back and forth with the Public Health Service in connection with the recruiting of personnel for the venereal disease controls. And one of the constituents that I have got in Colorado, at the urging of the Public Health Service, went in and took the examination and was listed as being very well qualified. And I think you have three categories: qualified, highly qualified, and very well qualified, or something of that kind. And it develops from my letters back and forth that the distinction between these three is largely based on how recently did you get out of college. And it strikes me that at a time when the Public Health Service is recruiting people for these jobs that the question of whether they are 5 years out of college or 6 or 3 years has little or nothing to do with whether or not they are qualified for this particular Service. And I would hope that maybe you could look at this, because I know that this one person at least has been relegated out, I guess is the best way of putting it, while at the same time that he was being denied admittance into this service, the Public Health Service was out recruiting additional people right in Colorado. Whether they got any or not, I don't have any idea. But we have been working on this for some time now. And I think the last letter that I had was a statement that they would review the problem again. Maybe I can get in touch with you on this at a later date.

But I am not concerned so much about this particular person as I am about the question of whether it is a valid criteria to say that the recency of graduation from an educational institution determines whether you are qualified.

The CHAIRMAN. If there are any further questions, then, Doctor, we want to thank you very much for your presence here this morning. The committee will now go into executive session.

(Whereupon, at 12:05 p.m., the committee went into executive session.)

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