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DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS FOR 1975

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HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

SECOND SESSION

SUBCOMMITTEE ON DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS

DANIEL J. FLOOD, Pennsylvania, *Chairman*

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NEAL SMITH, Iowa
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HENRY A. NEIL, JR., FREDERICK F. PFLUGER, ROBERT L. KNISELY, NICHOLAS G. CAVAROCCHI, and GEMMA M. WEIBLINGER, *Subcommittee Staff*

PART 7

Testimony of Members of Congress and Other Individuals and Organizations

AUTHENTICATED
U.S. GOVERNMENT
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DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS FOR 1975

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PART 7

Testimony of Members of Congress and Other Individuals and Organizations

U.S. GOVERNMENT PRINTING OFFICE
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DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS FOR FISCAL YEAR 1975

TESTIMONY OF MEMBERS OF CONGRESS AND OTHER INDIVIDUALS AND ORGANIZATIONS

TUESDAY, MAY 7, 1974.

NATIONAL CANCER INSTITUTE BUDGET

WITNESSES

DR. W. WILLIG, AMERICAN CANCER SOCIETY
DR. A. HAMBLIN LETTON, AMERICAN CANCER SOCIETY

Mr. FLOOD. The committee will come to order. We will begin with the public witnesses.

The first witnesses are Dr. A. Hamblin Letton and Dr. W. Willig, representing the American Cancer Society. Who is first?

STATEMENT OF W. ARMIN WILLIG

Dr. WILLIG. Mr. Chairman, I am W. Armin Willig, chairman of the board of directors of the American Cancer Society. I have been an active volunteer of the society for 30 years, both with the Kentucky division, where I served as president and director, and with the national board of directors. I am here today to represent to you and to this committee the position of the American Cancer Society regarding the 1975 fiscal year budget of the National Cancer Society.

As you know, representatives of the society have presented the attitudes and positions of the "private sector" before this distinguished committee for many years. We are especially pleased to do so this year because it represents the first of the "second generation," you might say, of the historic cancer legislation. We feel that the first 3 years laid a firm foundation on which to build a sustaining, dynamic program. Ultimately, with all segments of the forces pulling together, we shall see the actual conquest of this dread disease.

I am pleased to have with me today, Dr. A. Hamblin Letton, chairman of the legislative committee of the board. Dr. Letton is also a recent past president of the society, and represents the medical side of our American Cancer Society family. As a matter of fact, we are a very democratic and representative organization. Because cancer is a problem which encompasses social, economic, cultural, as well as scientific lines, traditionally the national president is a doctor, and the chairman of the board of directors is a layman.

My credentials are before you as a supplement to this statement, so I will not go into that in detail here.

Mr. Chairman, the American Cancer Society has devoted a great deal of time and effort in monitoring and participating in implementation of the national cancer program. We work in great harmony with Dick Rauscher and feel that NCI is fortunate to have such highly qualified leadership.

The board of directors is heartened by the spirit of creative excitement in the scientific community, and feels that this community is responding productively to the Congress top research priority, the conquest of cancer. The society believes that the National Cancer Institute has made a commendable beginning in its stepped-up activity. There is no question in our minds that lifesaving research results are reaching patients faster than ever before, that lives are being saved right now as a result of your legislation, and that the time when man understands the fundamental way cancer diseases develop is being shortened.

Today I want to stress the community aspects of the cancer picture.

The members of our board of directors wish to express enthusiastic approval for the new comprehensive cancer centers which the National Cancer Institute is helping to etsablish. Along with Rosewell Park in Buffalo, M. D. Anderson in Houston, and Sloan-Kettering in New York, the nine newer centers are already beginning to demonstrate that it is possible to bring research advances to the patient more quickly than ever before.

The society supported the 1971 law's provision for 15 new centers, a provision which we understand will be met on time, and we are supporting the provision in the extension legislation which removes the limit on the number of such centers. These research, education, and service complexes provide one place where the translation of money into help for people can be clearly seen.

You have before you a map of the United States showing the places where the National Cancer Institute has recognized medical establishments to be comprehensive cancer centers. Certainly we should be heartened every time another hospital achieves comprehensive cancer status. And we know a few more will be announced before July 1. But, gentlemen, please look at that great gap in middle America. Obviously, there exists a great need for many more comprehensive centers than are presently planned.

We understand that there are many different kinds of centers in the national cancer program, but we believe that the most significant ones, and the ones which will actually provide the leadership and the incentive for delivery of the most comprehensive treatments will be the centers established for that purpose. In our judgment, the centers programs deserve the highest planning and management priorities.

Mr. Chairman, the American Cancer Society reviewed the NCI operations for fiscal 1974 at our most recent meeting. The citizens' budget we are presenting today calls for $750 million for the fiscal 1975 traditional operations of the National Cancer Institute, plus $50 million for cancer control.

There has occasionally been comment that cancer work is growing too fast, despite the fact that the disease attacks 655,000 persons a year in this country and causes 355,000 deaths.

The work is not growing too fast for the scientists involved. We are informed that in 1968 the cancer institute received 503 grant applications. In 1974 the number totals 2,012: in 6 years, a 400-percent increase.

Some people have expressed fear that the increased money flow will relax the stringency of project review, that a larger percentage of projects would sail through review. When we looked into this question we were informed by the National Cancer Institute that in fiscal 1971, before work under the new law really began, 68 percent of competing applications won board approval. In 1974, 69 percent have done so. Thus, the review standards are practically unchanged as a result of new money. (Ten years ago the rate was running nearer to 90 percent.)

Mr. Chairman, the national cancer program represents a unique venture by Government in our time. Its needs are great. Its requirements complex. We are not here today as experts in Government finance, although my experience has brushed this area, my having served regionally on the Federal Wage Stabilization Board, and nationally as an industry member of the Federal Wage Stabilization Board's Board of Appeals. In assessing the specific needs of the NCI, in the fiscal year 1975 budget several things surface clearly. There is an immediate and critical need for more rapid assessment of chemicals and other materials to which humans are being exposed daily but for which we have no, or little knowledge, of their possible cancer-causing effects. At the present time, the NCI's Division of Cancer Cause and Prevention is spending at a level of $111 million a year; $12 million is being spent to examine new products. Laboratory and human resources are now available for the effective addition of $6 million to this figure. This would add 50 percent to the funds now being spent specifically for assay of new substances, but even this would leave us short of the pace needed to keep up with introduction of new products.

But even while we are falling short of the funds needed to assay products with present methods, these methods are not really adequate. So we find ourselves in the position of having to advocate increased funding of inadequate methods because they are the only ones we have. Therefore, there is a most important need for additional funds to develop more efficient assay methods. We advocate an additional $3 million to the executive budget just for this purpose.

Great expense has been put into the virus cancer program. It has come under criticism, but this criticism, in our judgment, has been construtive, and the reaction of NCI management has been constructive. In this regard, great expense has been incurred in building the Frederick, Md., cancer center, to make it the center of virus cancer research in the world. We believe it could reach that objective if properly funded. We suggest that, based on our investigations of needs, some $7 million added to the executive budget would assure the building of that center as planned.

Up-to-date computerized cancer registries provide an essential tool for the cancer practitioner in determining the most effective forms of treatments for specific patients, at specific times. We urge that an additional $1 million be added to the 1975 budget to upgrade and improve various cancer registries in various States, and add several more, where needed.

As a matter of fact, our best judgement indicates that in the Division of Cancer Cause and Prevention alone, an additional $45 million over the executive budget would add workload without overtaxing U.S. human or laboratory resources. Putting this requirement into a realistic perspective, considering the urgent needs for increases in other areas, we are asking only an additional $20 million.

Now, to do the job the way we all want it to be done requires adequate manpower. I've been in the financial, manufacturing, transportation, realty businesses, and in many civic affairs. I am no Government efficiency expert, but I do know that the national cancer law of 1971, and its successor, soon to become law, contemplated maximum appropriate use of the lessons of industrial management in the war against cancer.

I would just like to leave with this committee the question posed by the following figures which we have extracted from the public record on NCI operations and ask you whether you think they add up to good management. In fiscal 1970, the year before the new national cancer law, each Institute staff person represented a $125,000 share of the Institute's annual money flow. By fiscal 1975, however, NCI's money flow will range from $323,500 to $404,300 per staff person, depending whether the administration's or the citizens' budget becomes the base.

So the "business," if you will, of the National Cancer Institute is loading about three times the dollar responsibility on the staff compared to 1970.

Mr. Chairman, the American Cancer Society knows that the conquest of cancer would not be where it is today had it not been for your insight, understanding, and full expression of compassion on behalf of the American people who suffer whenever they or one of their friends becomes a victim of this disease.

We know that you are under pressure from many scientific quarters and from many intelligent and dedicated citizens to slow the growth of the cancer budget in order to allow other NIH budgets to grow faster.

We do not ask you to hold the others back. In fact, Mr. Benno C. Schmidt, Chairman of the President's Cancer Panel, in his testimony before the Congress on renewal of the national cancer law devoted practically as much of his attention to the needs in other categorical disease areas as he devoted to cancer. He is a member of our society's legislative committee.

You know and I know that neither the Congress nor the cancer research community had any intention of slowing work in noncancer areas when the new authorization legislation was sought 3 years ago.

In all sincerity we argue that this Nation can afford more for medical research; in fact, cannot afford to let research slow down in any area. I have had a table prepared and attached to this testimony, which analyzes the Federal Government budget to show that the entire National Institutes of Health get only $9.27 per year, per person, in the United States. Agriculture and rural development get $13 per capita. Space research and technology get $16 per capita. Veterans' benefits use $65 per capita. Interest on the national debt gets $139 per capita. These are ratios taken from the President's fiscal 1975 budget request.

The amounts requested for NIH, $9.72 per capita, and for the Cancer Institute, $2.66 per capita, are certainly not inordinately large. I think you will find the table interesting and will conclude that the money we request is not in any way too much.

When we first began to analyze this budget we surveyed the needs, division by division, of NCI. We did not complete the survey. We stopped when we reached $988 million. There is no "bargaining factor" in our request. The conquest of cancer urgently needs $750 million in research support in fiscal 1975 and $50 million for cancer control.

[The attachments follow:]

Citizens' Budget for the National Cancer Institute, Fiscal 1975

(Millions of Dollars)

		1973 Actual	1974[a]	President's Budget	Citizens' Budget
Grants	Regular research	$86.5	$115.1	$115.5	$127.7
	Cancer research centers	67.5	91.1	107.1	150.5
	Task forces	3.9	11.5	13.5	21.0
	Research career program	1.8	1.8	2.0	2.2
	Clinical education	---	---	4.0	6.0
	Fellowships & training	13.9	18.2	14.2	26.5
	Total grants	173.7	237.7	256.2	333.9
Direct Op'ns.	Biology & diagnosis	29.0	40.7	42.5	53.3
	Treatment	59.5	75.7	76.4	102.4
	Cause & prevention	92.8	112.0	114.4	134.4
	Grant review & approval	3.6	4.3	4.5	5.6
	Program direct'n., services	7.7	17.0	21.1	24.4
	NIH management fund	15.2	17.0	17.8	19.0
	Total direct op'ns.	207.7	266.7	276.7	339.1
Construction		38.8	50.7	22.0	77.0
Cancer Control		5.2	34.1	45.1	50.0
	TOTAL NCI	$425.4	$589.2	$600.0	$800.0

[a] OMB total + Congressional increase + impoundment release.

Incomplete list of NCI needs which would be un-met even if a $750 mil. budget were allowed in fiscal 1975*

Assumption #1: $750 mil. NCI budget.
Assumption #2: No new strategic manpower or institutions.

	Shortages Left After Spending $750 million
Research grants	$151 mil.
Grants and contracts to 16 newly designated comprehensive cancer centers needed to provide geographic coverage of U.S. in addition to 12 existing centers	32 mil.
Grants to use fully the lesser centers	10 mil.
Training and fellowship grants	27 mil.
NCI staff addition of 200 persons (would leave per-person workload double the load in 1970)	3 mil.
Cancer prevention research	9 mil.
Bladder, colon, other organ site task forces	16 mil.
Construction	12 mil.
Total shortage	260 mil.
Minus estimated item overlap	22 mil.
Net shortage surveyed*	$238 mil.
$750 mil. budget assumption	750 mil.
FISCAL '75 APPROPRIATION NEEDED	$988 mil.

* Does not cover all NCI areas.

National Cancer Institute

Established Comprehensive Centers

(In Thousands)

	Core Grants	All Other Grants and Contracts Research Grants Only	All Other Grants and Contracts	Fiscal 1974 Total*
Alabama University Birmingham	$ 907	($ 1,285)	$ 813	$ 1,720
Children's Cancer Rsch. Boston	1,188	(3,600)	2,977	4,165
Duke University Durham, N.C.	952	(401)	2,524	3,476
Hutchinson Cancer Center Seattle	700	(2,011)	5,010	5,710
Johns Hopkins Baltimore	969	(1,751)	3,817	4,786
M. D. Anderson Houston	905	(2,708)	8,298	9,203
Mayo Foundation Rochester, Minn.	862	(1,214)	1,273	2,135
Memorial Sloan-Kettering New York	6,369	(13,580)	14,189	20,558
Miami University Miami	375	(938)	2,333	2,708
Roswell Park Buffalo	371	(2,515)	7,051	7,422
Southern California U. Los Angeles	654	(2,012)	17,711	18,375
Wisconsin University Madison	706	(4,044)	13,767	14,473
Total	$14,968	$36,069	$79,763	$94,731

* NCI plans for 1974, based on a $589 mil. budget which would include money released from FY 73 impoundment.

How much should the National Cancer Institute annual budget be?

How do we get a perspective on national priorities?

Here's how the President's fiscal 1975 outlay budget does it:

General area of interest	per capita planned outlays
Social Security & other income security	$477.00
Standing armed forces, military action, weaponry	418.00
Interest on national debt	139.00
Health, including Medicare/Aid, research, planning, etc.	125.00
(National Institutes of Health)	(9.72)
(National Cancer Institute)	(2.66)
Veterans benefits	65.00
Commerce & transportation	64.00
Education & manpower	55.00
General government	32.00
Federal support of state & local governments	30.00
Community development & housing	27.00
International affairs	20.00
Space research & technology	16.00
Natural resources & environment	15.00
Agriculture & rural development	13.00

The President has requested from the Congress a fiscal 1975 budget for NCI of $600 mil., saying this would allow an outlay total of $559 mil.

EXHIBIT No. 3

Estimated Additional Scientists Required By FY 1979

(Equivalent Full-Time, For National Cancer Plan Only)

	MD	PhD	DVM	Total
Cancer biology	1,200	1,775	135	3,110
Carcinogenesis	220	605	50	875
Chemotherapy	1,325	770	20	2,115
Epidemiology	300	50	10	360
Immunology	530	100	70	700
Drug development	90	520	10	620
Radiation	560	90	10	660
	4,225	3,910	305	8,440

Geographic Distribution
of

National Cancer Institute

Comprehensive Cancer Centers



W. ARMIN WILLIG

Born: October 19, 1912 -- Louisville, Kentucky

Education:
Louisville Male High School -- 1930
University of Louisville -- 1934 (BA Degree)

Business:
Report Writer -- Dun & Bradstreet --1934-37
Sales Department -- Jefferson Island Salt Co. --1937-1941
Advertising Manager and later Industrial Relations Director -- Girdler Corporation-Tube Turns, Inc. -- 1941-1954
Vice President (Sales) & Director -- American Barge Lines Company --1954-1963
Director -- Citizens State Bank of Lyon County
President -- Southland Towing Company
Secretary-Treasurer -- Girdler Motor Company
Chairman of the Board -- Time Finance Company
President -- Ohio Falls, Inc. --1963-69
President -- Harvest Towing Company
President -- M & W Realty Company
Chairman of the Board -- Leisure Industries, Inc.
Now retired

Past Civic:
President & Director -- Kentucky Division, American Cancer Society
President & Director -- Louisville Personnel Association
Regional Industry Member -- Wage Stabilization Board, Cleveland, Ohio -- 1951-52
Industry Member -- Board of Appeals, Wage Stabilization Board, Washington, D. C. --1952
Campaign Chairman -- United Appeal --1959
Treasurer -- Louisville Chamber of Commerce --1965
Vice President -- Louisville Chamber of Commerce --1966
President -- Louisville Chamber of Commerce -- 1968
National Director -- American Automobile Association -- 1965-67
Director -- Louisville Area Chamber of Commerce -- 1956-58, 1961-63, 1965-69
President -- Louisville Automobile Club --1963-65
Director -- Kentucky Derby Festival Committee, Inc.
Member -- Louisville & Jefferson County Crime Commission --1968
Member -- Board of Managers, YMCA, Division Chairman Capital Funds Drive -- 1962

Chairman -- Otter Creek Park Commission
Board of Overseers -- University of Louisville
Board of Overseers -- Bellarmine-Ursuline College
Judge of Jefferson County, Kentucky -- 1969-1970
Member -- (Kentucky) Council On Public Higher Education
Trustee -- Ohio Valley Improvement Association
Board Member -- Mississippi Valley Association
Board Member -- American Waterway Operators, Inc.
Executive Board -- Old Kentucky Home Council, Boy Scouts of America
Advisory Committee -- National Rivers & Harbors Congress
Board Member -- Kentucky Child Health Foundation
Governor's Committee on Rehabilitation of the Handicapped
State Veterans Re-employment Rights Committee (U.S. Department of Labor)
Director -- Filson Club
Chairman -- Jefferson County Improvement District
Chairman -- Louisville Development Committee
Director -- Louisville Audobon Society
Director -- Norton Memorial Infirmary (now Childrens-Norton Hospital)

Present Civic:

National Chairman of the Board & Director, American Cancer Society -- 1964--
Member -- U.S.A. National Committee of the International Union Against Cancer, Second Chairman-Elect of the Finance Committee -- 1969--
Director & Past Chairman of the Board -- Historic Homes, Inc.
President -- River Fields, Inc.
Director & Vice-President -- Bernheim Foundation
Director & Past-President -- Louisville Zoological Commission
Member -- English Speaking Union
Director -- Luoisville Automobile Club
President -- Louisville Museum of Natural History -- 1962--

Clubs:

Louisville Country Club
Pendennis Club
Filson Club
Old Kentucky Home Country Club
Jefferson Club

Awards:

Citizens Laureate, Younger Woman's Club -- 1971
National Award Winner--American Cancer Society --1959

Family

Wife -- Mona-Tate Russell Willig
Daughter -- Mrs. John Holton (Mona-Tate) Yost
Son -- Caldwell Russell Willig

Church

Communicant -- Christ Church Cathedral (Episcopal)

STATEMENT OF A. HAMBLIN LETTON

Mr. FLOOD. I understand Dr. Letton has a statement.

Dr. LETTON. Mr. Chairman, I will submit my full statement for the record and make a few remarks.

Mr. FLOOD. Very well.

[The statement follows:]

STATEMENT OF A. HAMBLIN LETTON, M.D., CHAIRMAN, LEGISLATIVE COMMITTEE AND PAST PRESIDENT, AMERICAN CANCER SOCIETY

Mr. Chairman, as a practicing physician I see the national cancer effort moving ahead as it never has before and certainly justifying the excellent support you have invested for the American people.

I want to thank you for hearing my views. I won't burden you with a list of my credentials and assignments which are attached as an addendum, but should let you know that I am testifying as a citizen witness representing the board of directors of the American Cancer Society. The society has carefully considered the role of the National Cancer Institute, particularly through the society's cooperative government programs committee and our legislative committee, of which I am chairman.

What I say here is shaped, too, by my perspective as president of the Atlanta Medical Center. I am a fellow of the American College of Surgeons in active practice at Georgia Baptist Hospital, the State's largest private hospital where I have for 7 years held the position of chief of staff.

The board of directors of the American Cancer Society supports a fiscal 1975 budget for the National Cancer Institute's regular programs of $750 million and for the new cancer control program, $50 million. We have carefully examined what this money will do and what it will leave undone. Tables attached to my written testimony will display the details of what we have found.

You might particularly be interested in a table (exhibit D) which you will find attached to my written statement which the American Cancer Society has assembled to condense on one page the recent budgetary history of the Institute as extended forward by executive budget and citizens' budget proposals before you now and by authorizations which both Houses have now approved in the national cancer law extension bill which is in conference. The same condensed table incorporates the historical perspective of the Senate Panel of Consultants on the Conquest of Cancer's original recommendations for funding and includes the money amounts in the original National Cancer plan, developed by 250 advisers to the National Cancer Institute in 1971.

You will note that last year the budget was $589 million. You will also note that the President's budget asks for $600 million, which is only $10.8 million over the previous year. Mr. Chairman, this represents about one-fifth of the percentage of increased cost-of-living this year. Just to keep pace, and with no new research projects, the increase would have to be $60 million rather than $10.8 million, or a total of $650 million. I again repeat that this additional $60 million would not increase our efforts one iota in trying to solve the cancer problem. I believe this briefly and concisely shows the deficit in the executive request. We are concerned that many good and reasonable projects are not going to be funded during the coming year.

Who knows which of these projects that cannot be funded may well be the project which could make the big difference? The ACS is also having funding problems—yet this year which is one of supposedly financial worry, the society is over $2 million ahead of last year in gifts. The American Cancer Society is apparently only going to be able to fund about 10 percent of our good research projects determined by our scientific advisory committee to be needed in the fight against cancer.

CANCER CONTROL

As an adviser on cancer control to the National Cancer Institute I learned of many good things NCI is doing and our society supports this new element in the Institutes' work.

The Institute's Cancer Control program, we are informed, will run approximately 10 percent for prevention, 30 percent for detection, 30 percent for diagnosis, 13 percent for rehabilitation of patients, and 15 percent for public education and professional training.

We understand that the National Cancer Institute in fiscal 1973 started seven control projects including one which staged some national surveys to learn what the American Cancer Society's various divisions, the States, regional medical programs and other organizations were accomplishing cancer control.

But before the survey results were in it was clear that important work could begin in prevention on the other areas. For instance, in diagnosis and treatment a start was made on demonstrations of several variations for putting the best chemotherapy to use in acute lymphocytic leukemia and lymphoma.

In education, the cancer institute was able to aid a dial access information service for doctors, a service which allows a physician to dial a telephone number where the latest information on any type of cancer with which he is confronted, is dispensed to him by a recording.

About $5 million was spent on these seven projects.

In fiscal 1974 cancer control spending by the National Cancer Institute has been announced at $34 million. However, only about $20 million of that is for new projects, the rest going to this year's costs of projects that started last year.

Against this availability of $20 million was a total of $55 million in new work deemed highly feasible and useful when a group of the Nation's leading cancer practitioners, public health experts and laymen met in Columbia, Md., in September. I participated in that meeting. The work sketched out at that time was later reviewed with more attention to detail than can be given a such a meeting and it was found, the cancer institute informs me, that the $55 million was too low for those projects. They might require as much as $75 million.

The administration is asking for $45 million in cancer control, or anywhere from $10 million to $30 million short of what is needed.

We don't think this program should be mounted with undue haste, because it is an entirely new area for the National Cancer Institute. But it shouldn't be shortchanged, either. The American Cancer Society Board of Directors believes at least $50 million should be spent on cancer control in fiscal 1975.

An estimated 973 persons die each day of cancer in the United States, or 355,000 per year. In my State of Georgia the death toll averages 17 per day, 6,300 per year. In the chairman's Commonwealth of Pennsylvania there will be 23,500 deaths this year from cancer. (That's a lot of voters who can't cast their ballot next year.)

Mr. Chairman, it is a fact that two-thirds of the victims of cancer could be saved today if present knowledge were effectively applied. Most authorities agree now that if all we know about cancer would be applied through mass screening, early detection, the best surgery, the most effective radiation therapy, and selected chemotherapy, the potential cure rate might well be better than two-thirds, instead of half. The latest end results report shows that only 40 percent are being cured. Twenty-seven percent are needlessly dying because we have not given enough emphasis to cancer control.

In cancer we are dealing with what is essentially a curable disease and one that is, in many cases, preventable. In both cure and prevention, however, we are regrettably behind in applying and practicing what is possible. The patient today needs what is possible now. He cannot wait for the unpredictable results of research in the future. Getting the patient the best care that research of the past has discovered is what we know as the duty of cancer control.

Through an aggressive cancer control program, the national cancer program, with coordination, collaboration, and cooperative effort of the private sector, represented principally by the American Cancer Society, will realize in a relatively short period a much higher application of existing knowledge, of the cure, prevention, and rehabilitation of cancer patients throughout the country.

Cancer control is the element of the national cancer program that is becoming directly visible to all of the people because cancer control programs constitute the application of knowledge in the form of demonstrations that such applications are feasible, productive, and effective.

I am pleased to cite a functioning example of an effective cancer control project, under the new program. The breast cancer detection demonstration program is unique in that it is the first operational control project under the new and expanded national effort against cancer. It represents the first example of implementation of the concept of matching government and private sector resources that we proposed to this committee 1 year ago.

As of this date all 27 of the American Cancer Society/National Cancer Institute breast cancer detection demonstration projects are operational.

This is a model program. It shows how the Government and the private sector can, and must work together in our battle against cancer. Under the program, both agencies provide funds. The NCI is providing two-thirds, and the ASC one-third. In addition, the ACS has mobilized its organization and manpower resources to assure that the project communities are involved; individuals are informed, and that the projects get the visibility they need and deserve, in their areas.

The 27 joint breast cancer detection demonstration projects and an accompanying statistical and evaluation project are costing contributors to the Society over $2.2 million and the Government almost $5.1 million.

A few examples show there has been a pretty fair geographical distribution of these demonstration projects. Pennsylvania has them at Temple University and the University of Pittsburgh. The University of Louisville has one, as has the Iowa Lutheran Hospital at Des Moines, the College of Medicine and Dentistry at Newark, N.J., the Medical College of Wisconsin, the University of Kansas, and Good Samaritan at Portland, Oreg. In fact, the west coast has four. The mid-Atlantic States are represented at Georgetown here in the District of Columbia. In the Deep South is a project at St. Joseph's in Houston, and Jacksonville's St. Vincent is taking part, as well as mine in Atlanta (exhibit 2).

Breast cancer detection demonstration projects show the public the importance of early detection of breast cancer, and show practitioners the use of the latest modalities of X-ray and thermography. They sharpen our ability to identify high-risk persons and develop screening methods of great accuracy, which are economical enough to reach practically all women. We will be reaching about 270,000 women in just these demonstration projects.

In my own experience in Atlanta, among the first 2,994 women we screened we found 18 cancers, only 4 of which were large enough to be felt, the kind of clinical examination which predominates as the initial assay in general practice. The 14 with the occult, less obvious, that is not palpable, lesions have an excellent chance of living a normal, disease-free lifespan as a result of the screening and follow-up. These should be 100-percent curable. The other four patients have a far better chance for a cure than they would have had otherwise, for only one had any spread of the disease at all. The volunteers of the ACS gave over 3,300 hours to this project during this time, a very valuable contribution. A contribution which could not be bought except at a huge cost.

What does this sort of thing mean to the American people? We cannot calculate the value of avoiding human suffering, but we can certainly see the economic benefits in prolongation of earnings, more years of taxpaying, full use of educational investment, even a tendency toward lower insurance premiums. The visibility of this program to the voters of America is proof that the U.S. Government and the ACS are doing something tangible for our people.

You may recall that breast cancer is the No. 1 cancer killer of women in the United States. Of the 89,000 women who will have breast cancer this year 33,000 will die. We lost 8½ times as many women from breast cancer during the Vietnam war years as we did servicemen in combat.

Like the rest of the cancer control program these demonstration projects don't involve the Government in the delivery of health care. Patients are helped, of course. The main aim, though, is to spread among health professionals greater familiarity with the best that medicine has to offer and to encourage the public to take those steps which are quite possible today toward reducing the anguish and the cost of cancer.

The cancer control element of the national cancer program is designed to provide a mechanism for translating research development into clinical practice through demonstration projects, evaluation, and communication.

One of the travesties of our modern age of technological progress is that huge barrier between the development of a new advance against cancer and getting it into the practice of medicine and to the people with the disease. The cancer control element of the national cancer program will serve to break down that barrier.

I understand the Senate version of the authorization bill calls for a $7 million line item for cervical Pap smears. We feel this is a highly desirable and definitely needed addition.

TRAINING

In the years before the cancer law of 1971, 7 to 9 percent of the total National Cancer Institute's spending was on training. In fiscal 1974 training drops to 3 percent. Where the administration has requested $22.5 million we see a demonstrable need for $56 million if the normal percentage is to be maintained.

Last year in testimony to this committee the American Cancer Society cited critical manpower needs identified in the course of preparation of the first national cancer plan under the 1971 law. In four medical care delivery disciplines the country needed approximately 6,000 more experts. In five research disciplines the country needed roughly 4,000 more experts.

We are not proliferating ivory tower types. We are talking about clinical oncologists, the specialists in cancer treatment. We are also referring to researchers to study how to put X-rays to work with the maximum impact on tumor cells and the minimum harm to nearby, healthy tissue. We are referring to researchers to put new chemicals to work to control cancer cells.

Because of the ability of the National Cancer Institute to expand its research program successfully the training goals set in 1971 and 1972 have turned out to be modest. This expansion has brought the total of cancer researchers to about 7,250.

With your permission, Mr. Chairman, I would like the record of my testimony to include a table [exhibit 3] on estimated additional scientists required by fiscal 1979 in order to fulfill the manpower demand created by the crusade against cancer.

The table shows a need for over 4,200 physicians, almost 4,000 Ph. D.'s in biosciences, some 300 veterinarians to protect the integrity of our experiments using animals, our preclinical trials. This adds up to almost 8,500 additional scientists needed to carry out the national cancer plan, not to mention others needed to perform work stimulated by the plan but not actually a part of it.

As cancer work has expanded, many scientists formerly working in other fields have shifted to this one. To a certain extent this is a healthy reflection of the priority the Congress has put on the war against cancer. But to some extent it is a comment on the unfortunate cutback in biomedical research outside the field of cancer. I know that the Congress intent in passing the national cancer law of 1971 was not to cut back on studies of other diseases. Yet that has happened and there is a manpower drain from those other areas which is helping supply the needs of the cancer field.

This should not continue. That is why our fiscal 1975 citizens' budget for the National Cancer Institute shows an increase for training. There is a definite need for it. The need for new research physicians and other research specialists, and the traditional percentage of the cancer institute budget devoted to training, indicate that over $50 million could be well spent on this item. The citizens' budget requests a modest $26.5 million for training and fellowships with the hope that full return to normal training levels can be achieved in another year or so.

COMPREHENSIVE CANCER CENTERS

The American Cancer Society Board of Directors wishes to express enthusiastic approval of the new comprehensive cancer centers which the National Cancer Institute is helping to establish. Along with Roswell Park in Buffalo, M. D. Anderson in Houston, and Sloan-Kettering in New York, the nine newer centers are demonstrating it is possible to bring research advances to the patient more quickly than ever before.

The society supported the 1971 law's provision for 15 new centers, a provision which we understand will be met at the end of this fiscal year, and we supported in the extension legislation the provision which removes the limit on the number of such centers. These research hospitals provide one place where the transaction of money into help for people is clearly seen.

REHABILITATION

Mr. Chairman. Today's cures often involve surgery or very powerful radiation and chemicals. Each of these modalities can leave scars. The emotional impact on the patient is not seldom extreme.

Too little has been said about rehabilitation of the cancer patient. When we have cured the patient there remains a great deal of work to be done. Rehabilitation involves physical therapy, sometimes cosmetic surgery, often psychological counseling, and other well designed, carefully thought out ways to assist the patient whose body is no longer wracked by the cancerous cell itself.

In St. Matthew it is written, "What does it profit a man if he gains the whole world and loses his soul." You can paraphrase that to say, "What does it profit a man if you cure him of cancer and he loses his ability to live?" What does it profit a man if you cut off his leg to cure him of cancer and you do not teach

him how to ambulate? What does it profit a man if you take out his voice box to cure him of cancer of the larynx if you do not teach him to communicate? What does it profit a man if you cure him of cancer of the colon if you leave him with a stinking uncontrolled colostomy? You have to teach him how to take care of it. What does it profit a woman if you take off her breast to cure her of cancer and she feels that she has lost her femininity? In this bosom-conscious world of ours she feels that she has lost her sex appeal. She thinks that her husband and family will not love her anymore—that she cannot wear attractive clothes—that she cannot wear a bathing suit—that she has been disfigured for life. We must have more volunteers who have been cured of cancer of the breast and who have been trained for the reach to recovery program to rehabilitate our breast patients.

The citizens' budget recognized the element of rehabilitation, both in research and in cancer control. I hope that you will agree with the American Cancer Society that the full citizen's budget is needed so that this important work can go forward, so that those captured from the clutches of this frightening disease can recover their equilibrium and return to well-adjusted, productive, happy lives.

[The attachments follow :]

NATIONAL CANCER INSTITUTE FUNDING

(millions of $$)

	Actual Money Obligated			New Law						Extension Bill			
	1968	1969	1970	1971	1972	1973	1974[a]	1975[b]	1975[c]	1975[d]	1976[d]	1977[d]	1978
Research	$183	$185	$190	$233	$373	$420	$555	$554	$700	$750	$830	$985	
Control	-0-	-0-	-0-	-0-	-0-	5	34	46	50	50	65	85	
Total NCI	$183	$185	$190	$233	$373	$425	$589	$600	$750	$800	$895	$1,070	
Panel of Consultants' Recommendations					$400	$550	$700	$850	$850	$850	$1,000	$1,150	
National Cancer Plan Developed by 250 NCI Advisors				$230	$378	$492	$640	$852	$852	$852	$1,035	$1,192	$1,200

EXHIBIT No. 1

19

a/ As shown for 'last year' in Presidential fiscal 1975 budget request; includes $60 mil. of fiscal 1973 money released from impoundment.

b/ President's budget, i.e., OMB's response to NCI's proposed $750 mil.

c/ Proposed by NCI at start of preparation of fiscal 1975 budget.

d/ These amounts proposed in bill now in Congress as an upper limit on fiscal 1975-6-7 appropriations for NCI.

e/ Panel consultants recommended $400 mil. in 1972 plus an increase of $100 mil. to $150 mil. per year after that.

EXHIBIT NO. 2

AMERICAN CANCER SOCIETY/NATIONAL CANCER INSTITUTE

Breast Cancer Demonstration Projects

East

	Project Director	Date Awarded
Albert Einstein Medical Cntr. Temple U. Hospital Philadelphia, Pa.	Harold J. Isard, M.D. Marc S. Lapayowker, M.D., Associate	2 Jan 74
College of Medicine and Dentistry of New Jersey Newark, New Jersey	Benjamin Rush, M.D.	28 June 73
Guttman Institute New York, New York	Philip Strax, M.D.	18 April 73
Rhode Island Hospital Providence, Rhode Island	Herbert P. Constantine, M.D.	u.n.*
U. of Pittsburgh School of Med.	Bernard Fisher, M.D.	u.n.
Wilmington Med. Cntr.	Leslie W. Whitney, M.D.	1 Jan 74

South

Duke University Med. Cntr. Durham, N.C.	Richard G. Lester, M.D.	15 Feb 74
Emory U. -- Georgia Baptist Hosp. Atlanta, Georgia	R. Waldo Powell, M.D. A. Hamblin Letton, M.D.	9 May 73
Georgetown U. Med. Cntr. Washington, D.C.	Margaret Abernathy, M.D.	7 Feb 74
St. Vincent's Med. Cntr. Jacksonville, Florida	Marvin A. McClow, M.D.	6 June 73
U. of Louisville School of Med.	Condict Moore, M.D.	17 April 73
Vanderbilt U. School of Med. Nashville, Tennessee	John R. Amberg, M.D.	u.n.

Midwest

Ellis Fischel State Cancer Hosp. Columbia, Missouri	William L. Donegan, M.D.	u.n.
Iowa Lutheran Hospital Des Moines, Iowa	Donald C. Young, M.D.	27 Feb 74
Medical College of Wisconsin Milwaukee, Wisconsin	James E. Youker, M.D.	18 June 73
U. of Cincinnati Med. Cntr.	Myron Moskowitz, M.D.	28 June 73
U. of Kansas Med. Cntr. Kansas City, Kansas	Loren J. Humphrey, M.D.	19 June 73
U. of Michigan Med. Cntr. Ann Arbor, Michigan	Walter M. Whitehouse, M.D.	18 Mar 74

*u.n. -- under negotiation

EXHIBIT NO. 2—Continued

West

Good Samaritan Hospital & Med. Cntr. Portland, Oregon	Morton J. Goodman, M. D.	u. n.
Mountain States Tumor Institute Boise, Idaho	Alfred M. Popma, M. D.	25 June 73
Pacific Health Rsch. Institute Honolulu, Hawaii	Fred I. Gilbert, Jr., M. D.	19 Dec 73
St. Joseph's Hospital Houston, Texas	Duncan L. Moore, M. D.	u. n.
Samuel Merritt Hospital Oakland, California	Robert Schweitzer, M. D.	25 Feb 74
U. of Arizona Med. Cntr. Tuscon, Arizona	Arthur J. Present, M. D.	u. n.
U. of Oklahoma Health Sciences Cntr. Oklahoma City, Oklahoma	JoAnn Haberman, M. D.	18 June 73
U. of Southern California Los Angeles, California	Lewis W. Guiss, M. D.	u. n.
Virginia Mason Rsch. Cntr. Seattle, Washington	Thomas Carlile, M. D.	14 June 73
Statistical Center University City Science Cntr. Philadelphia, Pa.	W. C. Ellenbogen	29 June 73

Awarded to 18 Mar 74

ACS Funds	$1,329,304
NCI Funds	2,658,608
(Statistical Cntr. NCI Funds)	489,068
Total	$4,476,980

Under Negotiation & Review

ACS Funds	$ 970,000
NCI Funds	1,940,000
Total	$2,910,000

ESTIMATED ADDITIONAL SCIENTISTS REQUIRED BY FISCAL YEAR 1979 (EQUIVALENT FULL-TIME FOR NATIONAL CANCER PLAN ONLY)

	Medical doctor	Doctor of Philosophy	Doctor of Veterinary medicine	Total
Cancer biology	1,200	1,775	135	3,110
Carcinogenesis	220	605	50	875
Chemotherapy	1,325	770	20	2,115
Epidemiology	300	50	10	360
Immunology	530	100	70	700
Drug development	09	520	10	620
Radiation	560	90	10	660
Total	4,225	3,910	305	8,440

CURRICULUM VITAE—A. HAMBLIN LETTON, M.D., JANUARY 1974

President of the National American Cancer Society, Inc., 1971–72.

Surgeon in Private practice, fellow of the American College of Surgeons, chairman, Patient Care and Research Committee, American College of Surgeons, chief of staff, Georgia Baptist Hospital (Georgia's largest private hospital), fellow of the Southern Surgical Association, diplomate, American Board of Surgery, member of the American Goiter Association, member of the Society of Nuclear Medicine, member of the Ewing Society.

Secretary-director of Southeastern Surgical Congress, member of the Board of Directors, Georgia Division, American Cancer Society, Inc., active attending surgeon, Georgia Baptist Hospital, surgical consultant, Scottish Rite Hospital, member of the Georgia Science and Technology Commission, president, Atlanta Medical Center, consultant for the Georgia Division of Vocational Rehabilitation, member of Board of Judges, Mutual of Omaha, listed in Who's Who of America and Who's Who in the World, member of the Board of Directors, Univeristy Yacht Club, second Ponce de Leon Baptist Church, deacon (inactive).

Dr. LETTON. There is a table attached to Mr. Willig's statement I would like to draw your attention to which goes into the history of the budget for the NCI over the past few years including the citizens' budget we are now talking about.

The one point I would like to draw your attention to is that the President's budget for $600 million is some $10.8 million more than last year, which is about one-fifth of the increased cost of living. If we are even going to keep up with last year's work we have to have more money, which should be somewhere around $60 million to keep up with the increased cost of living. So it ought to be at least $650 million. We are actually asking for $800 million as Mr. Willig has indicated.

We are very grateful to you for letting us come this morning.

Mr. FLOOD. Thank you very much, gentlemen.

Dr. LETTON. Thank you.

TUESDAY, MAY 7, 1974.

CANCER CENTERS

WITNESS

DR. GERALD T. MURPHY, INSTITUTE DIRECTOR, ROSWELL PARK MEMORIAL INSTITUTE, BUFFALO, N.Y.

Mr. FLOOD. Now we have Dr. Gerald T. Murphy, director of the Roswell Park Memorial Institute of Buffalo, N.Y.

You may proceed, Doctor.

Dr. MURPHY. Mr. Chairman, I am Dr. Gerald P. Murphy, Institute Director at Roswell Park Memorial Institute at Buffalo, N.Y., one of the three centers initially designated as "comprehensive" by the National Cancer Institute. I am a member of the President's National Cancer Advisory Board as well as chairman of the National Cancer Institute's Cancer Control Advisory Committee. Also, I am president-elect of the American Cancer Society of New York State.

In my testimony today, I wish to urge more fiscal support for cancer centers and to emphasize that the National Cancer Institute and responsible cancer physicians and scientists in the United States are in favor of the establishment of additional centers. In 1971 when the National Cancer Act was passed, a number of exploratory, or planning, grants were awarded to institutions and regional groups to determine the advisability of the establishment of a cancer center. Many of them, such as in your own community, are evaluating their need for a cancer center. These review and planning efforts themselves have already led to considerable benefit to the American public—for such assessments in many cases have critically defined both the needs for cancer patients as well as the methods and means of serving them and the public better.

If one considers the current distribution of the 12 cancer centers in the United States, one can realize that many Americans may be far from such centers. The population in States near existing, designated, comprehensive cancer centers is 86 million, or approximately 7.2 million persons on the average for each of the presently designated 12 centers. However, taking 7.2 million persons as the average center's geographic service area, our deployment of these comprehensive units would still leave at least 117 million persons in some States with no such opportunity for referral or benefit from such a center. Even if we maintain the minimal coverage now found in some fortunate States, the remaining 39 may well have a need for at least 16 additional centers. This of course could mean that several sparsely populated States might be sharing one center in some sections of the country.

In fiscal 1975 (table I), there are estimates that $107 million will be spent on cancer centers. It has been announced that six new comprehensive centers will be designated before the end of fiscal 1974; that is, in another 6 weeks. We may still need another 10 centers just to achieve the population ratio which has been established in other parts of the country in States where centers are now located. This ratio, as mentioned, should not be considered ideal. For example, an additional 10 centers, if funded at the current minimal average level of existing centers would cost about $80 million. Therefore, the $107 million presently budgeted for cancer centers covering all types, including comprehensive, community, and specialized centers would hardly accommodate such a burden. Clearly there is a need for an $80 million addition in my opinion. However, I am aware that the citizens' budget, in the interest of moderation in a rapidly growing cancer program, requests only an additional $15 million to make the total cancer research centers request for fiscal 1975 only $150 million.

Mr. Chairman, scientists are subject to the same motivations as most other humans and it would be natural for members of the Appropriations Committee to assume that part of our request for over $150 million for new cancer centers could be motivated by a desire to work

in excellent conditions and in large, new expanding institutions. However, I believe if we take a look at what is happening to patients treated at cancer centers that the $150 million does not appear to be an inflated request. For example, the so-called end results data from National Cancer Institute epidemiological reviews for the years 1965 to 1969, show that only 12 to 16 percent of adult patients with acute leukemia were alive 1 year after diagnosis. In the best cancer centers the rate is now running about 70 percent as a result of combined chemotherapy worked out particularly at cancer centers. To carry this further, in 1956, no children with acute lymphatic leukemia survived longer than 15 months. In a recent study from several cancer centers and cooperative groups studying nearly 2,000 children with acute lymphatic leukemia under combined chemotherapy, it appears today that half the children will survive 5 years. Of greater significance is the observation that 17 percent of such children have already survived untreated, 5 years after the completion of all their therapy. Not all such achievements can admittedly be attributed to superior treatment in cancer centers. However, in the years since 1969 results have improved generally, but not nearly to levels seen at some cancer centers. I do not believe that anyone in the medical world doubts that many improvements take place first in the cancer centers and then spread out to the rest of the medical community.

The cancer center influence that has demonstrated that chemotherapy was most successful in acute lymphatic leukemia and advanced Hodgkin's disease must also be translated to common solid tumors that are the major cause of cancer mortality throughout the United States and the world. Cancer centers are currently mapping overall strategies for integrating chemotherapy into combined modality approach for the primary treatment of solid tumors. These types of combined modalities of treatment for increasing the cure rates in solid tumors. can best take place initially at cancer centers. Once a defined and well evaluated therapeutic strategy for solid tumors is worked out at cancer centers, it will then permit delivery to other components of the medical community. However, more money is needed for this effort.

The actual money now devoted by the National Cancer Institute to clinical trials of experimental therapy particularly for solid tumors is very small. For instance, the entire expenditures in fiscal 1974 for clinical trial on head and neck tumors are $3,890,000; on stomach tumors $5,279,000; in the lung (one of the most devastating solid tumors) $16,594,000; the colon-rectal tumors $9,334,000; and for one of the areas where disease is rapidly increasing in incidence, pancreas tumors, only $1,866,000. The total to be spent this year on cooperative clinical trials which does not consider drug development costs are currently about $15 million. This certainly should be doubled or increased. Mr. Chairman, such work is not a line item in the National Cancer Institute budget. I strongly suggest that you make it possible for the Institute to double this figure.

Mr. Chairman, comprehensive cancer center core grants do not constitute by any means the bulk of the money needed by centers. In my written testimony is table II which shows that core grants to new comprehensive centers ran about $7.3 million this year. This is less than a million per newly designated center. All the rest went into many other direct research grants or for contracts on projects that National

Cancer Institute's programed scientific work demanded. More funds are needed for these and other centers in my opinion.

Mr. Chairman, I am sure that this committee is aware that some additional construction money for cancer centers is needed as well. The first 12 comprehensive cancer centers were awarded construction grants averaging $4 million each. Of the 16 possible additional centers mentioned, if only 8 were designated in fiscal 1975 the construction awards, according to the old average, would be $35 million. Present budget construction estimates call for $22 million in cancer construction money. I believe that is only enough for about one-third of what is needed for new comprehensive centers and would leave nothing at all for the quite important "community" and "specialized" centers as well as specialized basic science facilities, many of which need updating, renovation, or laboratory space for new projects. The citizens' budget requesting $77 million (table I) would call for such cancer center projects to proceed which have been awaiting space, and would put, I believe, the best care closer to cancer patients and their families.

Mr. Chairman, implicit within the national cancer control program is the urgent need to better educate the public and the medical profession. The results of research and study in cancer prevention, detection, therapy, rehabilitation, and continuing care must be communicated in an appropriate form to the physicians, nurses, and paramedical personnel who see and treat, at some point, some 90 percent of this country's cancer patients and as well to the lay public who must play an active role in preventing and detecting cancer. Greater emphasis must be undertaken by cancer centers to reach the practicing physicians who undertake the primary care of the cancer patients. These physicians therefore should not only be informed of the most up-to-date and effective techniques in cancer prevention, detection, and treatment, but they should also be motivated in turn to educating their patients in methods of prevention and detection. The success of the cancer control program hinges on how well we outreach and as well coordinate our efforts with other established voluntary and Federal health agencies. Cancer centers are in some present aspects in the best position to outreach by sending out teams to community hospitals and providing consultative service to office-based physicians and by such centers establishing effective use of established media, that is, press, radio, television, firms, brochures. At Roswell Park Memorial Institute, we are doing this but need to do it at a greater level. We and other centers need funds to expand and enhance our programs in these directions. Therefore, I support the "Citizens" budget of $50 million for cancer control activities. I regard this as a minimal level, however, in consideration of the awesome tasks for this newly mandated program.

My last point, Mr. Chairman, I feel is also important. Whereas cancer centers and the academic world at large are responsible for developing new knowledge and for training cancer specialists, we have seen funds, particularly for training, greatly curtailed. There are recognized shortages of certain cancer specialists on all levels. The "Citizens" budget provides $26.5 million for education and training. This is a much more reasonable amount than the $14.2 million currently estimated. We all realize that we need all types of cancer specialists to effectively implement the National Cancer Act.

Mr. Chairman, thank you for allowing me to express my views.

[The attachments follow:]

TABLE I

Citizens' Budget for the National Cancer Institute, Fiscal 1975

(Millions of Dollars)

		1973 Actual	1974[a]	Projected Administrative Budget	Citizens' Budget
Grants	Regular research	$ 86.5	$ 115.1	$ 115.5	$ 127.7
	Cancer research centers	67.5	91.1	107.1	150.5
	Task forces	3.9	11.5	13.5	21.0
	Research Career program	1.8	1.8	2.0	2.2
	Clinical education	---	---	4.0	6.0
	Fellowship & training	13.9	18.2	14.2	26.5
	Total grants	173.6	237.7	256.3	333.9
Direct Op'ns	Biology & diagnosis	29.0	40.7	42.5	53.3
	Treatment	59.5	75.7	76.4	102.4
	Cause and prevention	92.8	112.0	114.4	134.4
	Grant review & approval	3.6	4.3	4.5	5.6
	Program direct'n., services	7.7	17.0	21.1	24.4
	NIH management fund	15.2	17.0	17.8	19.0
	Total direct op'ns.	207.8	266.7	276.7	339.1
Construction		38.8	50.7	22.0	77.0
Cancer Control		5.2	34.1	45.1	50.0
	TOTAL NCI	$ 425.4	$ 589.2	$ 600.1	$ 800.0

[a] OMB total + Congressional increase + impoundment release.

TABLE II

National Cancer Institute

New Comprehensive Centers

(In Thousands)

	Comprehensive Core Grants	All Other Grants and Contracts Research Grants Only		Fiscal 1974 Total*
Alabama University Birmingham	$ 907	($ 1,295)	$ 813	$ 1,720
Children's Cancer Rsch. Boston	1,188	(3,600)	2,977	4,165
Duke University Durham, N.C.	952	(401)	2,524	3,476
Hutchinson Cancer Center Seattle	700	(2,011)	5,010	5,710
Johns Hopkins Baltimore	969	(1,751)	3,817	4,786
Mayo Foundation Rochester, Minn.	862	(1,214)	1,273	2,135
Miami University Miami	375	(938)	2,333	2,708
Southern California U. Los Angeles	654	(2,012)	17,711	18,375
Wisconsin University Madison	706	(4,044)	13,767	14,473
Total	$7,313	($17,266)	$50,225	$57,548

* NCI plans for 1974, based on a $589 mil. budget which would include money released from FY 73 impoundment.

Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203
May 8, 1974

Dear Mr. Flood:

Brand new data indicate that the incidence of cancer is still rising though the incidence of some other major diseases is falling off.

On the very morning when you opened your hearings to public witnesses on behalf of NIH appropriations, the National Center For Health Statistics was reported in the New York Times to be issuing entirely new data on disease rates in this country.

It is all the more urgent that the Citizens' Budget for the National Cancer Institute be the basis of your appropriations decisions this year.

The Times article is attached and, if you please, I should like to append it to the testimony I presented on May 7th, when I appeared before your Committee with regard to the National Cancer Institute appropriations.

Thank you for your consideration.

Sincerely,

Gerald P. Murphy, M.D.

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Institute Director

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Committee on Appropriations
U.S. House of Representatives
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Declines in Deaths From Nine Leading Diseases Show a Surprising Trend

By HAROLD M. SCHMECK Jr.
Special to The New York Times

WASHINGTON, May 5 — Death rates from heart disease, stroke and seven other leading killers of Americans declined during the last two decades, but no one knows why.

Experts say the figures show that some important changes have occurred in national lifestyles, behavior or environment, but no one knows just what the crucial changes were.

"We all find it mysterious and energizing," said Dr. Harold Margulies, deputy administrator of health resources in the Department of Health, Education and Welfare.

He said that many of the trends were surprising and called for research to find explanations. It was in that sense that he used the term "energizing." Something has been happening to produce the new patterns of death; if scientists understood the causes, the implications for public health could be profound.

The data, which cover the nineteen-fifties and nineteen-sixties, show declines in nine of the 15 leading causes of death among Americans and increases in the six others. Some, notably suicides, homicides and accidents, were all declining throughout much of the nineteen-fifties, but then, inexplicably, turned upward again and have continued to rise.

Changes such as the 15 per cent drop in deaths from heart disease are so surprising that they seem to fly in the face of current health dogma, but there is little room for doubt that the data are valid.

"The trends are real and well-established inasmuch as most have been going on for at least five years and some for 10," said A. Joan Klebba, chief author of the study. She said, furthermore, that the original figures show that the trends are continuing into the nineteen-seventies.

The huge study, by the National Center for Health Statistics, is not based on a population sample as most such studies are. Instead it involved analysis of every one of the 33,637,548 death certificates recorded in the United States during the 20 years.

Adjustments for Age

All of the data are expressed in what are called age-adjusted death rates; that is, deaths per 100,000 population adjusted to compensate for the changing age profile of the American population.

Without adjusting for national age patterns, death rates would give an unrealistic picture because the average age of the American population is increasing. Without compensating for this, statistics would emphasize unduly the diseases of middle and old age. That may be one reason why the decline in deaths from heart disease has gone largely unnoticed.

A Government report on the trend, which will be published later this month, says that the age-adjusted rates are more meaningful than total death rates. It says the total death rate for heart disease from 1950 through 1969 would show an increase from 356.8 per 100,000 population to 366.1. The age-adjusted rate, on the other hand, shows a clear downward trend from 307.6 per 100,000 to 262.3 during the same 20 years.

Since heart disease has long been considered the great epidemic illness of the industrialized world and of the United States in particular, its unexplained downward trend has probably puzzled the experts most.

"We're very much impressed by this," said one expert at the National Heart and Lung Institute.

"There is something about heart disease we damn well don't know," said another specialist.

It is generally considered unlikely that changes in medical practice during the last few decades could account for most of the trends. In regard to heart disease, even the current enthusiasm for exercise and dieting seems an inadequate explanation. Those have come too recently to affect the basic process responsible for most heart disease deaths.

It is generally assumed that heart disease is a slow process, so that the death trends of the nineteen-fifties and nineteen-sixties would have to have their roots in factors that began to work at least five or 10 years earlier.

Among the 15 leading causes of death, the sharpest increase was in the category of chronic respiratory diseases: bronchitis, emphysema and asthma. The rate of deaths from these causes more than doubled between 1954 and 1960. The increase was particularly sharp among men.

Effect of Epidemics

The death rate from influenza and pneumonia followed a see-saw pattern, probably reflecting epidemics. It was 6 per cent lower in 1969 than in 1950.

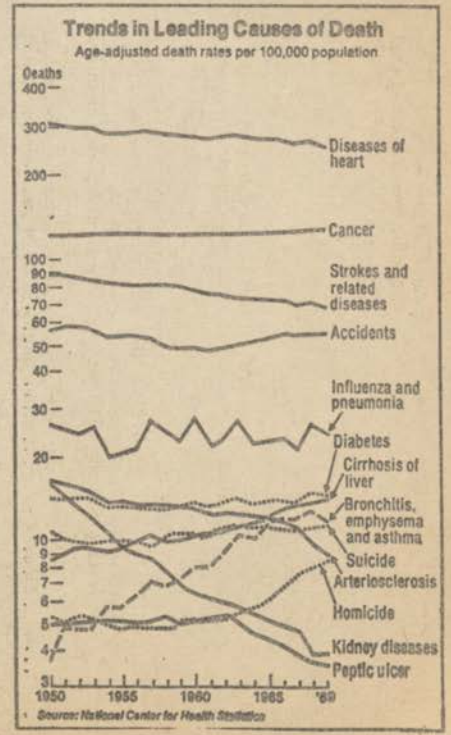
Deaths from cirrhosis of the liver increased by 67.1 per cent, according to the figures, with the most striking increases among nonwhites.

Cancer, second only to heart disease as the cause of death among Americans, continued to rise steadily during the 20 years. The total increase in the age-adjusted death rate was 3.4 per cent, reflecting rises in cancer-caused deaths among men but a decline in the death rate for women.

The death rate for diabetes increased slightly during the two decades with a sharp rise among men, both white and nonwhite, a distinct but lesser rise among nonwhite women and a decrease among white women.

The other leading causes of death that experienced increases were homicide and suicide.

Most striking was the homicide trend, which showed a decrease in the age-adjusted rate during the nineteen-fifties followed by an increase of 75.5 per cent for the period 1958 through 1969.



TUESDAY, MAY 7, 1974.

CANCER RESEARCH

WITNESSES

MRS. GRACE MONACO, NATIONAL LIAISON CHAIRMAN, THE CANDLELIGHTERS
REV. KIRK HUDSON, PRESIDENT, PITTSBURGH CANDLELIGHTERS
BOB BOGORFF, SOUTH FLORIDA CANDLELIGHTERS

Mr. FLOOD. Now we have Mrs. Grace Monaco and others representing the Candlelighters.

Mrs. MONACO. Mr. Chairman, my name is Grace Powers Monaco, national liaison chairman of Candlelighters. I would like to introduce Rev. Kirk Hudson to my left, president of the Pittsburgh Candlelighter group and Bob Bogorff of south Florida who is cofounder with his wife of the south Florida Candlelighter group. Dick Sullivan, president of the Metropolitan Washington chapter is on his way.

Mr. Chairman, we have a significant and comprehensive statement, and we have a budget also at the end of that statement for your attention. I will submit our statement for the record and highlight it and make any additional points that have come to our attention since the statement was drafted.

Mr. FLOOD. Without objection the statement will be made a part of the record.

[The statement follows:]

STATEMENT OF THE CANDLELIGHTERS

Mr. Chairman and members of the committee, my name is Grace Powers Monaco, national liaison chairman of Candlelighters. I am accompanied by Richard Sullivan, president of the Metropolitan Washington chapter, Rev. Kirk Hudson, president of the Pittsburgh chapter, and Bob Bogorff, cofounder with his wife of the south Florida group. With respect to the content of this statement, we also thank Mrs. Chris Naegle of IMPACT, the New Jersey Candlelighter affiliate. As the members of this committee know, Candlelighters is an organization of parents in 16 States whose children have died from or are currently under treatment for cancer.

As we have indicated in previous appearances before this committee, we feel that we are in a good position to inform the committee on the effect and results of the funding efforts on the consumer level. As in the past, we wish to bring to your attention those areas which we feel merit further attention or where increased funding levels or new funding is required.

Before entering into a discussion of the various aspects, I would be remiss if I did not extend on behalf of all of us our deep gratitude and appreciation to you, Mr. Chairman, and the members of this committee for the efforts on behalf of the afflicted and, in particular, for the unflagging interest which this committee has shown toward cancer research and treatment. We know that the lives of our children have been extended and, in some cases, preserved through cancer research efforts which this committee allocated to the various elements of the National Cancer Institute and in conjunction with some private sources. We know, as I am sure you do, the importance of building on the great progress already made in this field so that the aspirations contained in the National Cancer Act may be realized.

Since our children's lives and the lives of future cancer victims depend upon cancer research progress, and the translation of the results of this progress into improved methods of diagnosis, treatment and rehabilitation, we have made it our business to become informed about the various facets of the various different programs so that we might be in a position to inform you.

In preparing our testimony for this hearing, we have related to the provisions of the National Cancer Amendments of 1974 as approved by the House and which are presently awaiting action on the Conference report.

With respect to the overall amounts, the $600 million requested by the President for the 1975 budget would appear substantially below the amount necessary to carry forward the program along the lines contemplated in the authorizing legislation. If one looks to the inflationary factor alone, the small increase from the 1974 budget would be retrogression rather than an increase. An interesting table is contained in the House Report No. 93954 accompanying the National Cancer Amendments of 1974, which shows the appropriation in terms of the value of the 1965 dollar. Even without taking account of the inflation which has taken place since that table was compiled, the amount specified in the President's budget request would be less than $400 million in terms of the deflation to which I have referred.

If one takes account of the built-in increases, including those for salaries and for the higher costs of construction, the amount available for research in this sector, which is of such vital interest to us, might suffer material reduction. This we believe should be avoided at all costs and we urge this committee to take appropriate action on the line items regarding the NCI so that the amount set aside for research and other elements discussed in this testimony will not be adversely affected.

It would appear to us that the total amount which should be appropriated for NCI for fiscal year 1975 should be the authorized amount of $800 million. There are a number of specific areas which we would like to bring to your attention, including two which we recommend to the authorizing committee. These deal with nutrition and information services.

COMPREHENSIVE CANCER CENTERS

The amendments to the National Cancer Act provide for an expansion of the number of comprehensive cancer centers to 35. This expansion, which will take 5 to 10 years to implement, may go a long way toward insuring the best quality care to most of our population. However, the effect of the comprehensive cancer center toward meeting this goal depends upon those centers not being centers in name only but truly centers of excellence, which the name would suggest, in all areas of cancer care.

As you are well aware, NCI does not fund cancer centers as such, it provides some organizational seed money when the center is designated. But as recognized by the NCI, the core grants provide only a small part of the operational costs; the remainder of the operational costs are supplied through individual research grants, center grants, contracts, and non-Federal sources. To become a comprehensive cancer center, the center must therefore compete for research grants, contracts, fellowships, training funds, etc. It is unusual if all areas of cancer treatment at a newly designated center would approach the same level or degree of excellence. For example, it might have an excellent and innovative radiotherapy staff but might need upgrading in neurology or pediatrics, or pharmacology. How do we bring the other areas of the center up to the standard of excellence envisioned by the term comprehensive cancer center—how do we maintain the degree of excellence in the departments that are already excellent, through competition for Federal moneys; to fund innovative programs.

That is where the rub is with respect to the goal of cancer centers of a uniform degree of excellence in the spectrum of programs offered. It is current NCI funding policy to give grants to investigators for programs. Well endowed medical schools and institutes which maintain large and prestigious staff continue to attract the bulk of program funding in both the basic research and clinical trial areas. The core support money appears to be insufficient to provide innovative investigative support to a staff which usually because of an overwhelming case load does not have the time and also lacks the specialized expertise to draft grantable programs. Therefore the established and prestigious centers which have the time and funds to support innovative staff investigators to draft programs, will continue, albeit on merit, to get the lions' share of Federal funds. If the policy continues as it now exists, new centers will have to struggle along for years while slowly attracting and building up a quality staff necessary for a center's all around strength.

Obviously any sort of preferential or quota system is inappropriate to remedy this problem. The most excellent program responses should be the ones funded.

However, we would urge this committee to allocate the additional sum of $2,400,000 to provide for the support of additional innovative investigators for new centers. This will enable new centers to reach their goal—the goal promised by the Cancer Act and expected by the community—of all around excellence in cancer treatment sooner. By way of illustration of this problem, we cite as an example the current situation of this problem, we cite as an example the current situation in South Florida. The Miami Comprehensive Cancer Center which has some excellent cancer programs received $2.9 of the $13 million requested for its first 3 years. The 10 worthiest proposals were funded. However, there are some departments which have excellent staffs and good treatment facilities but because of an unbalanced patient/physician ratio are deficient in personnel who have the time and special expertise to devise and draft grantable programs. For example, the pediatrics, radiotherapy and pharmacology departments need assistance in this area. Fortunately, there was sufficient unearmarked money in the center's funding to bring in one investigator who will probably be assigned to assist pediatrics. However, this will not help the upgrading in other departments with similar problems.

The expansion of the number of comprehensive cancer centers in the next 5 to 10 years should alleviate one major problem connected with obtaining the best possible cancer treatment which we experience now—distance. In New Mexico, to reach a comprehensive treatment center patients travel from 100 to 400 miles, even drawing from Arizona Indian Reservations. Also traveling a distance for treatment, when unnecessary, may be forced upon patients for economic reasons. New Jersey pediatric patients travel from only a few miles to over 75 miles one way. However, driving 75 miles for in-State cancer care is too far for a desperately ill child, at least for those patients situated in the northernmost or southernmost areas of the State who are closer to care in New York or Philadelphia than that which is available in New Jersey. Even if it is more convenient for a family so situated to go to New York or Philadelphia to receive care, there are economic reasons why they may not be able to go. For example, according to our experience, the State funded the crippled children's program which reimburses some cancer care costs will not pay for any services out of State unless they are totally unavailable in New Jersey.

PSYCHOSOCIAL SUPPORT

This committee has heard from us in the past about the importance of psychosocial support to the patient and the family group undergoing an experience with cancer. This type of supportive care, where available, has been shown to improve the quality of treatment and enable the family during and after crisis to function as a cohesive supporting family group instead of breaking up, with the resultant drain on themselves and on society, NCI has recognized the importance of this assistance in treatment and rehabilitation and has initiated a request for proposals dealing with this area.

This group counseling or psychosocial support should be made available not only to the patient and his family but also to the medical staff in dealing with the problem of the terminal patient. A common complaint of our groups both local and national is that many doctors were largely unable to deal with the terminally ill patient and his family. They tend to be mechanical, impersonal, and curt and this problem becomes more severe when the child approaches death, when the support should be the strongest from medical and nursing personnel. Unless medical personnel can cope and come to terms with their own feelings about death and dying, they cannot give the type of support required by the terminally ill child. Indeed, how can they appropriately monitor the child if they try to avoid him. It is an incredibly frightening experience for a parent to be left virtually alone without supportive care to deal with his dying child. For this reason we request that NCI be directed to include within the definition of cancer-related subject in its clinical training program to advance the education given by medical schools in cancer-related subjects, programs related to the training of the physician and nursing personnel in how to deal with death and the dying patient. We also request that these programs be expanded to permit inclusion of practicing physicians in the cancer area.

We realize that this committee can go no further than provide the funds for demonstration projects in this area. However, we would ask you to talk to your colleagues who deal with national health insurance legislation to include coverage for all kinds of cancer rehabilitation programs, of which this is one type.

NEUROLOGIC DIAGNOSTIC EVALUATION

As the survival statistics applied to cancer patients on chemotherapy and radiotherapy lengthen, problems arise which were unknown when the patient's lifespan was compressed into 2 or 3 years, for example, an increasing number of neurologic disorders resulting from chemotherapy and radiotherapy. For example, nerve damage, paraplegia, meningistic impairment of cognitive functions, muscle pain, and atrophy are surfacing. Since one of the goals of the cancer control program is to focus on rehabilitation—the best quality of life as well as the ever-lengthening lifespan—it is imperative that evaluations of patients be done to assess the damage chemotherapy or radiotherapy is causing neurologically and to pinpoint its cause and take steps to correct it. Funds to support this type of evaluation work would not be included in most normal insurance coverage. We would ask this committee to require NCI to initiate demonstration projects which would evaluate the new and existing patient neurologically as well as medically and hematologically as part of these projects, to undertake to convince major insurers to include such evaluations in their insurance coverage.

INSURANCE COVERAGE

The area of insurance coverage is one which strikes hard at the parents whose children are under treatment. Even if you have taken a major medical policy and consider yourself well covered, you have not protected your family when cancer strikes. For example, some insurance carriers do not consider chemotherapy a recognized treatment for cancer and will not reimburse it; some will not pay for recognized rehabilitation needs; some will not pay for psychiatric or group counseling sessions or for experimental drugs, et cetera. If this committee is to be assured that once the NCI has demonstrated the effectiveness of cancer diagnostic treatment and rehabilitation programs, that these programs are not dropped but continued; it is essential that the insurance community review and revise their coverage standards to reflect the up-to-date procedures which are the crux of cancer treatment and rehabilitation.

We hope that this committee would utilize its good offices in bringing to the attention of your colleagues who are concerned with health insurance legislation the great and vital need for an early change in the atttiude of the insurance industry with respect to the coverage of proven diagnostic, treatment, and rehabilitative procedures connected with cancer.

LAMINAR FLOW FACILITIES

One of the successes in the cancer program pointed to by NCI is the reduction of deaths due to infection related to acute leukemia through the use of protective environments and antibiotic therapy. The findings of NCI make it clear to us that every center or hospital employed in clinical trials for NCI should have laminar flow facilities. One of the reasons they are not being included in privately funded hospitals, is that there are no funds available to sustain them. One reason may be lack of insurance carrier coverage for such facilities. For instance, the new Children's Hospital here in Washington for lack of funds has not planned to put in any laminar flow room.

CANCER CONTROL

Even after the expansion of comprehensive cancer centers, we must still rely on local physicians for diagnosis and followup care. At present in the areas in which we have Candlelighter chapters or affiliates, there are no Federal privately-funded programs designed to educate the family physician or pediatrician on the best methods for detecting cancer. Early proper diagnosis is often critical in determining the patients' chances of survival. Unfortunately, however, misdiagnosis of childhood cancers, from the experience of our members, is the rule rather than the exception. The experience of one of our local Candlelighters families is a case in point: Following a playground accident, they took their child to a local hospital where X-rays were taken and the child was examined by two staff physicians who concluded that it was merely a soft tissue injury. Two months later a prominent and thoroughly experienced orthopedist pronounced the child neurotic when he was not responding to the treatment he prescribed and in fact his condition was deteriorating. Two more months passed before the child was diagnosed as having acute lymphocytic leukemia. Four valuable months were

lost. The symptoms and objective evidence was available from the time of the original hospital visit but the physicians were incapable or neglectful in interpreting them.

Other examples are: Wilms tumor diagnosed as an impacted bowel; leukemia frequently diagnosed as flu or rheumatoid arthritis or even malingering. For this reason we request the fullest support of the cancer control program so that through the expansion of information systems and demonstration projects, the facts on cancer diagnosis and treatment can be disseminated to all physicians. For this we request that the fullest authorized sum of $50 million for fiscal year 1975 be appropriated for the cancer control program.

INFORMATION SERVICES

The authorizing committees included in the National Cancer Act Amendments of 1974 language suggested by Candlelighters which would require NCI to devise means to interpret and disseminate new and existing knowledge and information produced by the cancer program to researchers, practicing physicians and the general public. The outlay required to implement this program for fiscal 1975 is $3 million.

In this connection, pending implementation of cancer control information and education projects, and the information services provided for in the 1974 Cancer Act Amendments, the information burden at NCI falls upon the Office of Cancer Communication. It was this office which was mentioned as the disseminator of information by Dr. Rauscher in his testimony before the committee. It is this office which was given as the information access reference in a recent Public Broadcasting System special program on cancer. Also, it is this office which has responded fully and informatively to many inquiries made by Candlelighter families and their physicians with respect to materials available on a disease or its treatment, a medical contact within NCI to talk to and information on where there are comprehensive cancer care facilities available in their area. However, the personnel in this office has recently been cut back by 25 percent as part of an overall cutback in HEW public information offices. It is impossible to do the job expected of this office pending any cancer control program or information services development without proper staffing. The committee has demonstrated in the past that it is not content with paper tiger programs—programs that look good on paper but cannot deliver. This committee wants working programs—programs that really are able to reach the people they are designed to help with information. We would suggest, therefore, that at least six additional job slots be provided to implement the function of the Office of Cancer Communication and return it to the level of its operating strength during 1973.

TRAINING GRANTS AND FELLOWSHIPS

In connection with our testimony of last year, we pointed out that there are three definite purposes that training grants and fellowship programs serve in relation to the conquest of cancer:

(*a*) They provided the economic support needed to encourage qualified young physicians to concentrate on the less lucrative cancer connected specialties.

(*b*) They provide the increase in skilled manpower available to implement the cancer program on all levels.

(*c*) They provide during training the additional personnel needed by the clinical trial centers to insure that those trials are carried out completely, the subjects monitored sufficiently and the results reported comprehensively.

We also indicated the experience of the clinical centers treating our children, namely, that the principal investigators had received their basic training through Federal grants and had stayed in the field.

To provide a level of training and fellowship support which will not permit the above objectives is to short circuit the cancer program now and for the future. Without sufficient manpower to implement the programs, increased funding is useless.

One example of this folly is the current dilemma of the excellent clinical trial program at the University of New Mexico school of medicine. Because of the cutbacks in fellowship training grants by NCI they will only be able to fund one fellow for fiscal year 1975, instead of two to three which they really need. If the level of support is not restored and increased, the additional medical personnel will have to come from private funds committed to other vital areas of the

department's cancer program. For example, the department has an excellent program in the area of rehabilitation for the cancer patient and his family. Group and individual counseling is available to children and adult cancer patients and their families. This program should be expanded but if funds for additional medical personnel are not forthcoming from private sources, there is therefore the possibility that the moneys used for the part-time social worker running the counseling programs which are contributed by the Leukemia-Lymphoma Society of New Mexico could be rerouted for medical personnel. The supportive care furnished by the University of New Mexico is the sort of program which NCI is now encouraging as part of the cancer control program. This is the kind of program which parents know is essential to survive this scarring experience. This type of program helps the parent/child face their joint problems and give each other the support needed to make the best use of the treatment program and to emerge a whole, productive family unit after the experience. It is ironic that the level of support for fellowships and training could place University of New Mexico in a robbing Peter to pay Paul situation. Thus it could be necessary to deemphasize a far reaching rehabilitation program to provide needed personnel for the clinical trial program. Another example is one reported by Candlelighters in Pittsburgh in which the same procedure was followed at Childrens Hospital in Pittsburgh. Because of a cutback in the level of Federal funding, the part-time social worker, which they made available for group counseling, was terminated.

We have already pointed out the importance of adequate staffing for conducting the most intensive and productive clinical trials. At present, there does not seem to be any consideration given in the NCI funding process to the ratio of patients to clinician. Obviously there are only so many patients that a single physician can treat and monitor comprehensively at one time. Even if medical care does not suffer from an increased ratio, which is doubtful, the quality of monitoring and reporting, which is the function of the clinical trial, must suffer. Therefore, we request that the overall appropriation be increased to the level in terms of a percentage of the total appropriation of fiscal 1972 (5.4 percent), over the 1975 requested level of 4 percent. Further we request that NCI be directed to estblish a patient/physical ratio for its clinical trial programs and to provide for additional clinical trial staff at trial centers where an unrealistic, overburdening patient/clinical ratio exists. For example, in the south Florida center the ratio is 130 pediatric oncology patients for 2 hemotologists.

NUTRITION PROGRAM

Our testimony before the Authorizing Committee with respect to nutrition programs as confirmed by the NCI indicated that the programs of support for nutrition were inadequate. In general, this program is concerned with the function of nutrition related to the well-being and surival time of cancer patients as well as the relation of nutrition to cancer causation. We have felt, and Congress has concurred, that NCI has not maintained general programs of dissemination to people concerned with cancer or afflicted by it of information about the relationship between nutrition and cancer. For this reason the National Cancer Amendments of 1974 provided for language to encourage NCI to improve its performance in these areas. The amendment will require the Institute to gather information on the relationship between nutrition and cancer and the role of nutrition in the treatment of cancer patients and then make this information generally available to all those who would be interested in or aided by it. For this new program we would urge the committee to appropriate $6.5 million for fiscal year 1975.

It is a matter of considerable concern to Candlelighters that in the rush to find a fast answer to the cancer problem, some research programs, particularly in the areas of cause and prevention which hold the key to the ultimate resolution of this problem may be deemphasized. Candlelighters realize that the most effective use of our current knowledge of exam and treatment procedures holds the only real hope available to the present cancer patient. However, we know that in the long run it is basic research which will give us the final answer.

Mr. Chairman, members of the committee, on behalf of all these parents across the country, I should like to again commend the chairman and the members of this committee for their many efforts and their understanding of our problems. Your dedication to the cause, the cure, and the prevention of cancer encourages us to face the future with a greater degree of hope and peace of mind. Those of us who have lost our children are grateful that your efforts to adequately

fund the cancer research will be a memorial to them. And, those of us whose children are under treatment are grateful for the hope which research gives us in maintaining their well-being.

We gratefully acknowledge the part this committee has played in this effort to conquer this dreaded disease. Thank you for permitting us to appear before you.

NATIONAL CANCER INSTITUTE APPROPRIATION FOR FISCAL 1975

Object	Administrative request	Candlelighters[1]
RESEARCH		
(a) Cause and prevention		
(b) Detection and diagnosis		
(c) Treatment	$203,128,000	[2] $211,028,000
(d) Cancer biology		
RESOURCE DEVELOPMENT		
(a) Cancer centers support	23,484,000	[3] 25,884,000
(b) Research manpower development	22,530,000	[4] 40,500,000
(c) Contractual		
CANCER CONTROL		
(a) Cancer control	45,814,000	[5] 50,000,000
(b) Information services		3,000,000

[1] Candlelighters in this table only address themselves to the areas in which our particular knowledge of the cancer program gives us information on which to base requests for specific resources. In general we support the $800,000,000 authorized for fiscal 1975 and particularly urge increase in funds for research to at least 50 percent of the approved projects.

[2] Plus $6,500,000 nutrition; plus $1,400,000 neurological evaluation.

[3] Plus $2,400,000 additional care support for investigations.

[4] Plus 17,970,000. Fellowship and training at 1972 5.4 percent level—This 5.4-percent figure should prevent erosion of this program; an ongoing program would appear to require 7 percent—about a $30,000,000 increase.

[5] Plus $4,186,000.

Mrs. MONACO. I would just like to concentrate on the areas that have come to our attention this year we consider merit additional attention by your committee.

On comprehensive cancer centers we are concerned, as you were concerned earlier in your questions to Dr. Raucher before this committee, of what exactly a comprehensive cancer center is supposed to do and what part Federal funding is supposed to play in operation of that center. Calling something a comprehensive cancer center doesn't amount to a row of beans unless in fact it is able to become a center at which the most comprehensive treatment is available and all of the best methods of treatment to serve the cancer patients are available.

This may be true in the established centers, but unfortunately the core support NCI gives to newly designated centers is not sufficient for them to hire additional personnel to draft grantable programs so they can compete for the Federal funds that are supposed to bring them up to a uniform level of excellence in treatment and in programs which they will implement at their comprehensive cancer centers.

We would like to see the term "comprehensive cancer center" really mean the best of everything on a regional basis for the cancer program.

The way the budget is structured now it is a title, and with the exception of established centers, it doesn't mean very much, and it will not mean very much unless there is funding for additional care support personnel to draft the programs to compete for the money coming out of NCI.

There are two specific—nutrition and information—services in which we testified before the authorizing committee on the cancer recommendations for 1974, and in those two areas we were happy to note that language was included in the statute to embrace them.

Nutrition services point to the role nutrition plays in the treatment of cancer patients. When you have somebody on a diet of drugs, so to speak which cancer treatment implies, you have a certain recommended diet regimen that will aid in many responding to the drugs favorably. This has been a recognized need by NCI. It was acknowledged there was not enough done in the field before the authorizing committees. We have requested some action on it, and we are very pleased that the authorizing committee put it in.

That program is detailed with the moneys required in one statement.

On information services, which we are particularly interested in, how to get this information out to the practicing physician in the field, there are wonderful plans on the books for this, but the plans that were on the books were not moving fast enough to suit us, and we testified before the authorizing committee and received language that an information service should be set up by NCI to take the information that is available now and get it out to the practicing physician, get it out to the general public, get it out to the researcher. That is detailed and described and what is necessary in the funds given in our statement. However, until the information services program and the cancer control education and dissemination of information programs are really flying, the Office of Cancer Communications at NCI is the one that has to bear the responsibility of getting that necessary information out.

Their positions have been cut by 25 percent since the beginning of 1974 when we started talking about the cancer bill. It is ludicrous to give somebody the lion's share of the work on cancer information and to rely, in testimony and on television programs, on this office as the center of information, and then to cut its personnel by 25 percent.

For that reason we have made a specific request in our testimony that this committee put language into their report that will indicate that they wish to have this office restored to 100 percent of is operation during 1973 which will mean approximately six additional positions. Anything short of that would make it impossible for them to answer the inquiries that come in from the general public and from the Congress on behalf of their constituents.

The point I would like to make before these gentlemen address themselves to the problems in their districts is that we have become more and more aware perhaps at NCI they are perhaps overemphasizing targeted research and losing sight of the fact that basic research after all is the clue to what is going to be happening.

Dr. Salk mentioned in the paper the other day—I am sure you noticed it—he doesn't think there is going to be any major breakthrough in cancer. His idea of a major breakthrough may be different from our idea of a major breakthrough. The continuing improvements in chemotherapy are major breakthroughs to us and emphasize the importance of continuing basic research.

Mr. BOGORFF. If I could bring to your attention some of the problems we have in south Florida, the University of Miami is the only

Federal children's hospital in the south Florida area. If you cut the State of Florida in half, the University of Miami Medical Center serving the entire southern portion of the State of Florida, plus the Virgin Islands, Nassau and even some patients from South America fly into it.

We have at the moment about 150 children who have leukemia or other types of childhood cancer. We have a staff of two hematologists who have to serve the 150 patients; one technician to do complete blood counts in clinics 2 or 3 days a week. The average complete blood count should take 20 minutes, and this, of course, is impossible. So we feel that not only is the child suffering but NCI is not getting their money's worth as far as input into what they want to know about what is going on.

Mr. HUDSON. I would like to speak to the social support in our particular community. In Children's Hospital in Pittsburgh on the minimum conservative side we receive 100 leukemia children a year, plus 100 soft tumor. The extent of life has been increased by chemotherapy and other drugs on the market, and we have come to a point where our families are having to cope with new kinds of problems that heretofore they have not had to deal with—that is the extended life of that child. Under these pressures and family pressures, we do need, one, opportunity for social workers to work with these families and, two, as listed in our statement, assistance on the part of the medical schools in preparing doctors for the wholeistic approach to the care of the patient, not just the medical approach. This is most important as the days go by.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 7, 1974.

PROGRESS IN TREATMENT OF CANCER

WITNESS

DR. EDMUND KLEIN, CHIEF, DEPARTMENT OF DERMATOLOGY, ROSWELL PARK MEMORIAL INSTITUTE, NEW YORK STATE DEPARTMENT OF HEALTH

Mr. FLOOD. Dr. Edmund Klein, of the Rosewell Park Memorial Institute.

Dr. KLEIN. Mr. Chairman and members of the committee, thank you for letting me appear before you. I would like to summarize for you some of the recent advances in the treatment of cancer and in related basic sciences. I can only touch on a few of the many areas in which progress has been made since I testified before you last year.

New approaches to the treatment of malignant disease were largely based on advances in basic research. The support of your committee has provided the basis for these major advances which include new treatment approaches for a number of different types of cancer, particularly lung cancer, cancer of the breast, cancer of the pancreas, cancer of the prostate, cancer arising from white blood cells, such as lymphomas and leukemia, skin cancers, and a number of other malignant diseases.

Our progress was achieved as part of a major, nationwide effort sponsored by the National Cancer Act of 1971, which involved many fine investigators and is ably coordinated by the Director of the National Cancer Institute, Dr. Frank Rauscher.

Major advances were made in several areas.

1. Improved supportive care for bleeding and infection in cancer of patients under intensive treatment.

2. New treatment methods for patients with common and previously untreatable cancers—namely lung cancer and cancer of the pancreas.

3. Progress in tumor immunology which may lead to new approaches for cancer immunotherapy.

4. The relation of viruses to the causes of cancers in man.

Supportive care is now and will be for some time a major factor in making other progress possible. As early as 1948, Dr. Sidney Farber appreciated the fact that patients with cancer could be treated more effectively if one could stop or prevent two major complications; namely, bleeding and infection which often led to death before other treatments could take effect. I had the privilege to pioneer in the development of platelet transfusions which stopped otherwise uncontrollable hemorrhages and which are now widely used. These special types of transfusions will save at least one life somewhere around the world by the time I finish talking to you.

Control of bleeding permitted major improvements in the treatment of some types of cancer to the point that actual cures have been reported for patients with leukemia, Hodgkin's disease, Burkitt's Lymphoma and other cancers. Another major obstacle, however, remains. The drugs used for treating cancer, or the cancer itself, may lower resistance against infections. We may lost patients from infections before effective treatment can be given.

For years the answer to this problem appeared to be transfusion of white blood cells obtained from normal donors. Unfortunately, our methods were so inefficient that we just could not get enough cells.

Four years ago, Dr. Djerassi at the Mercy Catholic Medical Center, my colleague and associate for many years, was finally able to apply some of the principles which had been developed earlier by him, Dr. Sidney Farber, and myself. He developed a new approach to collect white blood cells in large amounts by a machine designed for this purpose. This apparatus can be attached to a normal donor and in 4 to 5 hours it will draw out 30 pints of blood, extract the white blood cells and return the rest of the blood to the donor in perfect safety. This other picture shows the final product—a mass of white blood cells looking like white cream. Up to 100 billion cells can be collected in a single bag. This material can be transfused to help cancer patients fight infections while the cancer is being attacked with potent medication. This new method of supporting patients against infections is now being adopted by a number of major cancer centers.

The ability to fight infections as well as bleeding set the stage to finally carry out a frontal attack on some of the common and most vicious cancers; namely, lung cancer and cancer of the pancreas, two of the three plagues singled out by Mr. Benno Schmidt, the Chairman of the President's Cancer Advisory Panel, as the essence of the cancer

problem. These two diseases, together with breast cancer are responsible for over 120,000 deaths a year. Lung and pancreas cancers are especially dreadful, not only because they cause about 80,000 deaths a year, but also because they are practically untreatable and 95 percent of patients die within 1 year, often in severe agony.

With the rear lines guarded by the platelet and the white cell transfusions, which we had finally in our arsenal, Dr. Djerassi devised a new treatment using an old drug, Methotrexate, a drug introduced 20 years ago. This drug was chosen because 20 years of extensive basic research by numerous investigators had clarified how it acts and how it could be used intelligently.

Instead of giving daily small doses of this drug, as had been done in the past, techniques were developed by Dr. Djerassi to give safely up to 2,000 times the usual dose and then neutralize the dangerous side effects with a special chemical antidote, citrovorum factor, or in a way "rescue" the patient from the treatment. Suddenly, cancers previously untouched by this or any other drug, started responding to the new system. As a result, I am very pleased to report to you that some help may be forthcoming for the 80,000 patients we lose every year from lung and pancreas cancers. Similarly, using the new methods developed by Dr. Djerassi, bone cancer was treated successfully with drugs for the first time.

Major advances have also been made in cancer immunotherapy. At your hearings for the past seven years, Mr. Chairman, I have been able to report continuing progress in cancer immunology. When I first appeared before your committee in 1968, I was able to show you the earliest results of a new concept in treating cancer, called immunotherapy, which was based on the immune system. At that time we were able to control the immune systems so that cancers could be rejected as foreign invaders, similar to the rejection of tissue transplants. At that time, Mr. Chairman, you read in the record descriptions of patients who had been completely cleared of extensive skin cancers by immunotherapy.

My associates and I at the Roswell Park Memorial Institute, as well as scientists and physicians at other medical centers, continued research on tumor immunology. As a result, we were able to extend immunotherapy initially used for skin cancers, to a number of other cancers, including cancer of the breast, malignant melanoma, and cancers arising from the white blood cells.

More recently, we learned how to combine immunotherapy and chemotherapy effectively. These combinations were also first explored in cancers involving the skin. They were subsequently extended to the systemic treatment of widespread and deep-seated cancers. It is too early to know how much benefit these combination treatments will offer. It does appear, however, that results can be obtained by the use of combined treatment methods which single modalities could not accomplish.

So far I have referred to progress which was made largely as the result of basic research translated into practical means for the treatment of patients today. I would like to show you also how some of these practical advances have fed back into basic research which in turn will be applied to practical clinical needs. In the area of supportive care, the procurement of large quantities of white blood cells

provided for the first time huge amounts of a special kind of white blood cells, monocytes or macrophages, which can be turned into cancer-killing cells. We have learned that one of the ways by which the immune system helps to fight cancer is through turning the monocytes into aggressive macrophages which kill cancer cells. In collaboration with Dr. Djerassi, my associates and I injected large amounts of these cancer-killing cells directly into cancers which had spread to the skin. We found that, at least temporarily, and in some cases for protracted periods, the injected cancers became smaller or disappeared. This approach of injecting cancer cannot yet be used for treatment, but the leads provided by these observations have led to new clinical approaches.

Some of these studies were carried out on patients with a hereditary predisposition for developing multiple skin cancers throughout their lifetimes. As a result of the progress in treatment methods, which I have outlined earlier, it is now possible to control these patients so that they develop fewer, if any, cancers. The changes in the status of the patients in whom cancers have actually been prevented provide leads to look for the causes that may be associated with the development of cancer. A collaborative study on these patients has, therefore, been initiated with the viral oncology group at the National Cancer Institute under the direction of Dr. Maloney to look for changes that may have a bearing on the potential association of cancer and viruses in man.

There are many other leads for the prevention, early diagnosis, and effective treatment of cancer. These leads must be developed further and applied on a larger scale. For the further pursuit, existing facilities must be expanded and new ones must be created.

As a result of the recently passed legislation, the development of new cancer centers and the expansion of existing comprehensive cancer centers has been greatly encouraged. It is essential that people in every part of the United States have ready access to centers where the most up-to-date methods of treatment are available, and the most advanced methods of research can be used to find yet new and improved means for the care of the cancer patient.

With the expansion of the physical facilities of cancer centers, the manpower to apply these advances and to make further progress must be trained. Training has been inadequately funded in the recent past. The gap in training the highly skilled personnel needed to pursue the objectives of the National Cancer Act must be filled and adequate funds for that purpose must be provided.

Furthermore, it is of the utmost importance to bring to the attention of the community physician the rapidly emerging progress in the cancer field. This can best be accomplished by the cancer control program.

Progress in the area of cancer, however, must not appear to be obtained at the expense of support in other areas of the biomedical sciences and the underlying disciplines of mathematics, chemistry, and physics. It would be a national tragedy if provisions and funds could not be proivded for the basic and applied sciences which characterize our age. From a more narrow point of view, just as the progress in cancer is feeding back into other areas of the biomedical and fundamental disciplines, progress in the sciences in general will provide the

information needed for the ultimate solutions of the problems in malignant diseases.

The legislation passed last week authorizes a spending level of $800 million for the National Cancer Institute during the forthcoming fiscal year. This is the minimum that can be effectively spent in the cancer field. I strongly recommend to your committee, Mr. Chairman, to support cancer at the level of $800 million. Thank you, Mr. Chairman and members of the committee.

[The statement follows:]

STATEMENT OF EDMUND KLEIN, M.D.

Mr. Chairman, members of the committee, I would like to thank you for the privilege of being allowed to testify before you and to submit this statement. The people of this country and abroad we owe deep gratitude to this committee for your efforts over the years to support major advances in cancer and other biomedical areas. The new legislation providing for a massive attack on cancer will increase our ability to advance even more rapidly in the future.

I would like to summarize for you some of the recent advances in the treatment of cancer and in related basic sciences. I can only touch on a few of the many areas in which progress has been made since I testified before you last year.

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blood cells and return the rest of the blood to the donor in perfect safety. This other picture shows the final product—a mass of white blood cells looking like white cream. Up to 100 billion cells can be collected in a single bag. This material can be transfused to help cancer patients fight infections while the cancer is being attacked with potent medication. The Djerassi method of supporting patients against infections is now being adopted by a number of major cancer centers.

The ability to fight infections as well as bleeding set the stage to finally carry out a frontal attack on some of the common and most vicious cancers—namely lung cancer and cancer of the pancreas—two of the three plagues singled out by Mr. Benno Schmidt, the chairman of the President's Cancer Advisory Panel, as the essence of the cancer problem. These two diseases, together with breast cancer are responsible for over 120,000 deaths a year. Lung and pancreas cancers are especially dreadful, not only because they cause about 80,000 deaths a year, but also because they are practically untreatable and 95 percent of patients die within 1 year, often in severe agony.

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My associates and I at the Roswell Park Memorial Institute, as well as scientists and physicians at other medical centers, continued research on tumor immunology. As a result, we were able to extend immunotherapy initially used for skin cancers, to a number of other cancers, including cancer of the breast, malignant melanoma, and cancers arising from the white blood cells.

Recently we produced favorable responses to immunotherapy in patients with far advanced breast cancer, which kills approximately 30,000 women each year in the United States. These studies were carried out in collaboration with Dr. Thomas Dao and Dr. Dutzu Rosner of the breast surgery department of the Roswell Park Memorial Institute.

Progress in tumor immunology has been reported from numerous centers in this country and abroad. Dr. Joseph Sokal of the Roswell Park Memorial Institute in Buffalo, N.Y. and Dr. George Mathe in Paris, have found that similar principles can markedly extend the life expectancy in different types of leukemia by using a vaccine for tuberculosis, known as BCG. Dr. Donald Morton of UCLA has been using BCG for the treatment of malignant melanoma. Dr. Herbert Oettgen and his associates at the Sloan-Kettering Memorial Institute have extensive studies on cancer immunology underway. A major program in immunotherapy and tumor immunology is being carried out by Dr. E. Hersch and Dr. J. Gutterman at the M. D. Anderson Hospital and Tumor Institute in Houston under the direction of Dr. R. Lee Clark.

Progress of this type is based on a great deal of underlying knowledge. The requisite basic knowledge for immunotherapy came from the work of Dr. Robert Good and his associates and Dr. George Klein and his colleagues. Dr. Good, the director of the Sloan-Kettering Institute for Cancer Research, demonstrated in particular that the thymus, the function of which had previously not been understood, controls a major type of immune reactions which results in the

body's ability to defend itself against cancer. Dr. Good's concepts have been developed to the stage at which we can attempt cellular engineering in order to improve the responses of an individual patient. Dr. G. Klein and his coworkers at the Karolinska Institute in Stockholm, Sweden, provided the basis for understanding the relationship between the tumor cell surface, transplantation immunity and rejection. This work was extended by Drs. Old and Boyse at the Sloan-Kettering Institute for Cancer Research.

About 10 years ago, Dr. Lloyd Old and his associates were able to show that immunologic resistance against cancer in animals can be increased by a vaccine for tuberculosis, known as BCG. This principle was subsequently applied to the treatment of leukemia by immunologic means. Analogous principles were applied to breast cancer in mice by Dr. David Weiss, then at Berkeley. Dr. Good and Dr. Old have recently initiated a major program to determine the immunologic parameters which may correlate with the clinical course of cancer. The findings of this study are expected to provide further orientation for immunologic approaches to the treatment of cancer.

Major progress came from the work of Drs. Herbert Rapp, Tibor Borsos and Bert Zbar and their colleagues at the National Cancer Institute who developed a tumor model system in the guinea pig which allowed the principles of immunotherapy to be evaluated systematically and quantitatively. This program was carried out within the chemical carcinogenesis branch of the cause and prevention area in the National Cancer Institute under the direction of Dr. Frank Rauscher, Dr. James Peters and Dr. Umberto Saffiotti. It has helped us to understand the underlying mechanism and how to proceed further in our clinical studies on tumor immunology.

In addition to providing new treatment approaches, cancer immunology has also led to new approaches for detection of malignant diseases. The new approaches to early diagnosis have already resulted in one type of test by which cancer of the liver can be diagnosed on a tiny sample of blood. A major effort is underway to develop an immunologic approach, also using a blood sample, to detect cancer of the intestine when it can not be diagnosed by other means, as initially described by Dr. Philip Gold of Montreal.

Other studies in tumor immunology suggest the possibility of prevention of malignant disease. Dr. Louis Thomas, the president of the Sloan-Kettering Memorial Institute, suggested in 1959 that the immune system under normal conditions acts as a policeman and continuously removes malignant cells as they arise. Due to some factors which suppress the immune surveillance system, the cancer cells get out of control. This has now been demonstrated in animals and appears to occur in humans. We have indications that we may be able to regulate the immune system in such a way that we might prevent cancer in man. This prospect will depend largely on additional laboratory and animal studies. Work in this area is making great advances. Studies range from the molecular level to the structural complexities of the entire cell and the intact organism.

More recently, we learned how to combine immunotherapy and chemotherapy effectively. These combinations were also first explored in cancers involving the skin. They were subsequently extended to the systemic treatment of widespread and deep-seated cancers. It is too early to know how much benefit these combination treatments will offer. It does appear, however, that results can be obtained by the use of combined treatment methods which single modalities could not accomplish.

So far I have referred to progress which was made largely as the result of basic research translated into practical means for the treatment of patients today. I would like to show you also how some of these practical advances have fed back into basic research which in turn will be applied to practical clinical needs. In the area of supportive care, the procurement of large quantities of white blood cells provided for the first time huge amounts of a special kind of white blood cells, monocytes or macrophages, which can be turned into cancer-killing cells. We have learned that one of the ways by which the immune system helps to fight cancer is through turning the monocytes into aggressive macrophages which kill cancer cells. In collaboration with Dr. Djerassi, my associates and I injected large amounts of these cancer-killing cells directly into cancers which had spread to the skin. We found that, at least temporarily, and in some cases for protracted periods, the injected cancers became smaller or disappeared. This approach of injecting cancer cannot yet be used for treatment, but the leads provided by these observations have led to new clinical approaches.

Some of these studies were carried out in patients with a hereditary predisposition for developing multiple skin cancers throughout their lifetimes. As a result of the progress in treatment methods, which I have outlined earlier, it is now possible to control these patients so that they develop fewer, if any, cancers. The changes in the status of the patients in whom cancers have actually been prevented, provide leads to look for the causes that may be associated with the development of cancer. A collaborative study on these patients has therefore been initiated with the Viral Oncology group at the National Cancer Institute under the direction of Dr. Maloney to look for changes that may have a bearing on the potential association of cancer and viruses in man.

Great progress in the study of oncogenic viruses which attack directly to the cell chromosomes is being made so rapidly that we expect to see the complete chemical structure and genetic code of a tumor virus unravelled within approximately a year. In the program directed by Dr. John Maloney progress has been made in determining the manner in which viruses change a normal cell to a leukemic cell. These studies are paralleled by the work at the Cold Spring Harbor Laboratory headed by Nobel Laureate Dr. James D. Watson. Major studies are being carried out at the NIH, Johns Hopkins University and Stanford University.

The studies of Dr. Robert J. Huebner and his associates have resulted in further understanding of viruses as causes of cancer. These studies have clearly shown that in numerous animal species malignant disease is produced by viruses. The work of Dr. Spiegelman, Dr. Temin and Dr. Baltimore on an enzyme that contributes to changes of the genetic code promises to provide even more important avenues for dealing with the malignant transformation of normal cells. Progress in this area justifies intentive efforts to search for and understand viral causes of human cancers.

Intensive studies have been carried out to determine the different factors on the cell surface which distinguish malignant cells from normal cells. Advances in this area by Dr. Harry Rubin at Berkeley have led to the detection of changes on the cell surface that can be traced to viruses which produce cancer. Examples of attempts to explore further and utilize these changes are the studies by Dr. Charles W. Boone at the National Cancer Institute and by other investigators. It has been shown that these changes may be used for the control and possibly the treatment of cancer.

The General Laboratory and Clinic Group headed by Dr. Nathan Berlin at the National Cancer Institute is pursuing a number of important leads from laboratory and animal studies. A major program in cancer immunology is headed by Dr. William Terry which is extending laboratory findings to the development of immunologic methods for understanding, detection and treatment of malignant disease in man. Dr. Ronald Herberman in that group is pursuing a program in collaboration with investigators outside of the National Cancer Institute to study further the body's reaction against cancer.

Major advances in the treatment of acute leukemia in childhood have been made under the direction of the great and late Dr. Sidney Farber at the Children's Cancer Research Foundation in Boston. Dr. Farber's ceaseless efforts until his recent death must be continued at the level of his accomplishments. This great pioneer of new methods for the treatment of cancer has been responsible for the first major drug treatment of cancer when he discovered the effects of aminopterin in leukemia. This triumph was the beginning of a new era in cancer. Dr. Fraber raised the quality of medical care to a new level by introducing the concept of total care. His contributions to cancer treatment and research are paralleled by his accomplishments in education and broad support for research in the basic sciences. Dr. Farber's many contributions in many areas have been major factors in the rapid advances which the biomedical sciences have made.

New approaches to chemotherapy have been introduced by Dr. Isaac Djerassi of the Mercy Catholic Medical Center in Philadelphia in which methotrexate, a drug introduced by Dr. Farber for the treatment of leukemia, is now being used in a more effective manner. By these new methods, previously untreatable leukemia has been brought under control for long periods.

Cancer chemotherapy has extended to a number of tumors which previously could not be treated adequately. Under the leadership of Dr. C. Gordon Zubrod methods previously introduced for the treatment of leukemia and solid tumors have been developed to the stage at which some types of cancer have been cured

and a number of others have remained under control for many years. Among the major advances is the continued improvement of the treatment for acute and chronic leukemia as developed by the groups headed by Dr. Emil Frei at the Children's Cancer Research Foundation in Boston, Dr. James Holland at the Mount Sinai in New York, Dr. Emil Freireich at the M. D. Anderson Tumor Institute at Houston, Texas and Dr. Donald Pinkel at St. Jude's Hospital in Memphis, Tenn. Clinical management has reached the stage at which children with leukemia can return to a useful life for many years.

There are many other leads for the prevention, early diagnosis and effective treatment of cancer. These leads must be developed further and applied on a larger scale. For the further pursuit, existing facilities must be expanded and new ones must be created, particularly to extend clinical trial programs.

Many of the complicated advanced cancer problems require the pool of expertise and the specialized comprehensive care provided by a cancer center. Funding at a level of $150 million for the direct support of cancer centers could be productively and efficiently spent in fiscal year 1975.

As a result of the recently passed legislation, the development of new cancer centers and the expansion of existing comprehensive cancer centers has been greatly encouraged. It is essential that people in every part of the United States have ready access to centers where the most up-to-date methods of treatment are available, and the most advanced methods of research can be used to find yet new and improved means for the care of the cancer patient.

With the expansion of the physical facilities of cancer centers, the manpower to apply these advances and to make further progress, must be trained. Training has been inadequately funded in the recent past. The gap in training the highly skilled personnel needed to pursue the objectives of the National Cancer Act must be filled and adequate funds for that purpose must be provided.

Furthermore, it is of the utmost importance to bring to the attention of the community physician the rapidly emerging progress in the cancer field. This can best be accomplished by the cancer control program.

An important approach to accelerate progress and the development of new leads as well as to expanding the availability of new findings, is represented by the task force effort. This is exemplified by the task force for cancer of the prostate headed by Dr. Gerald Murphy, the director of the Roswell Park Memorial Institute. This year, approximately 35,000 new patients will be found in this country to have cancer of the prostate, about 17,000 of these men will die within a year of diagnosis. Fortunately, the prostate task force has become established and functioning within a few months of its inception to improve this grim outlook. A program has been implemented at five centers, widely distributed throughout the United States, at which new approaches are being applied after they have been developed to the pilot level at Roswell Park Memorial Institute. Under the direction of leaders in the field, collaborating independently with the NCI, rapid progress has been possible by reducing administrative obstacles to a minimum. Similar efforts through task forces are underway to establish concerted programs against other types of cancers with high incidences.

The private sector, through voluntary health agencies, industry and other avenues is providing an essential component for the major efforts which the National Cancer Institute is carrying out with the support of your committee. The American Cancer Society, the (New York) Cancer Research Institute, the Damon Runyon Fund, the Lukemia Society, the John A. Hartford Foundation, and a number of other voluntary health organizations have addressed themselves to broad aspects as well as specific areas pertaining to malignant diseases.

A major effort in a specific area of the cancer problem is carried out by the New York Cancer Research Institute. This organization is spearheading work in the frontline of cancer immunology under the direction of that distinguished pioneer in this area, Dr. Lloyd Old. The background of the New York Cancer Research Institute through the valiant and persistent efforts of Mrs. Helen Nauts indicates how much a voluntary health agency can accomplish by keeping alive and expanding promising leads. With the aid of Dr. William E. Murray, and the Atwood family, the Donaldson Foundation is providing substantial support through the New York Cancer Research Institute for the rapid implementation of imaginative clinical, experimental and training programs. The efforts of the New York Cancer Research Institute are oriented towards the many new leads in tumor immunology, ranging from the basic sciences to medical care and include essential areas which are not covered by federal programs. The relationship between the private sector, particularly the voluntary agencies, and the

federal and other public efforts must continue to complement each other to provide the flexibility needed for optical effectiveness.

Progress in the area of cancer, however, must not appear to be obtained at the expense of support in other areas of the biomedical sciences and the underlying disciplines of mathematics, chemistry and physics. It would be a national tragedy if provisions and funds could not be provided for the basic and applied sciences which characterize our age. From a more narrow point of view, just as the progress in cancer is feeding back into other areas of the biomedical and fundamental disciplines, progress in the sciences in general will provide information needed for the ultimate solutions of the problems in malignant diseases.

The legislation passed last week authorizes a spending level of $800 million for the National Cancer Institute during the forthcoming fiscal year. This is the minimum that can be effectively spent in the cancer field. I strongly recommend to your committee, Mr. Chairman, to support cancer at the level of $800 million. Thank you, Mr. Chairman, and members of the committee.

EDMUND KLEIN, M.D.

Education.—University College, University of Toronto, Canada, honor course in physiology and biochemistry, B.A., 1947, 1943–47; faculty of medicine, University of Toronto, M.D., 1951, 1947–51; University Laboratory for Physical Chemistry, Harvard University, research fellow (fellowship in medical sciences, national research council), 1951–52; Children's Cancer Research Foundation, Children's Medical Center, Boston, Mass. Research fellow (fellowship in medical sceinces, national research council), 1952–53.

Professional training.—Research associate, Children's Cancer Research Foundation, department of pathology and clinical laboratories, Children's Medical Center, Boston, 1953–58; clinical and research fellow, department of dermatology, Harvard Medical School and Massachusetts General Hospital, Boston, Mass., 1956–58; assistant resident, department of dermatology, Massachusetts General Hospital, Boston, Mass., 1958–59.

Academic awards.—Lasker Award, 1972; AOA Medical Honor Society, 1949; 36 scholarships for academic proficiency and miscellaneous awards.

Academic affiliations.—Teaching fellow, department of dermatology, Harvard Medical School, Massachusetts General Hospital, Boston, Mass., 1958–59; research associate, department of dermatology, Harvard Medical School, Massachusetts General Hospital, Boston, Mass., 1959–60; research associate, department of dermatology, Harvard Medical School, Massachusetts General Hospital, Boston, Mass., 1959–60; assistant professor, department of medicine and department of dermatology, Tufts University School of Medicine, Boston, Mass., 1959–61; chief, department of dermatology, Roswell Park Memorial Institute, Buffalo, N.Y., 1961– ; research professor of experimental pathology, State University of New York at Buffalo, Buffalo, N.Y., 1962– ; guest professor of biomedical engineering, Northeastern University, Boston, Mass., 1965– ; member, The Center for Immunology, State University of New York at Buffalo, Buffalo, N.Y., 1970–; research professor of medicine (dermatology), State University of New York at Buffalo, Buffalo, N.Y., 1970– ; director, Tumor Immunology Treatment and Research Center, Roswell Park Memorial Institute, Buffalo, N.Y., 1972– .

Consultative appointments.—Children's Cancer Research Foundation, Children's Medical Center, Boston, Mass.; acute leukemia task force, National Cancer Institute, U.S. Department of Health, Education, and Welfare, Washington, D.C.; advisory, Committee on the Biologic Effects of Optical Masers, U.S. Army Medical Research and Development Command, Office of the Surgeon General, Washington, D.C.; consultant, Viral Carcinogenesis Branch, Division of Cancer Cause and Prevention, Viral Oncology, National Cancer Institute, Bethesda, Md.

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Children's Medical Center, Boston, Mass., Assistant, Clinical Pathology, 1954–56

Massachusetts General Hospital, Boston, Mass., Clinical and Research Fellow in Dermatology, 1956–59

Massachusetts General Hospital, Boston, Mass., Assistant Resident, Dept, of Dermatology, 1957–59.

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Academy of Medicine, Toronto, Ontario, Canada
American Academy of Dermatology
American Association for Cancer Research
American Association of University Professors
American College of Angiology
American College of Clinical Pharmacology and Chemotherapy
American Geriatrics Society
American Heart Association, Inc.
American Medical Association
American Physicians Fellowship, Inc. (for Israel Medical Association)
American Society for Experimental Pathology
A.O.A. Medical Honor Society
Erie County Medical Society
International College of Angiology
International Society of Parenteral Nutrition
Medical Society of the State of New York
New England Dermatological Association
Optical Society of America
Sigma Xi
Society for Cryobiology
Society for Experimental Biology and Medicine
Society for Investigative Dermatology
Transplantation Society

Mr. FLOOD. Thank you, Doctor. You are good as always.

TUESDAY, MAY 7, 1974.

LUNG DISEASES

WITNESS

DR. RICHARD NAEYE, MILTON HERSHEY MEDICAL CENTER, PENNSYLVANIA STATE UNIVERSITY

Mr. FLOOD. Now we have Dr. Richard Naeye of Milton Hershey Medical Center, Pennsylvania State University. You may proceed, Doctor.

Dr. NAEYE. Thank you, Mr. Chairman. I appreciate the chance to appear here.

My name is Richard Naeye, I am a physician and I direct research program dealing with lung disease at the Pennsylvania State University College of Medicine in Hershey, Pa. Our program is supported by competitive research grants from the National Heart and Lung Institute and I am here to ask for increased funding for their lung program, based on its recent achievement and solid promise.

Let me briefly review a few of these research programs. The Institute has greatly expanded its research on respiratory defense tract mechanisms. It is our major thrust now. The lung is constantly exposed to a multitude of airborne and bloodborne insults. Some of these agents are directly toxic to the lung while others cause disease through allergic mechanisms. Respiratory tract defenses against these agents appear to play a major role in the development of such major pulmonary disorders as emphysema, chronic bronchitis, fibrotic diseases,

and of course occupational disorders such as black lung disease. Particular emphasis is being placed by the Institute on how these defense mechanisms are coordinated because we know that if one fails the result can be either acute or progressive lung disease.

Once these basic defense mechanisms are understood, it should be possible to apply the findings to specific occupational disorders such as black lung disease. In fact, in our laboratory at Hershey we are making a major effort to study the allergic defense mechanisms in coal miners. To date we have found that virtually all of the miners have had at least a small infection with tuberculosis. Some miners also have specific reactions against some fungi which grow underground and a few miners are allergic to coal dust itself. We are working in western Pennsylvania and we are working east now. We are now in central Pennsylvania in our studies. We are now relating our findings to the amount of lung disease in individual miners.

The Heart and Lung Institute also sponsors a major research effort on the respiratory distress syndrome in newborn infants. This disorder is the single most common cause of death in newborn infants. In the past few years investigators have identified the exact cause of the disorder, a deficiency of a lung substance known as surfactant. The major metabolic pathway by which this substance is synthesized has now been identified. Certain hormones have been found to accelerate its production and some early studies give real hope that the disease can sometimes be prevented. Treatment of this disease has also been greatly improved in the last 2 years. In addition, our laboratory has recently found that a mother's diet during pregnancy may influence whether or not the disorder develops in her newborn offspring. We are trying to figure out the details now.

More than 30,000 people die each year in the United States from emphysema and chronic bronchitis. These disorders are a contributing factor to death in another 30,000 cases. Nearly one-half million persons in this Nation have restricted activity because of these disorders and 200,000 are confined to bed. And of course there are a disproportionate number in your own district. Emphysema is now second only to coronary heart disease as the leading cause of social security compensated disability. Most patients with emphysema are diagnosed at a stage when the disease is irreversible. Heart and Lung Institute projects are making an intensive effort to develop earlier diagnostic methods. Several of these tests, mainly ones that detect small airway disease, show great promise of picking up emphysema at an early stage. Other investigations are working out the various causes of bronchitis and emphysema. Still other projects are focusing on methods of therapy.

Crib death is the leading cause of death between 1 month and 1 year of age in the United States. This past year, Heart and Lung Institute sponsored research at Hershey has found new evidence on the cause of crib deaths. Mechanisms that control breathing appear to be abnormal long before death in crib death victims, probably from birth. If these early findings are confirmed, there is real hope that many of the 10,000 to 15,000 crib deaths each year in the United States can be prevented. And as you probably know crib deaths often have a very devastating emotional impact on the parents who suffer these losses.

I have hardly scratched the surface of the research programs sponsored by the Heart and Lung Institute but time will not permit any more discussion of specific programs. However, let me speak briefly about the administration's proposed budget.

The $22.8 million overall increase in Heart and Lung budget which the administration has proposed is substantially less than the current rate of national inflation. In 1975 the Institute would have about $173 million to spend on about 1,700 research grants compared to $177 million for 1,910 grants available through the fiscal 1974 appropriation and released 1973 funds. The funds for lung research are to be increased only 1.6 percent over the 1974 year figure. The actual increase will probably be even less, substantially less, if the administration's budget is adopted because some new training grant money is apparently to be taken from the research grant program.

What we need is a stable, long-term policy for Federal support of medical research. I would specifically suggest that you obtain a detailed long-term plan to conquer major heart and lung diseases which was prepared for the Congress several months ago by the National Heart and Lung Advisory Council. To date Secretary Weinberger has not released this report for his own reasons. With the information from this report in hand, you should be able to make some independent judgments on the proper level of funding for the Heart and Lung Institute for 1975. Substantially more funds are required than the administration has proposed. And I hope we will at least be able to keep up with the rate of inflation. I realize it is a hard year financially.

In conclusion, I would like to quote President Nixon:

> Scientific activity cannot be turned on and off like a faucet. The withdrawal of support disperses highly trained research teams, closes vital facilities, loses spinoff benefits and disrupts development momentum.

This statement dates back to 1968 but it remains very true in 1974.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 7, 1974.

NATIONAL HEART AND LUNG INSTITUTE BUDGET

WITNESS

DR. RICHARD ROSS, PRESIDENT, AMERICAN HEART ASSOCIATION

Mr. FLOOD. Now we have the American Heart Association, Dr. Richard Ross, president.

Dr. ROSS. Mr. Chairman, first of all I am president of the American Heart Association, but I am also professor of medicine at Johns Hopkins and chief of cardiology at that institution.

The 40,000 physician and 65,000 lay members of the American Heart Association around the Nation greeted the National Heart, Blood Vessel, Lung and Blood Act of 1972 with enthusiasm. Quite clearly that act was designed to expand the national attack upon heart and blood vessel diseases, the major cause of premature death and disability in this country. This is a goal shared by our organization in its partnership for health with the Federal Government. Problems of financing this accelerated effort, however, have clouded the statute's promise.

In writing the Heart Act, Congress wisely authorized up to $1,380 million to be spent during the 3-year lifespan of the legislation. Unfortunately, the first 2 years' appropriations will only reach $593,643,000. To this, the President proposes to add only $309,299,000 for the 1975 fiscal year.

The 1972 legislation authorized new activities in addition to the excellent cardiovascular programs at NIH. Section 413(d) calls for an Assistant Director for Health Information Programs at the National Heart and Lung Institute. The following section calls for programs in the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases—so-called education and control programs. Finally, section 415 authorizes the development of up to 15 new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention and treatment methods for heart, blood vessel, and blood diseases. These would be known as National Research and Demonstration Centers.

Only $2 million has been earmarked for the public education/control program to date. Not a single dollar has been available thus far to fund National Research and Demonstration Centers.

It would be foolhardy for us to press for funding for each of these programs at full authorization levels. Not every aspect of every program is ripe for development; and we suspect that $520 million could not be spent effectively without additional preparation.

Fortunately, however, the act also created the National Heart and Lung Advisory Council to provide an impartial view as to the development of the NHLI program. It also requires the submission to Congress of a plan for the national heart, blood vessel, lung, and blood disease program. I had the honor of serving as the chairman of the heart and blood vessel disease panel which participated in the development of the plan submitted to the House and Senate July 24, 1973. As a result, I have a continuing interest in program possibilities at the National Heart and Lung Institute and funding requirements therefor.

Our recommendations will draw from the recommendations of both these sources.

In sum, we are recommending a level of funding which would:

First, enable Congress and the public to judge the feasibility of the new mechanisms created by the Heart Act before that legislation must be considered for renewal—the 1972 act expires on June 30, 1975—and second, increase funding for important continuing NHLI programs and provide funding for innovative activities along existing program lines.

Our reasons are simple. The advances attributable to heart research in recent years have been outstanding. And many new avenues of approach have been suggested as byproducts of this research. Dr. Theodore Cooper covered these developments quite eloquently in his testimony before this subcommittee as Director of NHLI, so there is no point in reiterating them here. The important thing is that we cannot afford to lose this momentum. The Heart Association is doing its best to advance the campaign against heart disease. But the magnitude of the problem and the erosions created by inflation require enhanced Federal commitment.

The mention of continuing programs brings me to a subject which has attracted a lot of my attention in the past year and a half—research training.

I believe that it is absolutely essential that significant public funds be made available for the development of research manpower. The Heart Association is relieved that the administration has reversed its decision to completely discontinue financial support for research training. Nevertheless, we are afraid that minimal funding in this area could still seriously curtail progress in the quest for new biomedical knowledge. The fact is that many of the most useful and innovative advances come from young investigators who are between 35 and 45. It is obvious, therefore, that if biomedical research is to continue at a desirable rate in the future, this especially active age-pool must be continually replaced. The output of a training program must, in other words, equal the attrition rate.

The only realistic way to generate a continuously productive cadre of young biomedical scientists is by providing financial support for their training. While the Heart Association and other voluntary agencies have increased their commitments for research training, the magnitude of the problem exceeds the resources of the private voluntary agencies and therefore the Federal Government must continue to bear the major responsibility in this area. Consequently, it is distressing to see that the President's budget for NHLI in fiscal year 1975 would only enable that agency to spend $12 million to support fellowship and career development awards. This constitutes approximately half the level of research training support which existed before 1973. When you further consider that inflation dictates higher stipends, the proposed spending level constitutes an even smaller fraction of the pre-1973 program in terms of the number of awards that can be made.

The Advisory Council's first annual report addresses this issue. Although the official report has not yet been made public, an early draft was discussed during a public session of the Council. This draft suggests that NHLI should be allowed to spend $26 million on research training during the next fiscal year. We would consider that amount a minimum level of manpower development activity.

Another continuing effort at NHLI which requires renewed support is investigator-initiated research. There is an increasing tendency to spend Federal biomedical research moneys on contract research with specific, practical goals. A proper balance, however, should be maintained between investigator-initiated projects with basic biologic and biophysic concerns and goal-directed research. Atherosclerosis and its consequences, and hypertension are the major cardiovascular public health problems in the United States today, but in neither instance is the fundamental cause of the disease defined. Furthermore, although it is not possible to predict where or by what route breakthroughs will come, it is possible to predict that the ultimate therapeutic solution to these problems will come from improvement in the basic understanding of the disease processes. Therefore, it is necessary to have significant amounts of research funds available to support new lines of investigative work which are proposed from the scientific community.

The Heart and Lung Advisory Council suggests that $176,400,000 would be an appropriate allocation for investigator-initiated research in 1975.

With respect to goal-directed research, the Institute is sponsoring or planning a number of excellent projects. The most notable among these is the Multiple Risk Factor Intervention Trial (MRFIT). This research is designed to evaluate the effect over a 7-year period of changing life patterns of 12,000 subjects with a history of smoking, hypertension, and elevated blood lipids. Funds are now needed to hasten the recruitment of subjects so that the program can be gotten under way. $15 million would be effectively used in MRFIT next fiscal year.

I have already referred to the education, control, and prevention programs created by the 1972 Heart Act. It is through the implementation of these programs that the most immediate transfer of research knowledge to the practical public good can be accomplished. The Advisory Council notes a number of demonstration projects suitable for immediate implementation. Among these I would especially mention: screening of populations at high risk of developing atherosclerosis because of elevated blood-lipid levels; education of the public and physicians in the importance of casefinding in hypertension, appropriate treatment of hypertensive patients, and maintenance of treatment, and education of the public regarding early warning signs of heart attack and stroke. For these and similar activities the Advisory Council suggests at $14 million budget for fiscal year 1975. The NHLI program plan projects expenditures of $8 million over the same period. We support funding in that range rather than the $4,200,000 which would be allowed under the President's budget figure for fiscal year 1975.

The National Research and Demonstration Centers previously mentioned represent a pioneering concept in the interdisciplinary approach to the prevention and treatment of heart and blood vessel problems. Only a very small number of these centers could be funded at the level of the President's proposed budget. We believe that 10 Heart and Blood Vessel Centers should be established during the coming year—one for each HEW region. This would be the only way to test the usefulness of the concept. The NHLI program plan projects $25 million for National Research and Demonstration Centers in 1975. The Advisory Council recommends the exact same dollar amount.

The full potential of the Research and Demonstration Centers cannot be realized without new facilities. Construction funds must be authorized to create structures in which these new interdisciplinary centers can operate with maximum effectiveness. Judging from the experience of the Cancer Centers, it is likely that $5 million to $7,500,000 will be required for each center. Therefore, if 10 new centers are to be created, $50 million to $75 million of construction costs might be anticipated.

The task of administration of these new and expanded programs falls to the excellent staff of the Heart and Lung Institute which needs to be expanded accordingly. Despite additional responsibilities, staffing is at approximately the same level as a few years ago. A minimum of 60 new positions should be created. Additional physical facilities may also be required to provide adequate housing for the larger staff.

For these reasons, the American Heart Association believes that a minimum appropriation for the National Heart and Lung Institute in fiscal 1975 would be $365 million. This figure is derived by adding

the following suplemental appropriations to the President's proposal: $20 million more for National Research and Demonstration Centers, $14 million extra for research training, $6 million additional for control programs, and a $3 million increase for MRFIT. We have also considered new money for construction at approximately $10 million and a small amount for new staff positions.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 7, 1974.

MENTAL HEALTH

WITNESS

MRS. MAX W. VAN SICKLE AND DR. SANFORD BIENEN, MENTAL HEALTH ASSOCIATION OF PRINCE GEORGES COUNTY, INC.

Mr. FLOOD. Now we have Mrs. Max Van Sickle and Dr. Sanford Bienen, Mental Health Association, Prince Georges County, on the National Institutes of Mental Health.

Mr. VAN SICKLE. Good morning. I am Mr. Max W. Van Sickle, president of the Prince Georges Mental Health Association. I am here to testify on behalf of citizens of my county and country in favor of continued funding of the mental health programs generally throughout the Nation and specifically the Mental Health Study Center which is a community-based research laboratory, a branch of the Division of Mental Health Service programs of NIMH. It is located within our county.

The proposed reduction in the employment ceiling in NIMH triggered an enormous response from the citizens and systems components in Prince Georges County when it was learned that RIF might indeed abolish the Mental Health Study Center.

There has been a slight stay of execution. But my concern is for the future of the Center, and I cannot address this distinguished committee without expressing distress over the generally care-less attitude of the present administration with regard to funding of all human services. And the pace of life of most Americans, the population and knowledge explosion, the expansion of technological capability, further shock which is already with us today makes the increase in prevalence of mental illness and behavioral problems understandable.

Not too many years ago a similar threat of loss of the Center came about, and it is significant that the citizens at that time also rallied to prevent this from happening. Action such as this is the result of first-hand knowledge about the effectiveness of the Mental Health Study Center. Citizens know that Dr. McKlennan, Director of the Center, personally invested time and energy in the schools working with parents and children around racial problems, disruptive situations, and community relations. They know that a staff member came regularly to the pediatrics ward of Prince Georges General Hospital and Medical Center to assist in setting up their successful Happy programs, that other members of the staff worked in the area of police-community relations, and they know we are still reaping the fruits of these labors. These are examples of exceptional involvement the Mental Health Study Center has had within the community and demonstrates their ability to fulfill its mandate.

Also I speak from personal experience. As a former member of the Study Center Advisory Board and current president of the Mental Health Association of Prince Georges County, I have firsthand knowledge of its effectiveness. As a citizen, it is important for me to feel that I am not urging the retention of the service within my community because of what it does for us but can take pride in knowing mental health services throughout the country can be improved due to the work of the center and that we can be a part of making this possible. I am simply giving you a citizen's point of view, and Dr. Bienen has come to give you a more professional response to this.

Dr. BIENEN. I am Dr. Sanford Bienen, Mr. Chairman. I am director of mental health services for the Prince Georges County Health Department.

Essentially I have three reasons for great concern for the continued support for the Mental Health Study Center, the first of which relates to many of the things Mrs. Van Sickle has said, that the 25-year history of the study center in Prince Georges County has made an enormous contribution to my agency, to some of the other public service agencies in Prince Georges County. Training programs that have been provided, the demonstration pieces of research that have been implemented and carried out, and the use of those findings have been of great help to us.

Perhaps my other two points I would like to make may be of even more relevance to you. The study center does have its 25-year history, and I think one can chart the areas of study and investigate as sort of a checklist of the critical kinds of problems of relevance to the development of community and mental health services over the past 25 years. In the 1950's the study center pioneered in many publications around the use of group and family therapy. New techniques at that time. They did research into the development of psychiatric services in general hospitals which was to become a key element of the forthcoming community mental health centers program.

In the 1960's the study center invested considerable effort in mental health consultation, training professionals to get out from behind their desks to reach out into the community and do preventive work. Study centers during the sixties also studied and provided police training in our county and consulted with county police around riot control. Studies and publications emanated from that experience that were of national significance. In the 1970's the study center has studied the mental health implications of violence, youth attitudes, particularly the attitudes of disaffected youths toward public service agencies in seeking needed service and have launched a new focus on studying prevention and early identification of mental health problems in children from birth to 6 years of age.

In each decade, the study center has studied problems of critical relevance. As a part of NIMH they have had instant communication to the Institute to help it formulate appropriate policy around these issues, and the study center has a rate of publications in scientific periodicals that is the equal of many of the other intramural research programs. My third and last point is the study center, since it must negotiate with the community in terms of its programed priorities and in terms of getting the entry for the data-base needs, I feel has a kind of experience in terms of dealing with the local community where the problems really are, and has that sense that provides a

leavening effect to a large Federal bureaucracy and keeps them in touch with where things really are at at the local community level.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 7, 1974.

NATIONAL HEART AND LUNG INSTITUTE BUDGET

WITNESS

DR. JAY NADEL, AMERICAN LUNG ASSOCIATION

Mr. FLOOD. Now the American Lung Association, represented by Dr. Jay Nadel.

Dr. NADEL. Thank you very much, Mr. Chairman. It is a pleasure to appear here on behalf of the appropriations for the National Heart and Lung Institute.

I would like to introduce myself. I am Dr. Jay Nadel, president of the American Thoracic Society, which is the medical arm of the American Lung Association. I am also a professor of medicine and professor of radiology at the University of California in San Francisco and a member of the cardiovascular research institute there. I am, incidentally, a trained cardiologist and have great sympathy for, and agree with, the program presented by the heart community. In fact I was a trained cardiologist before I became a professor of chest medicine.

I would like to request the opportunity to submit a written statement.

Mr. FLOOD. Without objection.

[The information follows:]

STATEMENT OF THE AMERICAN LUNG ASSOCIATION PRESENTED BY JAY A. NADEL, M.D.

On behalf of the lung community, I would like to describe the magnitude of the problem imposed by lung diseases, to describe what has been accomplished, what remains to be done and how to accomplish these goals.

The magnitude of the problem imposed by lung disease, and the human and economic toll that they exact from our people is not broadly comprehended: A recent report released by the U.S. Department of Health, Education, and Welfare showed that among the 15 leading causes of death, the sharpest increase was in the category of chronic lung diseases. The rate of deaths from these causes more than doubled between 1954 and 1960. Thus two chronic lung diseases, while their names (chronic bronchitis and emphysema) are barely familiar names to many Americans, have reached epidemic proportions. Other lung diseases are also major causes of death in our Nation: Pneumonia remains the fifth most prevalent cause of death. Cancer of the lung is responsible for 70,000 deaths annually and is the leading cause of death from cancer among men.

Forty million Americans suffer from chronic lung conditions. In some respects, chronic lung diseases, are less spectacular than some other diseases because of their chronic, progressive nature. However, the disabling shortness of breath presents a tragedy for the millions of affected patients.

Asthma is another prevalent lung disease, affecting about 9 million Americans. It is frequently disabling, and as a chronic illness it is the No. 1 cause of loss of time from school.

With the growth and increasing complexity of industry, many working people are exposed to dust, fumes, and vapors which cause lung disease. The full extent of this problem is not yet known, but at least 2½ million workers are exposed to irritant gases, silica, asbestos, coal mining, and cotton textiles—all of which

are known to produce lung disease. Lung fibrosis and respiratory failure are now being recognized in larger numbers. Mortality in respiratory failure approaches 40 percent. Acute respiratory illnesses account for half of the total acute illnesses in the population.

Lung diseases are a special concern in infants and children. Lung diseases account for 12 percent of deaths during the first year of life. Over 80 percent of deaths in the first week of life are from respiratory causes.

Respiratory distress syndrome of the lungs affects about 50,000 infants a year, and presently more than half of these infants die. Sudden infant death, a disease likely to be caused by failure of the respiratory system, occurs in 1 of every 400 live births. Cystic fibrosis, a hereditary disease which occurs in about 1 of every 2,000 live births, is ultimately fatal. In addition to the immense human costs, lung diseases represent an economic cost estimated at $6.3 billion per year.

The increase in the extent of respiratory diseases has occurred insidiously, at a time when most attention was given to the decline in tuberculosis as a major cause of death. Recently, the public and Congress have become acutely aware of the magnitude of these health problems. In recognition of these concerns, the Congress passed that National Heart, Blood Vessel, Lung, and Blood Act in 1972 to expand the authority of the National Heart and Lung Institute with respect to these health problems. Because my friends in the cardiovascular and blood communities will give expert testimony in their respective areas, I will limit my discussion to lung diseases.

Fortunately, because of the recognition of the lung problem, a new era of research on the lung has begun recently, and these activities have already begun to pay off in terms of improved health care. We recognize the importance of the distinguished leadership in this area provided to the National Heart and Lung Institute by its director, Dr. Theodore Cooper, and by the director of lung programs, Dr. Claude Lenfant. Considering the immensity of the problem and the short period of research development, the achievements have been impressive. I shall discuss one disease to illustrate these advances. The disease, respiratory distress syndrome, is a potentially devastating disease of newborn infants. The disease is characterized by a collapse of the lungs resulting in difficulty in breathing. In the absence of proper treatment more than one-half of these babies so afflicted die. Chemists in basic science laboratories discovered that normal lungs are lined with a wonderful kind of material called surfactant, which prevents the lungs from collapsing. Pediatricians then demonstrated that infants with respiratory distress syndrome lacked this material, so their lungs tend to collapse. Early diagnosis is an essential aspect of preventing and treating these infants effectively, and this has been aided by a novel diagnostic breakthrough which allows detection of the disease even before birth. The technique involves sampling the fluid around the fetus for surfactant material which is normally present but is lacking in individuals who will develop the disease. This new diagnostic tool now permits the earliest possible available care for the newborn child and opens up new avenues of approach to this dread disorder. In addition, knowledge provided by scientists enabled physicians caring for infants with respiratory distress syndrome to develop special forms of assisted breathing to keep the abnormal lungs expanded until the infant's lungs can take over. In early therapeutic trials, this form of treatment has resulted in a striking decrease in mortality. Thus, a combination of basic research, clinical investigation, and emergency care has, within a short span of time, reduced the mortality from almost 60 percent to less than 10 percent.

So much for the good news! Because of the recent rapid increase in lung diseases and because of the fact that the beginning of a coordinated lung research effort is of relatively recent origin, lung research still lags behind other areas.

In the 1972 law, Congress authorized NHLI up to $1,380,000,000 to be spent during the next 3 years. During the first 2 years, appropriations have fallen far short of this amount, and the President proposes only $309,299,000 for the 1975 fiscal year. The National Heart and Lung Advisory Council, created to advise the development of the NHLI program, has identified areas where expanded effort is needed and highly justified. Our recommendation is for increased funding to continue important NHLI programs and for new funding for new, innovative activities. In many areas of NHLI, there is need to continue and to accelerate the campaign against disease. In the area of lung diseases, it is a question of seeding an important, neglected area. We would like to consider especially a few areas to emphasize their importance to the lung community. The first of these is

research training. During the past two decades, when the incidence of lung diseases was increasing, few individuals noticed that lung diseases were attracting fewer and fewer new recruits into the lung specialty. Recently, The American Thoracic Society, in recognition of what appeared to be a serious shortage of lung physicians in the face of an epidemic increase in incidence of lung diseases, instituted a Pulmonary Disease Manpower Survey. The results of this survey, performed under contract with the National Heart and Lung Institute, established that there was indeed an alarming shortage of lung physicians, and the data and recommendations of that report are the basis of our present recommendations.

We wish to emphasize the uniqueness and degree of the manpower shortage in all aspects of Chest Diseases, apart from the problems of general medical care. The survey showed that American medical schools had few full-time chest physicians. In these medical schools, the hundreds of medical students must receive less than optimal instruction in the management of respiratory problems, whether the problem is one of a newborn infant in respiratory distress, a patient suffering from lung cancer, bronchitis, asthma, or emphysema, a surgical patient with a lung complication after operation, or a coal miner with silicosis! Thus, we are failing to apply current technology for every patient needing it, simply because of the small national pool of trained and knowledgeable personnel. To deal with this shortage effectively, we recommend training of more medical school faculty members, both clinicians and basic scientists, with special interests related to lung diseases. As pointed out by the National Heart and Lung Advisory Council in its first annual report to Congress in December 1973, the key to long-term success of the national program is the recruitment and training of young scientists and teachers. In 1972, the administration suddenly decided to phase out training and fellowships. Thus, 1973 has been a disastrous year for training young scientists, and has been particularly disastrous for the lung program of the National Heart and Lung Institute because the Division of Lung Diseases had just developed excellent training programs which were recruiting excellent young individuals who in a few years could fill the many vacant positions in American medical schools where they are so vitally needed. The President's budget for fiscal year 1975 would only allow NHLI to spend $12 million to support fellowship and career development awards. This represents half of the amount that existed before 1973. The American Thoracic Society endorses the NHLI Advisory Council's recommendation that NHLI be allowed to spend a minimum of $26 million on research training during the next fiscal year.

NHLI presently has a pulmonary academic award program, and we recommend that this be expanded, with the purpose of supporting the teaching of chest diseases. Since schools lacking candidates for the academic award are effectively excluded, we recommend that NHLI make grants on a competitive basis to medical schools with few or no members of their present faculty who have interests related to lung diseases. Funds awarded to these schools would be used to support trainees chosen by them for lung disease training in those centers where special training for academic careers can be obtained. These 5-year awards would provide support for 2 or 3 years as a fellow at an outside training program and 2 or 3 years as a junior faculty member at the patient medical school. We recommend funding 15 schools each $30,000, for a total of $450,000.

It is our conviction that the most significant advances in the prevention and treatment of lung diseases will come from better understanding of the underlying disease processes by support of the individual creative, imaginative scientist. Although there is an increasing tendency to utilize contract support for goal oriented research rather than grants, we emphasize the need for a balance and emphasize the importance of innovative research grants. We agree with the Heart and Lung Advisory Council recommendation of $17 million for investigator-initiated research in 1975.

The 1972 law authorizes the establishment of centers for basic and clinical research, demonstration, and training. We believe that these centers will be an important method of translating research advances into applied health care. Although authorized by law, no funds have been spent on National Research and Demonstration Centers. We recommend $25 million for 10 Centers in 1975.

In the example of the important diagnostic and therapeutic breakthroughs in respiratory distress that I described, the discoveries were made by an interdisciplinary approach to research by biochemists, physiologists, pediatricians and anesthesiologists. The National Heart and Lung Advisory Council suggested the development of professorial research groups which would be organized within a

single institution. We recommend that 20 such groups be established at an average annual cost of $300,000 (total=$6 million).

The various activities of NHLI developed under The National Heart, Blood Vessel, Lung and Blood Act will require additional, modern research facilities. We recommend an additional $10 million for this purpose. Additionally, the increased tasks of the National Heart and Lung Institute, including the new lung programs, require additional budgeting for the Institute's Research Management and Program Services. We concur with The Advisory Council's recommendations for additional support, including a minimum of 50 new positions and adequate facilities for the personnel.

The American Lung Association recommends a total minimum appropriation for the National Heart and Lung Institute of $371 million, which would result in $56 million being allocated for lung programs. In addition to the President's proposed appropriation, this would include $14 million additional for research training, $20 million more for National Research and Demonstration Centers, $6 million for professional research groups, $10 million for construction, and $1,500,000 for new staff positions and funds for proposals made by the Heart Community.

Dr. NADEL. What I would like to do is to talk briefly and provide brief documentation about the extent of pulmonary diseases, to talk about what has been accomplished in a relatively short period of time, what some of the needs are, and how we are going to tackle these problems.

One of the points I want to make is how insidious these diseases have occurred and how they have increased. They are now, as you know, a principal cause of disease and death, and it creates an immense economic burden on our Nation.

There are two of these mentioned in the New York Times that are not words that Americans carry around with them. They are called bronchitis and emphysema. While the newsstory was concerned principally about the decline in deaths from nine leading diseases in yesterday's New York Times, Monday, May 6, one of the things that they point out here, and this is the Department of Health, Education, and Welfare, I would like to just read because I think it is a synopsis of one of the many problems we have.

Among the 15 leading causes of death the sharpest increase was in the category of chronic respiratory disease, bronchitis, emphysema, and asthma.

Most of the American public can't even pronounce those words.

"The rate of deaths from these diseases more than doubled between 1954 and 1960." Mr. Chairman, I maintain that is an epidemic. Between 1954 and 1960 the disease rates doubled and it is still increasing.

Industrial diseases, as you heard, coal dust, asbestos, cotton dust are becoming immense problems. They are increasing. We in the American Lung Association consider this one of our major responsibilities in the next decade.

Asthma causes disease to 9 million Americans, the most common chronic disease to take kids out of schools.

Lung cancer is a problem for 70,000 people. It causes death.

In addition to the human costs I have discussed, there is an economic cost which, as I mentioned, is immense. It has been estimated to be at least $6.5 billion a year. Recently the public and Congress recognized that this really wasn't only an insidious but an alarming increase in disease. The National Heart, Blood Vessel, Lung and Blood Act of 1972 acknowledged this immense problem, and the National Heart and Lung Institute, I am proud to say, developed a brilliant national plan, and the achievements have really been impressive.

Because it was mentioned by a previous speaker, I am going to talk for about a minute about a disease, the disease that Dr. Naeye discussed, respiratory distress disease, a disease that affects 40,000 or 50,000 newborn infants each year. It is the most common cause of death in the first year of life. No disease is more devastating. It causes the lungs to collapse, and then the baby dies, and more than half of the babies with this disease died.

Dr. Naeye mentioned the alarming nature of that disease. Just to remind some of you our former President John Kennedy's son died of that disease. In fact it was the first time I think that most of the public was aware there was such a disease as respiratory distress syndrome. That was a few years ago.

Basic scientists have recently discovered a fantastic substance that coats the lung. Some people say it is like a soap, but it is what keeps the lungs open, it keeps them inflated, and if the infant doesn't have that substance his lung collapses and the baby will die.

We are proud of this basic discovery, but the basic discovery itself is important because working with the basic scientist have been clinical scientists who applied that technique directly to children, and out of this in the last few years have come the following:

One, the ability to diagnose the absence of that marvelous materfal before the baby is born. We can now diagnose the absence of this material called surfactant. We can actually diagnose the disease before the baby is born. The implication is extraordinarily important because we can then make plans to treat and develop new ideas before the baby presents us with the problem.

What is even more important is that the clinical scientist and the clinicians have developed techniques of assisited breathing now and different techniques which have allowed them to tide the baby over so that the mortality rate in this disease has decreased, in those institutions who have adopted it, from 60 to 10 percent. What it means, sadly to say, is that had the Kennedy baby been born today he would likely be alive.

This is very impressive, but there are many problems that remain. I am not going to go into them. Last year Dr. Pierce and our organization described a survey undertaken by the American Thoracic Society along with the National Heart and Lung Institute because we felt there was an alarming lack of physicians and scientists to take care of people with lung disease because of the rapid increase in the disease and the fact that physicians were unaware of this disease and therefore didn't go into the lung specialty. That in fact happened to me. It wasn't until afterward I realized the problem and became a chest physician. In response to that lack of manpower, the National Heart and Lung Institute developed an excellent program, brilliant training program in 1972, and suddenly the administration decided to phase out training and fellowships. This was catastrophic, I would say, to the lung community.

Now the subsequent administration's sponsored programs are totally inadequate, absolutely inadequate. I am talking about a problem of immense nature in an area where the manpower is lacking. I am not talking about the general problems of health care distribution; I am talking about the specific problem of a community that lacks research workers, that lacks physicians to teach in medical schools, that

lacks physicians in the community, that lacks people to train the 100-and-so medical students coming out of each of our medical schools in the United States. So we are now producing more physicians with inadequate chest training. We must have long-term planning and adequate training for these individuals.

Now I agree with the heart community when they say that the significant advances in the ultimate prevention and treatment of disease will come from support by creative scientists, and therefore I agree with them that research grants are the key to these advances?

I have cited evidence that interdisciplinary teams have been successful, and therefore I request additional support for those centers. I mentioned evidence of new discoveries of improved care, and the need for this information to be disseminated, and I have asked for demonstration centers. In many fields, we are concerned with keeping up with research in the lung field as a matter of seeding an important and neglected area. Thank you very much.

Mr. FLOOD. Thank you.

TUESDAY, MAY 7, 1974.

NATIONAL HEART AND LUNG INSTITUTE BUDGET

WITNESS

DR. ISADORE ROSENFELD, CLINICAL ASSOCIATE PROFESSOR OF MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE

Mr. FLOOD. Now we have Dr. Isadore Rosenfeld of the Cornell University Medical College.

Dr. ROSENFELD. Thank you, Mr. Chairman. I am very happy to be here again. I appreciate the opportunity to testify before you for the third consecutive year. I regretted your absence last year, Mr. Chairman.

I would like to add a personal note before I give my testimony. It's very exciting to me to have at this session my 9-year-old son, Herbert, who is also the grandnephew of the late and great U.S. Senator from New York, Herbert H. Lehman. He is on his first trip to Washington. I brought Herbert here because the work of this committee was very dear to the heart of his great uncle.

I have submitted a prepared statement, which in addition, I wish to amplify with a few ancillary remarks.

[The statement follows:]

STATEMENT OF ISADORE ROSENFELD, M.D., CLINICAL ASSOCIATE PROFESSOR OF MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE, NEW YORK, N.Y.

Mr. Chairman, I am Dr. Isadore Rosenfeld, clinical associate professor of medicine, Cornell University Medical College, past member of the National Heart and Lung Institute Task Force on Arteriosclerosis, and currently a member of the joint U.S.-U.S.S.R. collaborative efforts in the area of sudden cardiac death. I am engaged in the private practice of cardiology in the city of New York. I wish to thank you and the members of your committee for the opportunity to appear before you again this year as I have the preceding 3 years. As a clinican, with an additional perspective provided by a special interest in the problems of arteriosclerosis and sudden cardiac death. I firmly believe that important progress in cardiovascular science will continue during the next couple of decades—that there are already strong trends indicating where new breakthroughs will occur—

and that there will, in addition, be surprising advances that we do not even anticipate today. Three factors in particular lead me to make this optimistic forecast:

The recent history of accelerating progress in all of science and technology.

The large number of dedicated scientists with special training currently engaged in the field of cardiovascular research.

The recent focusing of public and congressional interest, as well as national and international resources, on the disease complex with major impact on the health of our Nation—heart disease.

As you know, the major cause of heart and vascular disease is arteriosclerosis, the steady accumulation of fatty deposits that gradually choke off arteries, and lead to heart attacks, strokes, and loss of blood supply to vital parts of the body, causing pains, discomfort, and death to millions of our citizens each year. The underlying causes of arteriosclerosis are still to be discovered and many investigators in our country, as well as around the world, are currently engaged in studies that will hopefully lead to the answer. Currently, in the absence of more definitive knowledge and solutions, the attack against heart and vascular diseases in clinical practice has had a dual focus: (a) Therapeutic care after the damage to the blood vesssles has already occurred—this approach includes surgery and pharmaceutical agents to correct the damage and prevent further life-threatening events; and (b) emphasis on protection of health, rather than therapeutic care of disease. While there may be other influences involved, the evidence is overwhelming that there are five leading factors that predispose an individual to cardiovascular disease. Two of these are sex and age—either of which we can do much about. The other three—abnormal blood lipids, smoking, and high blood pressure—are relatively easy to correct, if the individual wants to correct them. Other risk factors associated with premature arteriosclerosis include obesity, increased pulse rate, sedentary living, personality factors, certain patterns of behavior, and a predisposing family history. These and other cardiovascular problems are being pursued in the plan for an expanded national attack against heart, blood vesel, lung, and blood diseases prepared in response to the National Heart, Blood Vessel, Lung and Blood Act of 1972 (Public Law 92–423), enacted in September 1972.

Ths plan includes recommendations for studies on the epidemiology, causes and prevention of these diseases; research into basic biological processes and mechanisms; development, trial, and evaluation of new therapeutic techniques, drugs, devices, and improved rehabilitation procedures; research on heart, blood vessel, lung, and blood diseases in children; application of technological devices; research on blood and blood disease, on medical uses of blood, and on all aspects of blood-resuroce management; and development of effective programs demonstrating prevention and control of these disease problems.

As a physican, I am interested in the impact that this national medical research program will have on new, more effective methods of treatment and ultimately on the cure and prevention of these diseases. While commending the Congress and especially this committee for your efforts in the past, I must, however, register my disappointment with the incompeleness and delay in implementing the intent of Congress in the national plan against heart, blood vessel, lung, and blood diseases. I am particularly concerned that the fiscal resources for attacking these major disease problems in our Nation have not been forthcoming. Thus, while the act authorized $400 million in 1973, only some $225 million were made available; of the $460 million authorized in 1974, only $329 million were granted. For 1975, the act authorizes $520 million, and the administration is requesting only $309 billion. I wish to bring your attention as strongly as I possibly can that we are dealing with diseases that impose economic burdens of major proportions in our country. The cardiovascular disease cost each year in the United States is about $30 million. The major elements of this burden have been identified and we know that all that is spent for research on these diseases comes to much less than 1 percent of their total cost to our Nation. Therefore, once again, if for no other reason but economic, the greater portion of the U.S. budget must be earmraked for research if we are to lessen the catastrophic effects of these diseases in human as well as economic terms. I urge the committee to expand the Institute's budget to the authorization figure in the act.

In my discussion today, I would like to emphasize certain research areas in which I believe greater effort would be particularly important in terms of visible and immediate impact on the Naiton's health.

Arteriosclerosis is responsible for about 85 percent of the deaths from heart and blood vessel diseases in the United States. To understand the origins and effect the control of arteriosclerosis is the primary objective of the national program in heart and blood vessel diseases.

Obviously, preventing the events leading to atherosclerotic plaques in the walls of the patient's arteries would be far better and less costly than attempting to treat the full-blown vascular disease and its complications as is the case nowadays. In its plan for the national program the National Heart and Lung Institute has identified many leads to prevention and better understanding of arteriosclerosis, some of which come from research on metabolism, normal and abnormal structure and function of the articles, and genetic and environmental factors which influence atherogenesis. I recommend that $50 million in additional funds be provided to the Institute to enhance the timely implementation of its plans for research on the processes leading to the development of atherosclerosis, for studies of the nutritional factors believed to play an important role in the development of arteriosclerosis, for continuing the clinical investigations on the effect of controlling risk factors, and the development of diagnostic instruments for detecting the presence of atherosclerotic changes in the blood vessels at an early stage. The present state of technological development suggests that this is possible.

High blood pressure is the second area which I want to bring to your attention. Hypertension is one of the most commonly encountered forms of cardiovascular disease, affecting an estimated 23 million adult Americans. The physician in clinical practice sees a great number of these patients. Hypertension aggravates and accelerates the development of atherosclerosis, and is a major cause of strokes, heart failure, and kidney failure. The great majority of patients with hypertension (80–90 percent) must be labeled "essential" due to lack of identification of a specific cause. Because of the large number of people affected by hypertension and its serious consequences, it is especially important that we try to prevent it. To accomplish this, increased emphasis is needed in fundamental research on the causes of high blood pressure.

However, the results of research also show that treatment of hypertension affords considerable benefit. Carefully controlled clinical trials have demonstrated that treatment of hypertension is effective in decreasing the number of complications such as stroke and congestive heart failure. However, only about 12 percent of hypertensives are currently receiving adequate treatment. Immediate efforts to expand current program initiatives are needed to bring individuals with moderate and severe hypertension under effective treatment. Sustained effective blood pressure management in such persons is expected to result in a reduction of disability and death by as much as 40 percent when compared with expected rates for untreated hypertension. The long-range goal in hypertension is to prevent it; the short-range goal is to optimize the utilization of effective treatment which currently exists. Behavioral and motivational considerations are particularly important to the successful maintenance of antihypertensive treatment, since patients with high blood pressure seldom have characteristic symptoms until catastrophic complications such as stroke occur. Rational treatment and prevention of hypertension will require intensive studies of its causes and development. Dissemination of information about high blood pressure and the benefits of treatment represents a major challenge and is being pursued through the Institute's prevention, control, and education programs. I recommend that an additional $35 million be added to the Institute's budget for additional programs related to the important problem of hypertension in our country. These additional efforts are needed for research as to causes, for additional specialized centers of research in hypertension, and for control and community demonstration projects concerned with the screening and motivation of individuals with high blood pressure to stay on their medication.

Sudden cardiac death is another area where I feel that additional effort is needed at this time. The fundamental question of why chronic coronary artery disease is finally manifested as acute heart disease—heart attack or sudden death—must be answered. Recent studies have shown that the final step in sudden cardiac death is usually a disturbance in the rhythm of the heart—ventricular fibrillation. Since ventricular fibrillation is largely preventable during hospitalization by drugs given intravenously, the search for oral drugs to prevent ventricular fibrillation which can be taken prophylactically in high-risk patients is an important research task. Agents must also be found that can be safely used immediately by the patient if an acute heart attack is suspected.

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The high frequency (some 60 percent) of out-of-hospital deaths and the favorable experience with improved systems of emergency cardiac care underscore the need for further development of emergency-related techniques and resources for use in cardiac patients. The problem of sudden death and the role of arrhythmias in sudden death is of great importance both in the United States and in other countries, and collaborative joint U.S.-U.S.S.R. efforts have been initiated to accelerate the research in this area.

The topic of sudden cardiac death is a major National Heart and Lung Institute research area. The myocardial infarction research units have conducted a series of studies aimed at identification of the factors that precipitate, or "trigger" acute heart attacks in patients with coronary atherosclerosis; identification of factors in the person or his environment that make him highly susceptible to potentially lethal heart attacks, and identification of premonitory signs and symptoms that warn the patient or his physician of an impending attack in time to institute preventive measures or hospitalize the patient before onset; identification of physiological factors that cause or contribute to a rapidly fatal outcome after onset; and development of practical methods of treatment for the very early stages of the acute heart attack.

I recommend that $15 million be provided to the Institute to expand the research on the various manifestations of coronary heart disease, but specifically on the problem of sudden death. We need to know more about the premonitory signs, what sets it off, and we need to develop drugs that will protect the heart in the high-risk patient from developing the arrhythmia in the first place. In bringing this problem to your special attention, I wish to remind you that each year about 400,000 deaths from coronary heart disease occur before hospitalization, half of these almost instantaneously or unwitnessed. Over three-quarters of these victims have known heart disease or high blood pressure before their sudden deaths, but in the rest, the cardiac death is the first evidence of heart disease.

Thrombosis is often responsible for the crippling or lethal manifestations of heart and blood vessel diseases. It is implicated in several of the major causes of death in the United States. Arterial thrombosis plays a role in heart attacks, stroke, and chronic renal disease. The relationship of thrombosis to atherosclerosis is of great interest to the clinician treating patients, since it has far-reaching therapeutic implications. Work during the past decade has demonstrated that the clot-dissolving agents urokinase and streptokinase have an important potential as treatments for a wide range of thrombotic disease. For example, it has been shown that these drugs significantly accelerated the resolution of clots in the lungs. Even more exciting is the promise offered by drugs which prevent the formation of blood clots by inhibiting the aggregation of blood platelets in the blood vessels. Recent laboratory and clinical studies indicate that these agents (e.g., aspirin) may have an important potential in the prevention of a wide range of thrombotic disorders including heart attacks. I recommend that the committee add $5 million to the Institute's budget to expand the support of these important leads to new drugs which may be helpful in treating patients with heart and blood vessel diseases and perhaps preventing the lethal complications of these diseases.

Lung diseases. Chronic obstructive pulmonary diseases, including emphysema, asthma, and chronic bronchitis, have begun to rival heart disease as a cause of disability, and the mortality from these diseases is also rising alarmingly. Emphysema alone is the fastest rising of any cause of death in the country today, and it is second only to coronary disease in disabling the Nation's workers. Our current capability to deal with the problems of lung disease in the United States is severely limited by our lack of fundamental knowledge about the lung. This knowledge must be gained before truly specific prevention and therapy can be developed. Thus, the most important priority now according to the national plan, developed by the Institute and its advisors, is to expand research on the lung and its biology in order to identify factors critical to the health of the lungs.

Lung diseases afflict the young and the old. In the newborn the most common cause of death is respiratory distress syndrome (hyaline membrane disease) which affects between 50,000 and 100,000 babies each year, about half of whom die. RDS is implicated in the development of adult respiratory diseases as well.

The exact causes of emphysema are largely unknown, but a number or factors, such as cigarette smoking, air pollution, allergy, and respiratory infections, are strongly suspected of playing important roles in its development. While recognition of these factors has led to reasonable programs to prevent severe disability, and while they may indicate promising research leads, it is apparent that we

do not understand either the causes of emphysema or its mode of development.

I recommend that the Institute be given $10 million to expand its research in pediatric and adult lung diseases and to bring this knowledge to the people through prevention, control, and education programs.

Blood resources for the Nation's medical complex is a critical problem which falls within the national heart, blood vessel, lung and blood diseases program. The Institute's emphasis on blood management programs is primarily a response to new needs created by successful new developments in other NHLI programs such as improvements in cardiovascular surgery, and improvements in the management of hemophilia. Both of these developments place critical demands on the Nation's blood supply which threaten to jeopardize the blood supply for other patients who also have legitimate claims to this limited vital resource. The specific future challenge to both the National Heart and Lung Institute and other Government and private agencies is to encourage the development of an appropriate mechanism for implementing cost-effective systems and regionalization. The goals of the national program in the provision of blood services to the people of the United States are to promote and maintain an adequate blood supply, highest attainable quality, access to the supply for everyone in need, and efficiency in the collection, processing, storage, and utilization of blood. Specific new opportunities for study and action are identified in the plan. I urge the committee to provide $10 million to implement the plans that might further improve the current strengths of the American blood service complex, so that it might continue to serve the American people equitably in the future as the demands for this limited and increasingly scarce resource rise in pace with new uses of blood and blood products in the treatment and prevention of disease. As in the case of sudden death, this is an area of intense international interest, and collaborative joint United States-U.S.S.R. efforts have been initiated to take advantage of new developments in both countries.

In conclusion, my concern is not primarily with statistics, nor with comparisons of U.S. statistics vis-a-vis other countries. Rather as a practicing physician I am concerned with the prevention and alleviation of pain and suffering. Through research, population studies, education both lay and professional, and through better patient care by better trained physicians, I hope that the U.S. people will be freed from the burden of these diseases, not by heroic measures which prolong terminal life but by specific pervasive measures which can establish or restore health as a reality. Life of good quality is a mockery if that life is cut off prematurely by death which is not only unexpected but unnecessary. In my remarks today, I have only touched on some of the subjects of special interest to me and of special potential. Many other opportunities for study and action are identified in the Institute's plan which has been forwarded to Congress.

Summary table

Activity:	*Additional funds (millions)*
Arteriosclerosis	$50
Hypertension	35
Sudden cardiac death	15
Thrombosis	5
Lung diseases	10
Blood resources	10
Total	125
Health Services Administration	70

Dr. ROSENFELD. In my prepared testimony I have discussed, on behalf of the budget of the National Heart and Lung Institute, additional sums for research in arteriosclerosis, hypertension, the areas of sudden cardiac death, thrombosis, lung diseases, and blood resources.

I have also added an addendum to the summary table for the Health Services Administration which I hope to discuss in a moment.

Each year scientific witnesses come and complain about the terrible state of affairs. I think this year because of the past support by your committee and Congress there is great cause for optimism. In the same

issue of the New York Times that Professor Nadel quoted earlier, we began to see evidence of a drop in the incidence of death from cardiovascular diseases.

Nevertheless, if one talks in terms of economics, cardiovascular disease still cost us $30 billion a year, of which $10 billion can be attributed to hypertension and its consequences.

I wish to emphasize our interest in hypertension because, (a), this month of May has been designated Hypertension Month in the United States, and (b), because of the tremendous interest nationally afforded to the problem of hypertension.

In the last 2 years, the media have cooperated and the Heart and Lung Institute has emphasized the importance of detecting and treating hypertension. I am told that in 1972 and 1973 the number of visits for the treatment of hypertension to doctors' offices in the United States and to clinics dealing with hypertension have increased from 54 million to 74 million. So our educational program has begun to take effect.

In addition, I am told that the number of prescriptions for antihypertensive drugs in this same 1-year period has increased by 26 percent and the number of refills has also increased by 26 percent, indicating that people have become alerted to the dangers of hypertension and have become educated to the need for continuing therapy.

Very interestingly also, the number of new diagnoses of hypertension was increased by 1 million in that same year, 1972–73. It is to be hoped that in 1973–74 this trend will continue, assuming that this committee and the Congress continue the support of the National Heart and Lung Institute.

This leads me to one depressing thought. I noticed that in 1973 the National Heart Act authorized some $400 million, yet only $225 million was made available. In 1974, $460 million was authorized and only $329 million was made available. In 1975, the National Heart Act authorizes, as you know, sir, $520 million and the authorized budget to date is only $390 million.

Getting back to hypertension, to give you some idea of the enormity of the problem, this is the major risk factor in strokes, heart attacks, and kidney disease. It is the one risk factor that is treatable—and effectively.

It is estimated that there are 23 million Americans with hypertension. Of this number, only 2½ million are under treatment which is adequate; 5 million hypertensives have been detected but are untreated; and it is estimated that 12 million Americans have undetected hypertension.

I am asking, on behalf of the National Heart and Lung Institute, that $35 million additional funds be granted for demonstration clinics in hypertension. We not only have the problem of finding people with high blood pressure, we also have to develop ways to keep them under treatment. Many hypertensives won't continue taking the medication or they don't come back to the clinics, or they are not sufficiently educated or motivated. There are different reasons in different parts of the country why so many patients do not stay with treatment. We estimate a need of some $35 million to set up demonstration clinics which will teach us how to find these people and keep them under treatment, because until research yields a cure, the disease hypertension will require ongoing treatment for the lifetime of the patient.

With regard to the Health Services Administration request that I alluded to earlier, it has been estimated by the Heart and Lung Institute that some $840 million would be required to treat those patients with hypertension, conservatively selected in this country.

I suggest and request that $70 million be authorized and alloted to the Health Services Agency to be matched by contributions from the States on the usual 3-to-1 ratio so that a significant number of these people can be detected and treated effectively. This, I think, would result in a major decline in the incidence of heart disease and stroke.

Mr. Chairman, I haven't been looking at my watch, but I know from past experience that you will not hesitate to let me know when my time is up.

Mr. FLOOD. You are a mindreader. Thank you very much.

Dr. ROSENFELD. Thank you, Mr. Chairman.

TUESDAY, MAY 7, 1974.

APPROPRIATIONS FOR THE NATIONAL HEART AND LUNG INSTITUTE AND THE NATIONAL LIBRARY OF MEDICINE

WITNESSES

DR. HENRY D. McINTOSH, PRESIDENT OF THE AMERICAN COLLEGE OF CARDIOLOGY
DR. SYLVAN WEINBERG, CHAIRMAN OF THE COLLEGE'S COMMITTEE ON GOVERNMENT RELATIONS
WILLIAM D. NELLIGAN, EXECUTIVE DIRECTOR OF THE COLLEGE

Mr. FLOOD. Next is the American College of Cardiology, Dr. McIntosh, Dr. Weinberg and Mr. Nelligan. I see that you have a prepared statement, which will be inserted in the record.

[The statement follows:]

STATEMENT OF HENRY D. McINTOSH, M.D., F.A.C.C., AMERICAN COLLEGE OF CARDIOLOGY

Mr. Chairman and members of the committee, I am Dr. Henry D. McIntosh, president of the American College of Cardiology. With me are Dr. Sylvan Weinberg, chairman of the college's Committee on Government Relations and Mr. William D. Nelligan, executive director of the college.

As you may know the American College of Cardiology is a professional medical specialty society of more than 5,800 physicians and scientists who specialize in heart disease and matters related thereto.

We very much appreciate this opportunity to appear before this important committee and to share our views concerning the fiscal year 1975 appropriations for the National Heart and Lung Institute and the National Library of Medicine. As you will note in the statement to follow, we have suggested specific dollar amounts for most of the line items related to these important segments of NIH. The primary purpose of our statement, however, is to share with you our thoughts concerning priorities, general funding levels, and general directions for these two components of the Nation's health research effort.

NATIONAL HEART AND LUNG INSTITUTE

At the outset we would like this committee to know that in our judgment the National Heart and Lung Institute under the extremely capable leadership of Dr. Theodore Cooper has exerted outstanding leadership in the fight against the cardiovascular diseases. We understand that Dr. Cooper is in the process of being elevated to the level of Deputy Assistant Secretary within HEW. We in

cardiology are proud and pleased that our distinguished associate has been so recognized. At the same time, his presence at NHLI will be sorely missed.

In regard to our general philosophy concerning the budget of NHLI, we should like this committee to know that we understand the need for fiscal restraint in times such as these. The easiest and simplest modus operandi for the college would be to recommend full funding at the authorization level. This we have not done.

Instead we have recommended a total budgetary figure of $444,700,000 for NHLI. This figure is about $100 million below the level authorized by the substantive legislation.

As you will note throughout this testimony, our priorities are placed on people as opposed to things, such as construction. In short, we feel that in times of tight money, the emphasis should be on training people and providing them with the necessary resources to engage in productive research, to train others in the field, and to communicate their knowledge to patients and potential patients throughout the Nation.

(1) Regulatory Research and Program Projects ($176,400,000)

Unlike other aspects of our testimony we are here recommending funding at the authorization level. As you may be aware, the National Heart and Lung Advisory Council gave their strongest endorsement to the current research grant program that supports basic or clinical scientists who generate their own ideas and who can pursue these ideas independently. In our judgment additional funds are needed to support research initiated by investigators that may lead to more basic knowledge in all areas related to diseases of the heart and circulatory system.

It is our understanding from the National Heart and Lung Advisory Council that there are presently a sufficient number of high quality approved but not funded research projects and programs to use the total appropriation as recommended above quite well.

We understand that our recommendation is a substantial increase over the administration's fiscal year 1975 budget, but we further believe that this increase is needed for the following reasons:

(1) Given inflationary trends, the actual amount of research purchased with NHLI funds has decreased year by year;

(2) Many high quality approved research projects that may be important to heart research have not been funded; and

(3) The national program plan of the Institute requires an influx of young and senior scientists who are not no wworking on National Heart and Lung Institute programs.

It is our understanding that the increases would principally support extramural programs in arteriosclerosis, hypertension, cerebrovascular disease, arrhythmias, circulatory assistance, structure and function of the lung, and pediatric pulmonary diseases.

(2) Specialized Centers of Research (SCOR) ($28,600,000)

In this instance, our recommendation is the same as the President's budget. We believe that this program has proved its capability of speeding the development of new knowledge essential for improved diagnosis, treatment, and prevention of specific diseases by focusing resources, facilities, and manpower on particular problems. The effort in most SCOR's is a multifaceted one and includes both basic and clinical research. To date, SCOR's have been activated in arteriosclerosis, hypertension, thrombosis, and pulmonary diseases.

We hope that the committee will agree with us that the continuation of this program at a fairly substantial level is a necessary element of the NHLI budget.

(3) Education, Prevention, and Control Programs (Grants and Contracts) ($11,600,000)

In our judgment prevention, even more so than treatment, of heart disease offers the greatest promise of reducing death and disability. Almost certainly, more effective application of existing knowledge will materially reduce disability and death from the complications of these diseases.

The overall goal of these grants as carried out by the National Heart and Lung Institute is to hasten the control and, in the long run, to prevent and lower the prevalence of cardiovascular, pulmonary, and blood diseases in the population. Emphasis will be on prevention of disease, but in order to achieve optimal success, it will often be necessary to aid the existing health care delivery system in detection of individuals at high risk for a variety of diseases.

In our judgment, the administration's budget does not devote an adequate amount of resources to these efforts. Therefore, we urge an increase over the amount requested in the President's budget.

Among the suoareas we think should be emphasized are the following:

(*a*) Nutritional information and other risk factor detection;

(*b*) Public educational programs concerning avoidance of known hazards; and

(*c*) Coordination of governmental and professional efforts to disseminate rapidly knowledge gained from research to physicians and allied health workers.

(*4*) *National Research and Demonstration Centers* (*$15 million*)

The 1972 Heart Act contained an authorization for the establishment of 15 national centers for research and demonstration in diseases of the heart and blood vessels. Such centers offer possibilities for both development of new knowledge and the broad application on this knowledge for relief of these disease states in clinical practice.

Both Government and industry have found that the concentration of relatively larger staffs in specialized facilities have accelerated the practical solution and implementation of important major scientific discoveries in the electronic, pharmaceutical, engineering and other disciplines. The national research and demonstration centers will assemble a critical mass of qualified biomedical scientists and physicians with clearly defined goals, strongly oriented to the public interest. An attractive scientific environment with some prospect of stability will do much to reverse the continued loss of important talent from the research and leadership roles that are so essential to progress.

In addition to providing achievements in the development of new knowledge and its application to the relief of disease, such centers are vital in developing and defining national standards of excellence in the care and management of patients with cardiovascular diseases.

Our suggestion of $15 million would provide startup moneys for approximately three to five centers. We feel this is a modest effort and one that would be a wise investment for the Nation.

(*5*) *Research Manpower Development* (*$41,700,000*)

Under the above title, we intend to address ourselves to the following programs: Research professorship grants; fellowships and training grants; professional group grants. We believe that the development and maintenance of highly skilled manpower at all levels are of great importance in the planning and implementation of a national effort against heart, blood vessel, lung, and blood diseases. This is true both from the standpoint of the professional scientist participating in research and training programs and the public paying for and benefiting from these programs.

Under a contract with the NHLI, the American College of Cardiology sought, among other things, to determine the current and future manpower needs for cardiologists. The study began June 30, 1971, and was completed October 31, 1973. Mr. Chairman, we respectfully wish to share with this committee some of our findings.

On the basis of a cardiologist-to-population ratio of 6 per 100,000, we projected that approximately 4,600 more cardiologists would be needed in the next 5 years. Yet there presently exists a shortage of staff members in many training programs. In fact, our study found that 29 percent of programs have an average of two staff positions budgeted but unfilled—a total of approximately 150–180 positions. If training programs expand over a 5-year period—1973–1978—to increase the number of trainees by 58 percent, an average of 2.6 additional staff members will be required for each program. This is an increase of approximately 800 to 850 new staff members.

We therefore think that an expanded manpower effort by NHLI is imperative. In considering the manpower needs for such an expanded national effort, at least three factors must be given careful consideration:

(*a*) Manpower development, research, and health care are three segments of an interrelated continum. Thus manpower development cannot be considered separately from research or health care anymore than research can be considered separately from health care;

(*b*) Manpower development needs will continue to grow as the store of knowledge grows through research, as the population grows, and as the public demands grow for new and increasingly sophisticated approaches to health care;

(c) Public demand is growing for accountability of all health professionals. Thus, the public must be given assurance that every effort is being made to assure high quality professional performance throughout NHLI programs—in planning, research, prevention, education, control, evaluation, and coordination.

The research professorship grants would provide stable positions for senior investigators who wish to devote their main efforts to research on heart, lungs or blood. The long-term national goals could be achieved more quickly if many schools had such stable positions to offer scientists who could develop a vigorous research program in one of these areas.

The fellowships and training grants program could provide support for individuals for postdoctoral research training in the heart, lung or blood area. We believe the level herein recommended is an adequate one.

Professional group grants would provide a means of expanding the number of stable positions for creative scientists without draining the now limited financial resources of universities and other private organizations. These grants would be an award to a small group of scientists who propose a specific program. It differs from a grant for a research professorship in that the latter is an award to a school of medicine to support a research professor. The grants are similar in that each has a goal to attract and keep competent scientists in full-time research by providing long term and full support for professorial salaries.

(6) *Construction ($15,000,000)*

In times of tight money not all worthwhile projects and areas can be funded at even an appropriate level. For this reason we are recommending that construction be deemphasized in favor of the programs supporting manpower itself.

Even at this relatively low level, however, we would recommend that at least ⅓ to ½ of the recommended amount be earmarked for the national research and demonstration centers. On the one hand we do not think these funds should be used to add new hospital beds; while on the other hand we do think these construction moneys should be used to support the teaching and research activities of the national research and demonstration centers.

(7) *Research and development contracts; heart and vascular diseases ($63,339,000)*

NHLI has implemented three large scale clinical trials to evaluate the cardiovascular effects of risk-factor modification. Within this decade we should know the impact of lowering the levels of blood lipids on heart attacks and the impact of controlling high blood pressure on heart attacks as well as the impact of controlling simultaneously the three major risk factors: high levels of blood lipids, high blood pressure, and cigarette smoking. Each of these trials requires a large patient cohort to provide conclusive data. Most of the requested increase in our recommendation over the administration's is needed to complete patient recruitment for these trials.

(8) *Respiratory diseases ($8 million)*

The Advisory Council to the National Heart and Lung Institute recommended the above level of $8 million for these particular contract programs of NHLI. We agree with the Advisory Council's recommendation in this area.

(9) *Blood diseases and resources ($25,500,000)*

Blood is a life saving therapeutic tool in medicine as well as in surgery. Millions of Americans are saved each year by blood or blood component therapy.

We feel that there is a tremendous amount of research yet to be done on blood diseases. In our judgment the clear emphasis should be in hepatitis research. In essence this should be the No. 1 priority of NHLI's blood program and we would urge this committee to include such language in its report.

(10) *Animal models ($5,500,000)*

Use of animals as research models is an important aspect of medical research. We recommend the above modest sum be available for this purpose. We believe that by using animals many shortcuts can be attained in finding answers to medical problems that affect human beings.

NATIONAL LIBRARY OF MEDICINE

The administration's fiscal year 1975 budget request for NLM is more than $2 million below its fiscal year 1974 obligational level. We believe such a recom-

mendation goes in the wrong direction and would request an operating budget of $32 million which is about 10 percent higher than the 1974 budget and accounts only for inflation.

The National Library of Medicine is the sole national institution charged with the task of accumulating and organizing the world's biomedical literature and disseminating necessary information to the health sciences community. For the past several years, the cost of acquiring materials has been increasing at an annual rate of about 12–15 percent. Furthermore, while demand for NLM services from the biomedical community has grown enormously over the past few years, the NLM's authorized manpower levels have declined about 14 percent since fiscal year 1968. A reduction in funds compounded by no additional increases in personnel levels in fiscal year 1975 most certainly will lead to an erosion of essential library services.

For the above reasons, we recommend an increase in the number of positions allowed for NLM from 460 to 500. In essence we are seeking a 10-percent increase in the number of positions. We believe that the staff at NLM is effectively used at present. We also believe that with increasing demands on its services, NLM will absolutely need an increase in its staff allotment.

Finally we wish to recommend to this committee that sufficient additional funds be included in NLM's budget to permit the construction of the Lister Hill National Center for Biomedical Communications. We understand the figure is about $19.8 million. We are also told that had HEW gone ahead with the construction of this Center in fiscal year 1968, the cost to the Government would only have been about $12 million. Therefore, we urge this committee to see that this project ins commenced as soon as possible before inflation takes an even greater toll.

CONCLUSION

Mr. Chairman, on behalf of the American College of Cardiology, I wish to express our extreme pleasure at your having afforded us this opportunity to share our views and judgments with you. As we have noted throughout this testimony, our emphasis and priorities are on human resources as opposed to construction projects. Additionally we have sought to thread our way through the budgets of these two important parts of the NIH in order to emphasize those programs which we feel are producing the greatest benefits for the country in the area of heart disease prevention, research and treatment. We are very grateful for this opportunity to appear before you.

Thank you.

ATTACHMENT A

Summary Table

NATIONAL HEART AND LUNG INSTITUTE
BUDGET RECOMMENDATIONS
(In thousands)

	FY 1975		
	President's Budget	ACC Recommendations	Difference
Program Activities			
Research Projects & Program Projects in Arteriosclerosis, Caridiac Diseases, Hypertension & Renal Disease, Pulmonary Diseases, Thrombosis and Hemorrhagic Diseases, Sickle Cell Disease, and Multidisciplinary Studies	$133,953	$176,400	+$42,447
Special Projects:			
Heart Cooperative Drug Study	1,000	1,000	---
Specialized Centers of Research in Arteriosclerosis, Ischemia, Pulmonary Diseases, Hypertension, & Thrombosis	28,600	28,600	---
Education, Prevention, & Control Programs.	1,600	11,600	+ 10,000
Research Professorship Grants	---	10,600	+ 10,600
Fellowships & Training Grants	20,185	26,100	+ 5,915
Professorial Group Grants	---	5,000	+ 5,000
National Research & Demonstration Ctrs.	5,000	15,000	+ 10,000
Construction	---	15,000	+ 15,000
Subtotal, Grants	190,338	289,300	+ 98,962
Laboratory & Clinical Research	22,445	22,445	---
Research & Development Contracts:			
Heart & Vascular Disease: Clinical Cardia Devices, Lipid Metabolism, Hypertension Clinical Trials, Multiple-Risk Factor Trials Biomedical Materials & Devices, and other Clinical Applications	55,900	63,339	+ 7,439
Respiratory Diseases	6,500	8,000	+ 1,500
Blood Diseases & Resources: Blood Research & Resources, Thrombosis Clinical Trials, Sickle Cell Disease	13,500	25,500	+ 12,000
Education, Prevention & Control Programs	2,500	12,500	+ 10,000

ATTACHMENT B

Other:			
Multicategorical Contracts	$ 1,128	1,128	---
Animal Models	---	5,500	+ 5,500
Total, R&D Contracts	79,528	115,967	+36,439
Research Management & Program Services	16,988	16,988	---
Total, National Heart & Lung Institute..	309,299	444,700	+135,401

NATIONAL LIBRARY OF MEDICINE
BUDGET RECOMMENDATIONS
(In thousands)

	FY 1975		
	President's Budget	ACC Recommendations	Difference
NLM Operating Budget	$27,738	32,000	4,262
NLM Construction (Lister Hill National Center for Biomedical Communications)...	---	19,800	19,800
Total, National Library of Medicine	$27,738	51,800	24,062

Dr. McIntosh. The American College of Cardiology represents some 5,800 physicians who are interested in the practice of cardiovascular-related specialties. These physicians and scientists are found in every medical school in the country and in every large community throughout this country.

We appreciate this opportunity to speak in behalf of the proposed funding for the National Heart and Lung Institute and the National Library of Medicine.

We have prepared a text and we have submitted this for the record. On attachments A and B there is a summary table of the recommendations for the proposed budget.

Time won't permit us to discuss each item, but we have looked at the NHLI budget very carefully and we feel that the proposed of the administration's is about $135 million short of what would be required if we are to be certain that the health of the Nation is not to deteriorate and the progress that is being made in heart disease and lung disease will continue.

Before focusing on specific points in this proposal, we would like to comment on how fortunate we think the Heart and Lung Institute has been with the leadership of Dr. Theodore Cooper. We feel that Dr. Cooper has served the American people well and we are pleased that he will move into the Deputy Assistant Secretary for HEW position. We think that it's going to be a very difficult job to get a successor of his quality, but we are confident that there are leaders who can be called upon for this service.

The budget we have recommended is approximately $100 million below the level that is authorized by the Heart and Lung Act.

The first point we would like to emphasize is that we feel there must be a significant increase in moneys available for research grants. We think the advances that have been made that have led to breakthroughs, have been as a result of independent research grants. Although categorical research is highly desirable at this time, we feel that if we are to continue the development of new information that will be of significance in the control of heart disease we must have the support for independent, particularly the young, investigators who are becoming identified in the health science research activities.

We feel that the proposal, as recommended by the administration, does not take into consideration inflationary costs, nor does it take into consideration the need for fostering the career decisions that young investigators are making and must make at this time if we will continue to have a manpower pool that can contribute to our fight against heart disease.

The second point that we want to emphasize is the importance of the education, prevention and control programs. The administration has felt that these efforts should be funded at the level of $1.6 million. We feel that this is totally inadequate if we are to emphasize and to take advantage of what is known about prevention of heart disease.

We have recommended at least an additional $10 million in this category.

We feel that the national research and demonstration centers should be funded, not necessarily at the level that has been recommended in the Heart and Lung Act but certainly the funds recommended in this category of $5 million should be increased to some $15 million. This

would permit the establishment of some four to seven centers. I think it has been well demonstrated in the past that such concentration of manpower has been most productive in the generation of new information in the control of heart disease.

Throughout our presentation we are emphasizing the importance of manpower. We feel that, indeed, as recommended by the Millis report, that there should be established the grants for research professorships. This will permit the continuing generation of new information that I think will contribute not only to the control of disease but also will serve as a focus for the generation of manpower, if you will, for the fight against heart disease.

In addition, we feel that it is mandatory that training grants be supported for the need of developing educators. The American College of Cardiology has recently completed a manpower study. We have found that, indeed, there is a shortage. At present there are at least 29 of the training programs throughout this country that have a deficiency of two faculty members which cannot be filled, despite the availability of funds.

We feel also that funds will be essential for construction. There are other areas that we feel should be supported and our written statement elaborates upon these.

May I now turn to the National Library of Medicine which we feel is, after all, the respository of what we know and what we hope to learn. I think it would be extremely shortsighted if we did not support the Library in a way that it could at least maintain the status quo.

The budget that has been proposed does not permit any consideration of inflation. I think it will require a total revamping of services and a curtailment of many of the services that are necessary in the dissemination of information if NLM is forced to adhere to the administration's budget request.

Mr. Chairman, we appreciate greatly this opportunity to appear before you and this committee. We have tried to look at the needs of the heart and lung comunity realistically. We appreciate the enromous burdens that you and your commitee must bear in making decisions regarding these matters and we hope that our advice will be helpful.

We feel that heart disease can be reduced; that we have made great progress in the past; that, with continued support, we will see even greater progress made in the future.

Thank you, sir.

Mr. FLOOD. Thank you, Doctor.

TUESDAY, MAY 7, 1974.

PSORIASIS

WITNESS

MRS. BEVERLY FOSTER, FOUNDER AND EXECUTIVE DIRECTOR, NATIONAL PSORIASIS FOUNDATION

Mr. FLOOD. Now we have the National Psoriasis Foundation. Mrs. Foster?

Mrs. FOSTER. Mr. Chairman, millions of people in this country suffer from psoriasis, and the cost of this skin disease in care and treatment has been estimated to be $1 billion annually.

I am here as a psoriatic representing nearly 60,000 individuals and families who share this common concern. I want you to know about some of the problems we must endure as a result of this affliction.

When you are covered with red patches of skin, and sometimes debilitated by painful associated arthritis—just the day-to-day mechanics of living can be made very difficult.

Because of our appearance we are constantly subjected to discrimination and rejection. We are often denied work—requested to shop elsewhere for apparel—and always turned away from public swimming pools.

I have with me a copy of a letter from F. M. Barnwell, captain U.S. Navy, Director of Physical Complications and Medical Records Division, by direction of the Surgeon General, concerning the application of Kevin R. Johnson for commissioned rank in the Navy. After enlisting, Mr. Johnson developed a mild case of psoriasis. While allowing him to continue to serve in the Navy as a petty officer, they refuse to consider him qualified for commissioned rank because of his condition. This too represents discrimination, but practiced here by the Federal Government.

It is true that in a mild case where only a couple of lesions exist, perhaps on the elbow or knee, the disease can be controlled with the application of a little ointment—but as the degree of severity increases, the measures used to try and achieve control become more and more complicated.

The most common treatments for psoriasis are extremely time-consuming, and socially unacceptable in appearance and odor. They include soaking in tubs of tar preparations for hours—applications of heavy odorous oil to the scalp, to be worn for days at a time—the use of anthralin paste that dyes the skin and hair a brilliant hue of purple or red—and in many cases by the time the colored areas slough off, the psoriasis has returned.

Then there is the application of cortisone cream worn under a suit of thin plastic. One is advised that to be helpful, a minimum of 12 hours per day should be spent in this cocoon of built-up perspiration and sludge.

We are exposed to X-ray, grenz-ray, ultraviolet light, and given a variety of tranquilizers and antidepressants. Severe cases sometimes require long periods of hospitalization, or are given cortisone injections or potentially lethal anticancer agents. All forms of therapy are ongoing—frustrating—and extremely expensive.

My own expenses for psoriasis care in 1973 were well above $800 and I know of 999 other individuals with similar expenses. Together, our outlay for treatment equaled the total $800,000 budget appropriated by Congress for psoriasis research in 1974.

Like diabetes, hypertension, and schizophrenia, psoriasis is believed to be a polygenetic, environmentally produced disease—and its controlling factors may be multifaceted.

There is promise however. Last year testimony was presented to this committee on the findings of decreased levels of cyclic AMP in psoriasis. This discovery, made by Dr. John J. Voorhees, led him to attempt to restore these levels to normal with hope that this might also normalize the growth process in the psoriatic lesion.

Recently Dr. Voorhees and a team of investigators at the University of Michigan made a controlled study using a large group of volunteer patients with psoriasis to test Papaverin, a compound known to elevate cyclic AMP. Although it did not serve as a complete control, it was found to be nearly as effective as some of the cortisone creams presently used to treat psoriasis.

There is now speculation that a safe medication presently used in other diseases, given intramuscularly, may alter the metabolism of skin and possibly normalize cell growth in the psoriatic lesion. A double blind study of this drug is being planned for August of this year.

Progress toward developing efficacious and safe therapy for psoriasis will require a greater amount of funding than the $800,000 appropriated by Congress last year.

Today, as at no other time in history, we have the expertise and technology to get to the basis of this problem—new information has now developed to a point that an expenditure of funds to establish centers of excellence for basic and clinical research in psoriasis is appropriate. A realistic control for this disease may be very near, and through such research, and having the availability of patients to assist in testing new agents, it will speed up these results.

In addition, it will also contribute greatly to relieving the shortage of specialty manpower trained to care for patients with chronic skin disease. Psoriatics are trying to do their share, and thousands have volunteered to serve as research patients. Thousands more contribute what they can toward programs of education and research.

We ask that Congress give psoriasis proper recognition as a serious health problem of magnitude in this country—and commensurate with that need, appropriate $10 million to be directed into organizing 10 psoriasis research centers throughout the country.

In March of this year, a group of the most productive scientists in the field of cutaneous biology met in Bethesda for the purpose of establishing research priorities in psoriasis. Your authorization of this specific sum of money would insure the National Institute of Arthritis, Metabolism, and Digestive Diseases—using the expertise of its professional staff and advisory council—to complete a well-planned, well-coordinated program of basic investigation and study of improved approaches to therapy.

In addition to my testimony, Mr. Chairman, I am submitting for the record documents on research planning, the National Disease and Therapeutic Index statistical study on psoriasis, and the letter of Dr. F. M. Barnwell, explaining the physical standards prescribed

by the Surgeon General for commissioned rank for Navy and Marine Corps personnel.

[Attachments follow:]

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, DC., April 17, 1974.

Hon. WENDELL WYATT,
House of Representatives,
Washington, D.C.

DEAR MR. WYATT: This is in reply to your inquiry of March 26, 1974, concerning psoriasis being a disqualifying condition for appointment to commissioned grade in the Naval Service as well as application of the physical standards in the case of yeoman 2c. Kevin Russell Johnson, U.S. Naval Reserve.

The physical standards as prescribed by the Surgeon General of the Navy for Navy and Marine Corps personnel are intended to delineate a degree of physical fitness in acceptable candidates that will best meet the needs of the Naval Service, and yet involve an acceptable minimum of incurred risk as concerns assignment problems, and repeated or prolonged medical care or hospitalization. Psoriasis, or a verified history thereof, is usually considered to be unfitting for induction, enlistment or appointment to commission grade. This is consistent with the standards of all branches of the armed forces. This policy was predicated by the experience that individuals with psoriasis do have difficulty serving in the armed services. There is little question that this condition can be controlled with appropriate medications and control of environmental conditions. However, military service involves frequent exposure to highly unfavorable conditions of heat, humidity, limited opportunity for sink sanitation, unavailability of special medications, and prolonged isolation from a physician. An individual with psoriasis is not excluded because of any vestigial threat of the condition, but because it is felt to be in the best interest of the individual who cannot be assured at all times of a favorable environment for control of the ailment.

With regard to the application of the physical standards in Petty Officer Johnson's case it should be noted that the condition is also considered disqualifying for his enlistment, although, in cases where the condition has originated after the member's entry into the naval service, it is not the policy of this Bureau to deny an individual continued employment in the naval service if the condition has not interferred with the satisfactory performance of assigned duties. However, for appointment to commissioned grade, the entry standards apply uniformly to all applicants, whether in or out of the service. Under these circumstances, Petty Officer Johnson does not meet the established standards for appointment to commissioned grade, and a waiver of the standards would not be appropriate.

It is regretted that our reply cannot be in accordance with Mrs. Beverely Foster's desires and that a more favorable report could not be provided with regard to Petty Officer Johnson's physical qualifications for commissioning in the naval service. If this Bureau can be of further assistance, please do not hesitate to call upon us.

Sincerely,

F. M. BARNWELL,
Captain, MC, USN.

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PSORIASIS

In 1972, nearly 1.5 million patient visits to private practitioners for the treatment of psoriasis were recorded; the NDTI's rough count of the number of patients represented is 625,000,[1] indicating an average of 2.3 visits annually from each patient. It is further estimated that some 260,000 of these patients were seen for the first time in 1972. The projections by the NDTI undoubtedly underestimate the actual incidence among the American population as they are based on instances where the physician is involved. It is certain that many potential or former patients drift off into self-medication.

Female patients predominate in psoriasis treatment but not as much so as is true in all patient visits; 61 percent of all patient visits are currently made by female patients; in the case of psoriasis, 55 percent of all visits involve females. Again, in comparison with patient visits for all diagnoses, the age of the psoriasis patient shows an atypical pattern, with relatively few visits among the very old and the very young and a heavy concentration of contacts—36 percent—by patients in the 40-to-50 age group.

Patient visits for psoriasis also show an unusual pattern of regionality both in comparison to visits for all skin diseases and for all diagnoses. Relative to both cases, psoriasis visits are atypically high in the East and low in the South. Figure 1 on the following page compare the distribution of psoriasis patient visits with those for all skin conditions and for all diagnoses according to geographical regions.

FIGURE 1

PSORIASIS—VISITS BY REGION (1971-72)

[Percent]

Region	Psoriasis	All skin disorders	All diagnoses
East	33	26	27
Midwest	28	29	28
South	20	26	28
West	19	18	18
Total	100	100	100
Base (thousands)	2,702	61,636	1,600,000

The lower-than-expected frequency of patient visits in the South may be related to the warmer weather of that region; psoriasis has a known tendency toward a summer remission. This latter point is also supported to some degree by NDTI data. Figure 2 on the next page illustrates the diminution of patient visits for psoriasis during the summer months.

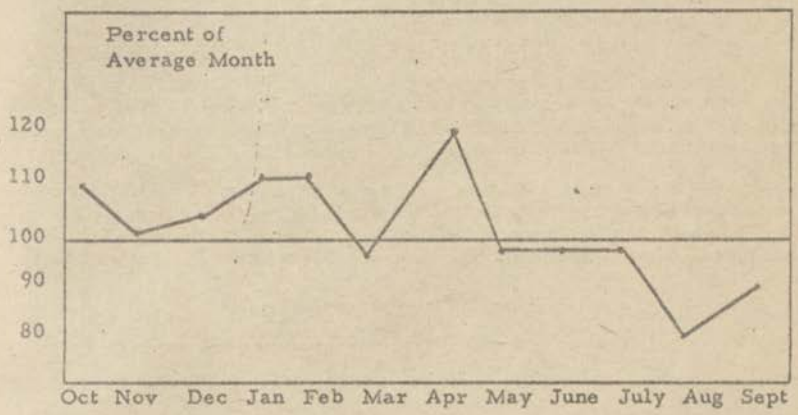
[1] Physicians reporting to the NDTI are asked to record the number of times they have seen the patient in the past 12 months for the reported diagnosis. From the information provided an estimate of the number of patients is possible.

Figure 2

Seasonal Patterns of Psoriasis Patient Visits

(1968 - 1972)

Average Month = 122,000 Visits



Treating Physicians

Dermatologists handle the majority of psoriasis patient visits made to private practitioners -- 67% -- although only 32% of all visits involving skin diseases are made to this specialty. The typical dermatologist sees 330 patients for psoriasis yearly; in striking comparison, the typical general practitioner, internist and osteopathic physician each sees only 5 such patients annually.

12.

Drug Therapy

Treatment with drugs is normally the case for psoriasis. The NDTI shows 87% of all patient visits for the condition to involve drug therapy. The average visit involves slightly more than 1.5 medications. Currently, plain corticoids provide the major thrust of therapy; two-thirds of all patient visits for psoriasis involve such an agent. Miscellaneous dermatologics -- principally salicylic acid -- are employed in one-fifth of patient visits, with coal tar preparations and antimetabolites used somewhat less frequently. As Figure 3 shows, the past seven years have seen major shifts in therapy; the use of plain corticoids has increased substantially, while coal tar preparations have diminished by half:

Figure 3

Drug Therapy for Psoriasis

Percent of Patient Visits

Drugs Employed	1964/65	1971/72
Plain Corticoids	52%	68%
Misc. Dermatologics	21	22
Coal Tar Preparations	31	16
Antimetabolites	9	12
Tranquilizers	5	7
Emollients	8	7
Fungicides	*	5
Hematinics	4	4
Corticoid Combinations	13	3
Antipruritics	5	3
All Others	31	15
Total	179%	162%
Base = Visits (000)	2,550	2,700
Visits with no drugs	9%	13%

* Less than 1%

13.

Concomitant use with other drugs is typical of the three leading therapies employed for psoriasis, and especially for coal tar preparations and miscellaneous dermatologicals. These two product classes are used alone in less than ten percent of the visits in which they are employed. Plain corticoids are used by themselves in slightly under two-fifths of their uses. However, the fourth ranked therapy, antimetabolites, shows a reverse pattern; this therapy is employed alone two-thirds of the time.

Drug therapy also varies as a function of the length of time the patient has been in treatment for psoriasis. Plain corticoids, miscellaneous dermatologics and coal tar preparations are most important early in treatment, while antimetabolites, tranquilizers, hematinics and antipruritics assume increasing import as the duration of the patient's therapy increases. Figure 4 as shown below details these changes in therapy.

Dermatologists treat psoriasis more frequently with drugs than do general practitioners, the groups with the second highest volume of psoriasis patient visits; dermatologists employ drugs in 94% of psoriasis patient visits, while general practitioners do so in 77% of such visits.

Figure 4

Drug Therapy for Psoriasis
according to
Duration of Treatment

(1971 - 1972)

	Number of Times Seen					
Drugs Employed	1	2-3	4-5	6-10	11-15	16+
Plain Corticoids	73%	76%	80%	63%	64%	46%
Misc. Dermatologics	32	25	22	15	10	15
Coal Tar Preparations	23	22	4	10	13	16
Antimetabolites	5	5	20	12	31	33
Emollients	10	9	3	9	6	1
Tranquilizers	6	8	7	3	4	16
Fungicides	3	7	8	4	3	5
Hematinics	4	4	*	8	6	11
Antipruritics	3	4	*	*	3	8
All Others	18	23	16	19	14	18
Base = Visits (000)	606	700	249	385	236	158

* Less than 1%

Mrs. Foster. There will be another document forthcoming on the priorities.

Thank you, Mr. Chairman.

Mr. Flood. Thank you very much.

Tuesday, May 7, 1974.

Orthopedic Research and Education

WITNESSES

HON. CARLOS J. MOORHEAD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

DR. JOHN WILSON, PROFESSOR OF ORTHOPEDIC SURGERY, MEMBER OF THE BOARD OF DIRECTORS OF THE UNIVERSITY OF SOUTHERN CALIFORNIA AND PRESIDENT OF THE AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS

Mr. Flood. Next we have our esteemed colleague from the State of California, the Honorable Carlos J. Moorhead.

Mr. Moorhead. Mr. Flood, I wish to introduce to the committee Dr. John C. Wilson, who is the president of the American Academy of Orthopedic Physicians and Surgeons. He has a distinguished career as a doctor. He serves on the staff of the University of Southern California of Medicine, and is clinical professor of orthopedic surgery. He has been the president of the Hospital of the Good Samaritan; the head of the division of orthopedic surgery at Children's Hospital in Los Angeles; the medical director of schools of physical therapy at Children's Hospital; and has written a large number of articles in this particular field, and is certainly one of America's most distinguished doctors in the field of orthopedic surgery. I would like to introduce Dr. John C. Wilson.

Dr. Wilson. Mr. Chairman and members of the subcommittee, I am John C. Wilson, Jr., of Los Angeles, Calif., professor of orthopedic surgery and a member of the board of trustees of the University of Southern California. I currently serve as president of the American Academy of Orthopedic Surgeons, a professional society of over 6,000 members whose skills are directed to the care of those afflicted with diseases and injuries of the musculoskeletal system. With me is Dr. William F. Donaldson, first vice president of the academy, who also serves as clinical professor of orthopedic surgery at the University of Pittsburgh.

Background information concerning this presentation is before you.

Together with the National Institute of Arthritis, Metabolism, and Digestive Diseases, we wish to identify the four general research areas of highest priority in orthopedics today as:

1. Artificial joint replacement;
2. Fracture healing;
3. Arthritis; and
4. Connective tissue pathophysiology.

Scientists working together in these broad, though somewhat related, areas, have already brought about many worthwhile scientific discoveries, the most striking of which is total joint replacement, a procedure used widely in the hip, and more recently in the knee.

I wish to emphasize that the example of artificial joint replacements represents only one of the ways in which combination of clinical science, medical engineering, and basic research can achieve major health breakthroughs beneficial to all of society. Our still meager knowledge of this impressive method of surgical rehabilitation suggests that its application to a variety of diseased joints other than the hip should be vigorously pursued. Its success in the hip alone has added new dimensions in treatment of joints afflicted with arthritis caused by disease or injury. It is the most rapid method of restoring a joint to its most nearly normal condition, and permits many individuals to return to a productive pattern of living. With appropriate and fruitful research, joint replacement could easily be counted among the top 10 medical advances of this century.

Over 20 million Americans have joint conditions severe enough to require medical attention. Joints damaged by both disease and injury are the second largest cause of chronic disability in the United States. Approximately half of these are a direct result of destruction by some form of arthritis. The estimated cost in medical care and lost wages in 1966 was $3.5 billion per year, now believed to be in excess of $9.2 billion per year.

I am familiar with the testimony that my colleague, Dr. Lawrence Shulman of Johns Hopkins University, will present tomorrow on behalf of arthritis and I support it.

Successful artificial hip joint replacements have been possible for only 10 or 11 years, and it is estimated that there were approximately 50,000 such operations performed in this country in 1973. Many hundreds of finger joints were replaced in the same period. Artificial knee joints have been in use in limited numbers for the past 6 or 7 years and this technique remains under close study. In spite of the fact that thousands of disabled persons have been restored to a productive life by joint replacement, many problems remain unsolved:

1. How long will they last?
2. Will the products of wear eventually create serious adverse reactions?
3. Will the materials used for fixation of the devices eventually loosen?
4. Are better materials for these purposes likely to come from space-age technology, or as byproducts of an extensive search for new sources of energy?
5. What are the optimal engineering configurations permitting normal function?
6. What can be done for joints such as the ankle, shoulder, elbow, and wrist?
7. Prostheses in use today are restricted by medical option to the elderly or the severely handicapped patient. Can designs be made which permit the laboring man to return to his job with an artificial joint implantation with safety?
8. Can joints be made so durable that they may be put into children with the expectation of lifelong wear?

Because of these serious questions it has been necessary to restrict the use of replacements of a small segment of the population. As these questions become answers, indications for joint replacement will be expanded.

It is our firm belief that the input of $10 million a year for the next 5 years by the National Institutes of Health and the National Institute of Arthritis, Metabolism and Digestive Diseases will have a major impact in providing answers to these questions.

Sufficient resources specifically earmarked for research in the musculoskeletal field will allow the combination of the expertise of the orthopedist, rheumatologist, basic scientist and biomedical engineer to meet research demands of the high priority areas defined at the outset. A partnership role between the orthopedist and the rheumatologist in clinical practice is clear. As a part of planning for the future, the American Academy of Orthopedic Surgeons participated in a workshop with the Arthritis Foundation on April 1 and 2 to define the role of projected arthritis centers in patient care, teaching, and research.

To comment further, it is essential that these resources be of a magnitude to permit the National Institutes of Health to do the following:

1. Establish a musculoskeletal study section with the National Institutes of Health, a concept wholeheartedly supported by Dr. John Decker, the director of the intramural arthritis program.

2. Establish an intramural musculoskeletal section at Bethesda.

3. Reinstate the training grant program in orthopedics, or comparable program, to provide the necessary support for young and emerging researchers in the vital field of musculoskeletal health care.

The monetary outlay will be amply justified through return to productivity of many individuals now partially or completely crippled by diseased joints.

Studies to develop new information leading to faster healing of fractures, while reducing failures in the process, are essential. Only through new scientific knowledge will it be possible to reduce the enormous economic impact of fractures on this Nation.

I am familiar with the citizens budget, to be introduced by Dr. Becker's testimony tomorrow afternoon, and recommend serious consideration of it since it is an expression of the true needs of the National Institute of Arthritis, Metabolism and Digestive Diseases.

Dr. Donaldson and I thank you, Mr. Chairman, for the privilege of presenting the orthopaedic surgeons of the United States before you.

Mr. FLOOD. Thank you very much.

Mr. Moorhead, I don't suppose you want to gild that lily, do you?

Mr. MOORHEAD. I think Dr. Wilson has done an outstanding job of presenting his case.

Mr. FLOOD. I agree. Thank you very much.

Dr. WILSON. Thank you.

TUESDAY, MAY 7, 1974.

RESEARCH ON CHILD HEALTH

WITNESS

DR. JOSEPH A. BELLANTI, PROFESSOR OF PEDIATRICS AND MICROBIOLOGY, GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE, WASHINGTON, D.C.

Mr. FLOOD. Next we have the Joint Council of National Pediatric Societies, Dr. Joseph A. Bellanti, on the National Institute of Child Health and Human Development.

[The statement follows:]

Dr. BELLANTI. Mr. Chairman, I appear before you as a professor of pediatrics and microbiology, a teacher of specialists in the field of infectious diseases and immunology, a researcher who has published over 80 scientific papers and a textbook of immunology, and most importantly, as a physician interested in relieving the suffering and affliations of children.

I am honored to appear before this committee to submit further testimony to you and the Congress for continued support of research in behalf of infants and children in this country.

The organizations and individuals which I represent are: (1) Georgetown University School of Medicine, (2) the Joint Council of National Pediatric Societies which includes the Association of Pediatric chairmen, the American Academy of Pediatrics, the American Pediatric Society, the Society for Pediatric Research and the Association of Teachers of Maternity and Child Health, and (3) the hundreds of thousands of infants and children afflicted with infectious diseases or immunologically related diseases. These funds are needed for (1) continued research in the area of pediatric antecedents of adult disease, (2) continued research in the area of perinatology, (3) recommendations for the solution of these problems.

I feel particularly qualified to comment regarding these matters as I have spent the past 15 years of my life as an investigator and as a physician interested in pursuing these problems.

Simultaneously, I have been the teacher of several hundreds of medical students and over 15 clinical investigators who are now teaching faculty in many of your home States and who are devoting their energies in helping to solve the medical problems alluded to as well as teaching medical students, interns and residents in addition to rendering superb clinical diagnostic and therapeutic care to patients.

Pediatric antecedents of adult disease

In a recent poll conducted among 283 highly qualified pediatric researchers and practitioners, the following areas were identified where future research efforts should be directed. These include in the order of descending priority:

(1) Pediatric antecedents of adult disease.
(2) Perinatology.
(3) Intellectual and behavioral development.
(4) Effects of environment.
(5) Infection and immunity.
(6) Genetics.
(7) Nutrition.
(8) Hematology—Oncology.
(9) Neurological and neuromuscular diseases.
(10) Other diseases (gastrointestinal, renal, metabolic, cardiac).

Of all those surveyed, clearly the most important and the most frequently encountered area was that of pediatric antecedents of adult disease. This simply stated is the essence of research efforts which have been supported by the National Institutes of Health and Human Development and identify that the late sequelae of end-stage adult disease have their antecedents early in life—perhaps even before birth. Moreover, it was felt that a study of these early events is crucial for full understanding and hopefully for the prevention of adult diseases

which have evaded all such attempts thus far. These diseases range from the emotional diseases where intellectual development may be impaired by such bacterial diseases as *Hemophilus influenzae* meningitis or viral diseases such as those caused by the herpes viruses, the common cold sore.

Funds from the National Institute of Child Health and Human Development have been used to study the mechanisms of disease in several congenital infections. In the United States, a number of infectious diseases occurring in pregnancy have a devastating effect on the fetus. Infection with rubella virus provides the classic example of such an effect. In 1964–65 a major epidemic of rubella occurred in the United States with an estimated 20,000 cases of congenital rubella syndrome. This figure probably represents an underestimate, since this was not a reportable disease. Nonetheless, of the reported cases, 1790 were mentally retarded, 8,000 were deaf and 3,500 born blind. The direct cost included future institutional care and special educational facilities for the congenitally infected babies during this outbreak was estimated at $920 million.

The cost in emotional and physical strain on parents is inestimable. As a result of research performed in many laboratories throughout the country, a vaccine was developed and no major epidemics of rubella have occurred in the United States since 1964. The Federal Government funding for rubella virus research from 1952 to the present was estimated to be $10,000,000.

The problem of infectious disease is far from being solved and over 50 percent of admissions to pediatric units throughout the country are represented by the infectious diseases. We obviously need to learn more about the effects of other infectious disease agents. Such agents include Herpes simplex and the cytomegaloviruses and other agents such as toxoplasma and the agent of syphillis which are also known to have devastating effects on the unborn fetus.

As a result of studies supported by the National Institute of Child Health and Human Development, there have been identified several viral and bacterial infectious agents known to produce infections of the central nervous system. In the case of virus diseases a number of chemicals originally developed for anticancer therapy have been shown to be effective antiviral drugs, useful particularly in such infections as Herpes simplex and cytomegalovirus infections. One of these drugs is ara–A, which unlike other cytotoxic chemicals have been shown to be relatively safe even in the small infant. This program requires further study by teams of investigators throughout the country who can evaluate the actions and toxicity of these preparations.

Other studies supported by the National Institute of Child Health and Human Development have been concerned with the prevention of bacterial infections which are known to infect the central nervous system. Each year in this country between 12,000 and 15,000 young children become ill with a specific type of meningitis, an inflammation of the covering of the brain caused by *Hemophilus influenzae* (type B). This is a serious disease that may cause death. Furthermore, over 20 percent of the disease victims who recover after treatment with antibiotics suffer permanent disability including mental retardation. Recent studies supported by the Institute suggest that a vaccine against this bacterial agent may be forthcoming which can induce

protection in the immunized individual and prevent these devastating effects. Moreover, immunity has been shown to be induced by feeding newborns a single dose of an unrelated but harmless bacterium. These studies need to be continued by teams of investigators throughout the country if a rational approach to the diagnosis, treatment, and prevention of these infectious diseases can be accomplished.

Perinatology

The second most frequently identified area for projected research was that of perinatology. In spite of our excellent record in the past, we still rank 13th in the world with regard to our neonatal mortality. Funds from the National Institute of Child Health and Human Development have been used to study factors which may contribute to this high fetal wastage. In addition to maternal infection, there are a number of other factors which contribute which even if the infant survives may physically disable him to render him mentally retarded.

The greatest number of perinatal deaths occur within the first 24 hours before birth and the 24 hours after birth. Approximately 10,000 fetal deaths occur after admission of the mother to the hospital in anticipation of a normal birth. Alterations in the normal processes in labor at birth and in the ability of the newly born infant to adapt to his extrauterine life represent the greatest threat to infant survival. Other factors which need to be examined include the effects of genetics, nutrition which may lead to better markers of fetal maturation and fetal monitoring.

A second major area which needs to be accomplished which contributes to a high infant mortality is that of the sudden death syndrome, or cot death. This entity is the leading cause of death in the United States among infants between 1 month and 1 year of life; yet why these babies die is a complete mystery. Several possibilities have been examined. One is that immunologic factors may contribute to the pathogenesis of the disease. One of the many workshops supported by the National Institute of Child Health and Human Development related to sudden infant death has brought out the dearth of knowledge concerned with normal biologic events including immunologic factors in the normal infant. There are enormous gaps in our knowledge concerned with the developmental biology, physiology and until we obtain this basic information we can never hope to understand the pathogenesis of such diseases as the sudden infant death syndrome.

Additionally, as the result of support through the National Institute of Child Health and Human Development, several children have been recognized to have immune defects and who fall prey to recurrent infections as well as an increased incidence of malignancy. As a result of studies supported by the Institute, several of these children have been studied and have been reconstituted by the transplantation of fetal tissues such as bone marrow and thymus. These studies hold promise not only to the treatment of these rare conditions, but appear to be applicable to other diseases afflicting both children and adults such as the rheumatic (autoimmune) diseases and possibly even to the treatment of cancer. It is obvious, thus, that these basic studies must be pursued if we are to eventually find the solution to many diseases which afflict mankind whose pathogenesis is unclear or unknown.

What Is the Evidence That These Goals Are Not Being Attained at the Current Level of Funding for Basic Research?

Let me elaborate on a few salient points. In 1972, the appropriation for the National Institutes of Child Health and Human Development was $116,498 (in thousands) for all purposes. In 1973, it was $111,207, a reduction of $5 million. In 1974 the estimated budget which includes the release of impounded funds was $141,243 and the President's budget for 1975 is $124,897, a reduction of $17 million from the previous year. It is difficult for me to understand in lay terms how a decrease in budget reflects continued progress. If we are to maintain our excellent biomedical research and health care delivery, our concern should be continued support for research and science as it applies to infants and children.

What Has Been Done and What Needs To Be Done To Train Research Scientists and Clinical Investigators

At a time when we need more teachers and more medical students to supply the Nation's needs for physicians, we have seen over the past 2 years the most drastic dismantling of support for biomedical research in the history of this Nation. Thanks to the breathing spell afforded the support of the Congress, we have been afforded a brief reprieve. What the future will bring with regard to continued support for training programs is unknown. What is needed is to attract young individuals capable of pursuing the unanswered questions which face us and to provide the environment where both basic and clinical investigators can develop. Fellowships and training grants should be continued for specialty training contingent upon the individual's remaining in academic medicine; those who wish to leave should be expected to pay the costs of their training on a loan basis.

Research grants should be reinstated since these support ideas which form the underpinings of all targeted research.

Specifically, I would suggest that the budget for research in child health be increased by $17 million as follows:

[The information follows:]

	President's budget	Suggested
Research	41.7	50
Fellowships	2.4	5
Training grants	3.9	7
Intramural	12.6	15
Total	60.6	77

Dr. Bellanti. I would like to thank you for the opportunity and privilege of appearing before this committee, Mr. Chairman.

Mr. Flood. Thank you very much.

The committee will recess until 2 o'clock this afternoon.

TUESDAY, MAY 7, 1974.

ARTHRITIS RESEARCH AND TRAINING

WITNESS

J. CALEB BOGGS, ATTORNEY AT LAW, CHAIRMAN, DELAWARE CHAPTER OF THE ARTHRITIS FOUNDATION

Mr. FLOOD. We now have the Arthritis Foundation, ably represented by our very good friend and distinguished former colleague, J. Caleb Boggs, former Governor and U.S. Congressman and Senator from the State of Delaware.

Mr. BOGGS. Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, I have been asked to come before you today on behalf of the Arthritis Foundation's tens of thousands of volunteers to present to you the foundation's estimation of what the needs in arthritis research and training are today, based upon professional surveys of these areas.

The rheumatic diseases represent the greatest single cause of chronic illness in the Nation today. They affect 10 percent of the population and disable 3.5 million Americans. The economic cost of these diseases is calculated at $9–$10 billion annually. Yet this year, fiscal year 1974, the National Institute of Arthritis, Metabolism and Digestive Diseases, which was established in 1950, largely as the result of the Arthritis Foundation's initiatives, is spending only $14 million on its arthritis program, less than 10 percent of the Institute's total budget.

Last year, before this committee, Miss Rosalind Russell talked about the economic cost of arthritis, and how this disease deprives the Nation, as well as its victims, of billions of dollars each year.

Dr. Ivan Duff, a researcher in arthritis at the University of Michigan, spoke to the committee about two surveys undertaken by The Arthritis Foundation in 1972, to determine what the needs were in arthritis research and in medical manpower. Dr. Duff cited this report, New Directions in Arthritis Research, which was formulated by an eminent group of medical researchers, chaired by Dr. Lewis Thomas, who was then dean of Yale University's School of Medicine, and is now president of the Sloan-Kettering Cancer Center in New York City. In it, Dr. Thomas calls for a research effort in arthritis three to four times the present level, if breakthroughs are to be expected in the near future. Even then, arthritis would receive less than 20 percent of what research into heart disease now is getting, although the number of Americans disabled by arthritis is only slightly less than those disabled by heart disease.

As to manpower in the rheumatic disease, this is perhaps the most critical area of concern to the foundation. If I may, Mr. Chairman, I would like to take just a moment to review the very brief history of rheumatology in this country. The branch of medicine which specifically deals with these diseases, rheumatology, is one of medicine's newest specialties. Rheumatology is a phenomenon of the 20th century. Formal training in this field in medical schools dates from the end of World War II.

By the time the American Rheumatism Association was founded in 1930, there were about 60 or 70 physicians and surgeons who apparently had sufficient interest in the rheumatic diseases to comprise the initial membership. Today, the ARA members exceed 2,200. Their annual meetings draw upward of half this number—1,100—to discuss the latest advances in arthritis research, but only about 300 are arthritis researchers themselves. Despite the modest but encouraging beginnings of rheumatology in the 1920's and 1930's, research advances were not notable for over two decades. The reasons for this were evident. Financing of arthritis research was minimal and there was no program to train researchers in the rheumatic diseases.

Immediately following World War II, two important things happened almost simultaneously. In one of the most important drug discoveries since aspirin, which also owed its origin to an effort by chemists to produce an antiarthritis drug which would be freer of side effects than those being currently used, cortisone was introduced to the American public in 1949. The three scientists with primary responsibility for this drug, Dr. Edward C. Kendall and Dr. Philip S. Hench of the Mayo Clinic, and Dr. Tadeus Reichstein of Switzerland shared the Nobel Prize in medicine for their research. The announcement of cortisone's dramatic effects in treating rheumatoid arthritis initiated one of the most dramatic moments of excitement in the entire history of drug therapy and was hailed as "among the biggest advances medicine has ever made in a single leap."

A year later, the National Institute of Arthritis and Metabolic Diseases joined the growing list of categorical disease research institutions of the Public Health Service on the Bethesda, Md. campus, and began a program of financing arthritis research that was to markedly change this area of medicine over the next two decades. This Federal input was greatly needed, for although the American Rheumatism Association could boast of a membership of nearly 800 in the early 1950's, a very small fraction of the group was equipped by experience to lead basic research efforts, and still fewer had either the time or the facilities to carry out such investigations. Thus, it soon became apparent that in order to further research in arthritis, the number of experienced investigators required to carry out this research would have to be rapidly increased.

By 1955, there were four National Institute of Health arthritis training grants being provided to medical schools. By 1960, the number of arthritis training programs had grown to 46, in which 72 trainees were participating. By 1963, although there were 5 fewer programs, the number of trainees had increased to 94.

This level of training was generally sustained for the next 5 years. In 1969, however, the number of arthritis program grantee institutions was reduced to 32, and the number of trainees fell to 67. The number of arthritis training grants has continued to decline, with the rapidity of decline increased substantially by the administration's decision to phase out this program. This year, there are 22 arthritis training programs with 41 trainees. By 1975, there will be three programs with four trainees.

The Arthritis Foundation initiated its training program in 1951 by awarding seven fellowships in rheumatology. Since then there has been a gradual increase in the number of these awards until 1973 when 56 such awards were given. Only two other institutions support any significant number of fellowships. They are the Helen Hay Whitney Foundation and NIAMDD. The former supports approximately the same number of trainees as the Arthritis Foundation but many of their awards are to individuals who do not work directly in departments of rheumatology, and are therefore, in the strictest sense, not rheumatology fellows. NIAMDD has provided the major support for training in rheumatology, in the past. However, because of the demise of Federal fellowship support, the Arthritis Foundation has now become the major provider of rheumatology training.

In anticipation of this increased responsibility, the Arthritis Foundation has increased its financial obligation to training. Total support in fiscal year 1974 was $524,000. For fiscal year 1975, this support will be $729,000. However, an increase in the amount of each stipend in 1974, necessitated by the need to assure quality applicants by remaining competitive in the talent search for aspiring researchers, has not allowed for any increase in the number of trainees for the increased dollars. Thus, one can anticipate a 50 percent to 60 percent decrease in the total number of academic rheumatologists being trained yearly in the United States by fiscal year 1976 as compared with fiscal year 1972.

If we look at this chart, which shows the last decade of arthritis extramural research grants from NIAMDD, we see a sad picture of neglect, and certainly evidence of a lack of a constant commitment to the finding of the cause of arthritis through research, to which The Arthritis Foundation is dedicated.

Let us suppose for a moment that the initiative of 1972 in arthritis has been carried through into 1973 and 1974 and that we now have a trend upwards in arthritis research funding and in research findings. If we take the modest rate of increase shown here between 1971 and 1972, and extrapolate it through 1975, we arrive at $16 million for the extramural research grants program in arthritis.

There is no way of undoing the harm to which many of the medical research programs in arthritis were subjected during the last 2 years by the withholding of lifegiving funds, but there is one way of bringing the compass point back to a better heading, and that is to provide the medical researchers in fiscal 1975 with adequate tools to get the job done. In arthritis, one adequate tool would consist of earmarking $16 million for arthritis research grants for next year; and a second would be the earmarking of $3 million for an arthritis research and training grants program so that the 22 programs which are to be phased out in 1975 could be retained with a full complement of trainees, and so that 18 additional programs—still short of the number in existence in 1960—could be initiated. This would be a major step toward resolving one of the most, critical problems, if not the most, in arthritis research, the insufficiency of trained manpower.

I would like, therefore, Mr. Chairman, to submit the Arthritis Foundation's proposed fiscal year 1975 budget for the arthritis programs of

the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) which is attached to my written statement calling for an expenditure of $23,317,000 or approximately $1 for every arthritis victim in America. I respectfully urge this committee to adopt this budget if they want to see arthritis research move forward in 1975 and, hopefully, thereafter.

The Arthritis Foundation is cognizant and is most appreciative of this committee's actions in the past on behalf of arthritis, and realizes that the budget problems of the last 2 years in regard to medical research did not result from this committee's recommendations.

We would hope that those years of confoundment are over and that this committee will be able to recommend in its report an appropriate sum of additional funds for arthritis research and training in 1975.

[The attachment follows:]

THE ARTHRITIS FOUNDATION'S PROPOSED FY-1975 BUDGET FOR THE ARTHRITIS PROGRAMS OF THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES (NIAMDD)

YEAR		RESEARCH GRANTS	FELLOWSHIP AND TRAINING GRANTS	MODIFIED RESEARCH TRAINING GRANTS	RESEARCH AND DEVELOPMENT CONTRACTS	INTRAMURAL RESEARCH	TOTAL
1974	Spending Level	$ 10,254,000	$ 1,276,000	$ 180,000	$ 30,000	$ 2,201,000	$13,941,000
1975	President's Budget	10,509,000	144,000	360,000	580,000	2,267,000	13,860,000
1975	Budget as Proposed by The Arthritis Foundation	16,000,000	3,000,000	550,000	1,000,000	2,767,000	23,317,000

TOTAL BUDGET REQUEST FOR THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES:

$186,000,000

Mr. FLOOD. Thank you very much, Senator. We have been aware of your special interest in this for some time and we appreciate your appearance here today.

Mr. BOGGS. Thank you, Mr. Chairman.

TUESDAY, MAY 7, 1974.

OSTEOARTHRITIS

WITNESSES

DR. ROLAND MOSKOWITZ, ASSOCIATE PROFESSOR OF MEDICINE, CASE RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND, OHIO, REPRESENTING THE AMERICAN RHEUMATISM ASSOCIATION

MARK E. TALISMAN, ADMINISTRATIVE ASSISTANT TO REPRESENTATIVE CHARLES A. VANIK, OF OHIO

Mr. FLOOD. The American Rheumatism Association, Dr. Roland Moskowitz, associate professor of medicine, Case Reserve University School of Medicine, Cleveland, Ohio.

Mr. TALISMAN. I am Mark E. Talisman, Congressman Vanik's administrative assistant. Mr. Vanik, as you know, holds you in great and high esteem and wanted to be here but has committee business he is attending.

Dr. Roland Moskowitz is a constituent of ours, one of the senior medical faculty members at Case Reserve University in our area. We wanted him to be introduced properly to the distinguished committee and express our hope his testimony will be as helpful as we have found him to be in Cleveland.

Thank you.

Mr. FLOOD. Welcome, Doctor.

Dr. MOSKOWITZ. Mr. Chairman and members of the committee, it is a privilege to be able to appear before you today to represent the position of the American Rheumatism Association section of the Arthritis Foundation in respect to the fiscal year 1975 budget of the arthritis program of the National Institute of Arthritis, Metabolism, and Digestive Diseases. My name is Roland W. Moskowitz. I am a graduate of Temple University School of Medicine, Philadelphia, and received my training in internal medicine and rheumatology at the Mayo Clinic.

I was a member of the teaching faculty at Temple University School of Medicine in Philadelphia, Pa., from 1960 to 1962, at which time I was also chief of the Arthritis Clinic of Division B at the Philadelphia General Hospital. I have been at Case Western Reserve University on the faculty since 1962 where I am head of the inpatient unit of the arthritis service. In addition, I am consultant in rheumatology to the Cleveland Veterans Administration Hospital and consultant to Highland View Hospital for chronic disease and rehabilitation. I hold membership in a number of professional medical associations such as the American Rheumatism Association, American College of Physicians, Central Society for Clinical Investigation, and American Federation for Clinical Research. I have been past president of the

Cleveland Rheumatism Society, Ohio State Rheumatism Society, and the North Central Clinic Society. I have been privileged to be a member of the board of trustees of the Arthritis Foundation and a member of its executive committee. I am a member of the executive committee of the American Rheumatism Association and am presently chairman of the National Chapter Medical Coordinating Committee of the Arthritis Foundation. I served for 2 years in the U.S. Air Force at the 5001st Air Force Hospital in Fairbanks, Alaska, where I was also rheumatology consultant to the Alaskan Air Command.

In my testimony today, I would like to speak on just one of the many important areas of arthritis research today which are greatly underfunded—degenerative joint disease (osteoarthritis), the most common form of arthritis in man.

WHAT IS OSTEOARTHRITIS?

Osteoarthritis is a slowly developing disease of joints, characterized by degeneration or breakdown of cartilage, proliferation to form large spurs, cystic changes in periarticular bone, and hardening of bone beneath the cartilage. Clinically, it is associated with a gradual development of joint pain, stiffness, and limitation of motion with eventual crippling when severe. Its symptoms are discernible as early as the second decade of life. By age 40, 90 percent of all persons will show degenerative changes in weight-bearing joints. In older groups, it is an almost universal finding, occurring in up to 95 percent of persons in different series. Its prevalence and impact can be readily seen by the following data:

Forty and one-half million, or 37 of each 100 adult civilians in the United States over age 18, have osteoarthritis to some degree when X-rays of the hands and feet are made in a randomized sample of the population.

The incidence of osteoarthritis steadily increases from 4 cases per 100 persons at age 18 to 24 years to 85 cases per 100 persons at 75 to 79 years of age.

Twenty-three percent of patients with osteoarthritis (9 of 100 persons in the population—approximately 9 million adults) have moderate or severe symptomatic disease.

The rate of occurrence for men under age 45 years is twice that for women; over age 55, the prevalence is greater in women.

The disease is moderate or severe in 35 percent of persons over age 65.

Studies from other countries reveal similar findings.

In England, for example, 85 of 100 adults over age 55 have mild to severe osteoarthritis.

The Social Security Administration reports that arthritis is second only to heart disease in terms of numbers of workers disabled—625,000 because of heart, and 300,000 because of arthritis. In 1973, social security disability payments to arthritics were running at an annual rate of $660,000,000. Fifteen-percent of all disability payments go to arthritis victims. Although rheumatoid arthritis is considered to be a much more severe crippler than is osteoarthritis, nearly twice as many osteoarthritis victims receive disability payments as do those diagnosed as rheumatoid.

In 1972 random sampling of the 2,200 members of the American Rheumatism Association it was found that osteoarthritis was the third most common rheumatic disease treated by rheumatologists. A vastly greater number of patients with osteoarthritis are treated by general practitioners, specialists in internal medicine, and orthopedists. Although the majority of patients were cared for by nonrheumatologists, the numbers of patients referred for treatment by a specialist in the field reflect the massive problem produced by osteoarthritis as it reaches the more chronic and disabling stages of joint dysfunction.

Although formerly considered a benign form of arthritis, pathologic abnormalities and symptoms have always been known to be frequently severe and disabling, especially if certain joints such as the hip, knee, or spine are involved. This concept of osteoarthritis being a benign disease has tended to hamper research and clinical interest since the overwhelming opinion was that it was merely an inevitable disease of aging. Now, however, recent epidemiologic studies have demonstrated that it frequently is not benign but, indeed, often a disabling crippling disorder. Renewed clinical and experimental interest in osteoarthritis has been stimulated by such studies suggesting that osteoarthritis is not an inevitable concomitant of aging but, rather, may develop as a result of various biochemical and biomechanical mechanisms capable of interruption by possible specific therapy.

WHAT IS THE PRESENT STATE OF KNOWLEDGE ABOUT OSTEOARTHRITIS?

Treatment at the present time is symptomatic rather than specific, since the exact cause of osteoarthritis is unknown. Despite the fact, however, that only symptomatic therapy is available, much can be done to help patients afflicted with this disorder if care can be instituted by well-trained physicians. In patients in whom the disease is benign, reassurance that the disease in most cases can be readily controlled is an important facet of therapy. In other patients with more severe disease, ostoearthritis should not be ignored and undertreated. Strain factors which lead to abnormal joint stress can often be corrected. Weight reduction is a important component of the treatment program, especially in markedly obese persons. Physical therapy with appropriate exercises and local applications of heat are of relief in joint stabilization and relief of pain and muscle spasm. Use of appropriate analgesic and anti-inflammatory medications is beneficial in relieving pain. A number of surgical procedures can be used to correct structural abnormalities which produce abnormal stresses in cartilage. Later, surgery is directed toward reconstruction of abnormal joints. With the advent of partial and total prosthetic devices, many patients who previously could not be benefited, are restored to a useful existence with gratifying relief of pain and disability.

Although the exact cause of primary osteoarthritis is as yet unknown, a number of local and systemic factors have been implicated in pathogenesis on the basis of prior research efforts. Genetic factors appear to be involved in certain forms of the disease, particularly in osteoarthritis of the fingers. This condition appears to depend on a single autosomal gene, which is sex-influenced and dominant in women. In elderly women, the frequency of involvement is as high as 30 percent. As a result of prior research, strains of mice which develop

osteoarthritis have been developed. These animals represent a useful model for study of pathogenesis and treatment of the disease.

Metabolic factors may also play a causative role in disease development. An increased frequency and severity of degenerative joint disease has been described in patients with diabetes mellitus. Endocrine factors have also been implicated as being of possible etiologic importance in disease development. Growth hormone and a newly described hormone, somatomedin, have been shown to stimulate cartilage cells with excess proliferation resulting in cartilage degeneration. Osteoarthritis in certain strains of mice appears to be related to sex hormones. Aged male mice, for example, are more susceptible than females to spontaneous osteoarthritis.

Although the above general mechanisms have been shown to be of possible importance in osteoarthritis and are the subject of ongoing studies, an intensified interest in osteoarthritis research over the past decade has revealed an hypothesis of pathogenesis related to changes operating in a more basic level of cartilage and bone function. Abnormal biomechanical stresses in cartilage appear to be important in disease initition. These abnormal stresses are associated with an activation, formation, and release of proteolytic digestive enzymes from cartilage cells. These enzymes cause breakdown of the supporting cartilage tissue (proteoglycans). Breakdown and decreased concentration of this cartilage matrix eventually results in cartilage ulceration and eventual osteoarthritis.

Various data have been developed as the result of prior research which supports components of this hypothesis. Abnormal biomechanical forces have been measured. One of these techniques of measurement is the "Instant Center" which is based on the concept of joint rotation. Abnormalities in instant center are associated with cartilage breakdown. Evidence for possible role of digestive enzyme in cartilage breakdown has been shown in routine pathologic studies of osteoarthritic cartilage under the microscope. These microscopic techniques have utilized not only ordinary light microscopy, but also more sophisticated and revealing forms of microscopy, including the electron microscope. Loss of cartilage matrix appears as empty halos around cartilage cells. This distribution of cartilage loss is consistent with release of digestive enzymes from in the cell to the area around the cell. Further investigational studies have demonstrated an actual increase in enzyme content of cartilage cells in osteoarthritic cartilage as compared to normal.

Knowledge of the above biomechanical and biochemical concepts is helping us to further understand the gross and microscopic changes seen in osteoarthritis. Although these concepts represent only an hypothesis of cause, they are of value in that they provide reasonable avenues of study for further investigational efforts and direction for specific research efforts.

Studies of the above concepts would be greatly aided by the availability of experimental models that simulated the human disease in cause and pathology. Although experimental techniques that produce changes simulating certain components of the disease have been available in the past, newer models reproducing disease more completely have been devised. Further efforts to develop models simulating the human disease more closely in cause and pathology will be of inesti-

mable value in studies of cause and, ultimately, therapeutic measures to prevent, retard, or reverse the disease process.

GOALS AND PRIORITIES OF FUTURE CLINICAL AND RESEARCH EFFORTS IN OSTEOARTHRITIS

Our long term goal is to obtain a striking advance in the clinical management of these diseases based on rationally developed scientific knowledge of disease mechanisms. To reach this goal, detailed understanding of the normal and abnormal structure, fuction and metabolism of cartilage, bone, synovial lining and synovial fluid structures which are the specific site of disease must be obtained. The manner in which the regulating mechanisms fail and how the structure and fuction become aberrant, must be understood if we are to be able to devise powerful therapeutic modalities to prevent joint deterioration, or to restore the normal state of these tissues once afflicted. Over the past two decades, efforts of industry and academic research institutions in multiple scientific disciplines have brought to the research laboratory powerful new tools and methodologies for accomplishing specific goals leading to the long term goal-prevention and effective specific treatment of osteoarthritis.

(1) New organ and cell culture methods for connective tissues whereby cartilage can be grown in the test tube. The availability of these tissues allow detailed study of cartilage function and response to various noxious influences. Various genetic effects can also be studied. New hormonal and other factors which must be studied under a host of conditions can be more readily appraised in these systems.

(2) New ultramicro biochemical and morphologic methods to study cartilage cells and cartilage matrix metabolism and structure have been devised. These include techniques whereby extremely small amounts of cartilage tissue can be studied both in experimental animals and in cartilage removed from the human when joint structures are indicated for removal in present treatment procedures. More powerful microscopes such as electron microscopes are capable of studying tissue structures at the most fundamental levels.

(3) New immunologic techniques for study of cartilage proteins and antigenic sites which might be involved in cartilage breakdown have been developed.

(4) Methods for assessment on a biochemical basis of sequence of amino acids in proteins of connective tissue have been developed.

The above methods allow us to bring into more detailed view the data required for unraveling pathophysiologic events in connective tissue in osteoarthritis.

Utilizing these methods, research can be directed toward two sharply defined objectives: First, define the series of biologic events that lead to destruction of articular cartilage and based upon this knowledge, prevent the development of osteoarthritis and retard its progression; and second, to learn why lesions of articular cartilage, unlike other tissues, do not heal spontaneously, and to discover methods to induce repair of these lesions.

HIGH PRIORITY STUDY EFFORTS

The review of the hypothesis of concept of etiology previous outlined serves as a basis for future specific study efforts of the highest priority. These include the following:

(1) Detailed knowledge of normal joint biomechanics is essential if we are to determine initiating changes involved in the onset of osteoarthritis. Mathematical models based on known properties of cartilage and subchondral bone should be utilized to correlate joint breakdown with abnormal biochemical forces. Studies of vast amounts of data so obtained can be readily carried out by appropriate use of computers. Work such as this is already in progress but needs to be intensified in quantity.

(2) A delineation of the biochemical structure of cartilage components must be obtained if the interrelationships of cartilage breakdown and digestive enzymes is to be attained.

(3) Characteristics of enzymes that degrade cartilage components must be ascertained. The biologic events that lead to activation, increased production and release of these enzymes from cartilage and synovial lining cells must be better understood. These enzymes which breakdown cartilage will have to be isolated and characterized. There is an excellent chance that specific chemical inhibitors of these enzymes can be identified which may be effective in retarding the progression of degenerative joint disease. Several of these enzymes have already been described in normal cartilage. These includes acid and neutral cathepsins which have been partially characterized as to pH optimum, kinetics and substrate specificity. However, there is no information at present as to whether these enzymes are the same ones involved in degenerative joint disease process. In order to determine this, the enzymes must be isolated in pure form, and characterized as to physical and chemical properties. Substrate specificity must be identified. Specific chemical inhibitors capable of selectively inactivating these enzymes should be identified.

One or more laboratories isolating these enzymes should prepare them in sufficient quantity so that the enzymes are available to other laboratories involved in the study of cartilage in normals and in patients with degenerative joint disease. Antibodies to highly purified enzymes should be prepared to determine which of these enzymes are present quantity in normal and osteoarthritic cartilage, and to describe the distribution of these enzymes in relationship to the histopathology of the human osteoarthritic lesion.

In other laboratories, the biochemical properties of these enzymes and their specific action on a highly purified cartilage component should be described precisely and in detail to provide the basis for a systematic search for chemical inhibitors effective in the treatment of degenerative joint disease.

(4) The role of collagen and specific enzymes which digest collagen should be evaluated. Collagen is a major component of cartilage tissue and recent studies suggest that its breakdown may be closely related to the osteoarthritic process in some situations.

(5) Hormonal changes related to cartilage stimulation should be studied. Normal cartilage control mechanisms can then be better

identified. An alternative to selective inhibition of enzymes in the treatment of osteoarthritis is the use of hormones or other substances which stimulate cartilage to repair, thus negating the breakdowns process. One such hormone, somatomedin, has already been identified and has been studied in only a few laboratories.

(6) Joint lubrication studies, particularly with reference to synovial fluid characteristics and its interrelationship with cartilage, will serve to better identify the biomechanical forces related to initiation of degenerative joint disease. Synvoial fluid is also important in nutrition of cartilage. Specific studies relative to the mechanisms whereby nutrition reaches cartilage surfaces would serve as an important focal point for possible treatment.

(7) Experimental models. As noted before, the availability of experimental models would allow a more intensified drive toward studies of pathogenesis and treatment. Although some of these models are available, models more closely simulating osteoarthritis must be developed if we are to more closely approximate the changes seen in the spontaneously occurring human disease. The availability of these models will allow more rapid testing of numerous therapeutic agents which can be tried, based on rational results of experimental studies. A number of these experimental model systems are already available and capable of being effectively utilized. Use of these models can have a powerful impact on moving ahead to effective findings is the field of study in osteoarthritis.

(8) Epidemiologic studies have been carried out, particularly with relationship of osteoarthritis incidence to age, sex, and climate. Further epidemiologic studies related to other variables should be pursued. In particular, genetic studies may help us to develop leads as to biochemical or enzyme defects predisposing persons to the development of osteoarthritis. Detailed family studies of groupings of osteoarthritic patients should be characterized as to their detailed genetic makeup.

(9) Increased delivery of care through patient and professional education.

The above studies reflect specific goals directed to determination of the cause of osteoarthritis and efforts to develop specific methods of therapy. Although these represent future short term and long term goals, the present state of the knowledge is such that much can already be done on a symptomatic basis to help patients already afflicted with the disease. An immediate goal should be the delivery of appropriate care and treatment to patients already afflicted with osteoarthritis. This will require the use of public education methods to bring the patient to the physician. All too often the patient deprives himself of effective treatment by virtue of the misunderstanding that "nothing can be done for arhritis". It is an obvious corollary that patients seeking help from the physician will be minimally aided unless intensive professional education, both at the undergraduate and graduate levels, as to appropriate methods of therapy is carried out and made available.

Although general screening methods using radiology can be utilized for research epidemiologic studies, identification of patients afflicted with osteoarthritis most pragmatically at this time would involve identification of patients with symptomatic disease. Prospective and retrospective studies of the natural course of the disease in patients afflicted

with osteoarthritis should provide insight into pathogenesis and response to various methods of treatment.

What are the current manpower resources in osteoarthritis, both clinical and research?

Although a great deal of progress has been made in the last decade in studies of cartilage and, specifically, in studies of osteoarthritis, the numbers of well-trained investigators working in this field is tragically limited. In one review of research grants in osteoarthritis supported by the National Institutes of Health in 1970, less than one dozen research programs were being supported. Well-trained investigators have been leaving the field because of lack of support. Based on the huge losses in terms of economic factors and human suffering, the amount of money invested in research in osteoarthritis at present is unfortunately small. As demonstrated in other disease states such as polio, measles, and viral hepatitis, expenditure of adequate funds for research can result in huge savings in terms of cost for treatment, economic loss due to disability, and inestimable losses due to human suffering. A breakthrough in knowledge regarding pathogenesis of the disease and development of specific means of interdicting the degenerative process can be particularly beneficial in a disease affecting so many people. Adequate support is required for well-trained investigators and funds for experimental projects. Although corrective surgery can return many victims of osteoarthritis to a normal, or near normal, existence, there are millions of victims of osteoarthritis who desperately need many more therapeutic options open to them than are now available. Advances already made in the field make such a breakthrough feasible. The state of present knowledge and a well-directed and well-funded program of specific goals and priorities would provide reasonable hope that specific methods to prevent, retard or reverse the osteoarthritis process will be forthcoming in the near future.

As a specific example of the possible benefits to accrue from an increase in the numbers of trained investigators, effective experimental models are available already to some degree which make feasible intensive therapeutic trials of various agents in prevention, retardation or reversal of osteoarthritic lesions. Several of these models have been developed in my own laboratory. It requires approximately $5,000 or $6,000 and 3 to 4 months for one technician to carry out a well-devised controlled study to test each agent.

This would allow my laboratory to test at most two drugs a year and, more practically, only one drug a year if we are to continue on other phases of our research. Testing enzyme inhibitors already available would require 4 to 6 years with the present numbers of investigative personnel available.

On the other hand, tripling or quadrupling the numbers of personnel would obviously speed up the experimental trial procedures. It is of interest that a grant designed to test such agents was approved by the U.S. Public Health Service in 1973, but was not able to be funded due to lack of sufficient funds. In essence, what was being said, was that the project was feasible and practical, but that support was not available.

At present there are approximately nine investigative groups throughout the entire Nation whose primary research interest is osteoarthritis. These groups require substantially increased support to enlarge their programs so that we may speed up research in this important field. May I respectfully suggest, therefore, to this committee, Mr. Chairman, that you give special attention to the need for special recognition of those investigators and research centers which are capable of undertaking the task of resolving the osteoarthritis problem, and to the financial stimulation to develop those resources by which they could better carry on further aspects of the research goals and priorities outlined above.

Achievement of delivery of health care in the rheumatic disease field and development of the research effort to conquer the various problems in the field of arthritis will be severely limited in the absence of that significant increase in funding. A budget of approximately $16 million in extramural research grants, $3 million for research training grants, and $2.8 million for intramural efforts will allow a more realistic overall effort to be carriedout in the rheumatic disease field. A line item budget for the arthritis program of the National Institute of Arthritis, Metabolism, and Digestive Diseases accompanies this report.

Arthritis research funds should be apportioned to cover needs related to all diseases in the field, with close attention being paid to priorities not only among disease states, but also to priorities and goals within the disease states themselves.

The frequently close relationship between research in arthritis and research efforts in other fields such as cancer, heart disease, metabolic and digestive diseases should allow a productive overflow of investigative knowledge which will be of help to a wide spectrum of disease states. Failure of adequate support, on the other hand, will severely limit progress in the field of arthritis research and its attendant benefits to other disciplines.

We look to this committee now, as in the past, to thoughtfully consider the various priorities placed before it and to acknowledge those which it thinks can best be afforded the opportunity to use Federal moneys in the wisest manner possible.

[The attachment follows:]

THE ARTHRITIS FOUNDATION'S PROPOSED FY-1975 BUDGET FOR THE ARTHRITIS PROGRAMS OF THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES (NIAMDD)

YEAR		RESEARCH GRANTS	FELLOWSHIP AND TRAINING GRANTS	MODIFIED RESEARCH TRAINING GRANTS	RESEARCH AND DEVELOPMENT CONTRACTS	INTRAMURAL RESEARCH	TOTAL
1974	Spending Level	$ 10,254,000	$ 1,276,000	$ 180,000	$ 30,000	$ 2,201,000	$13,941,000
1975	President's Budget	10,509,000	144,000	360,000	580,000	2,267,000	13,860,000
1975	Budget as Proposed by The Arthritis Foundation	16,000,000	3,000,000	550,000	1,000,000	2,767,000	23,317,000

TOTAL BUDGET REQUEST FOR THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES:

$186,000,000

TUESDAY, MAY 7, 1974.

NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND STROKE BUDGET

WITNESSES

DR. PAUL C. BUCY, CHAIRMAN, NATIONAL COMMITTEE FOR RESEARCH IN NEUROLOGICAL DISORDERS
DR. FRANCIS O. SCHMITT, PROFESSOR AND DIRECTOR OF NEUROSCIENCES OF THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY
DR. THOMAS LANGFITT, PROFESSOR OF NEUROLOGICAL SURGERY AND VICE PRESIDENT FOR HEALTH AFFAIRS OF THE UNIVERSITY OF PENNSYLVANIA
COL. HARRY W. McCURDY, M.D., EXECUTIVE DIRECTOR OF THE AMERICAN COUNCIL OF OTOLARYNGOLOGY, WASHINGTON, D.C.
JOHN P. COSGROVE, WASHINGTON REPRESENTATIVE OF THE NATIONAL COMMITTEE FOR RESEARCH IN NEUROLOGICAL DISORDERS

Mr. FLOOD. The National Committee for Research in Neurological Disorders.

Dr. Bucy, we are glad to see you again. You have appeared here many times. You know how to begin and end.

STATEMENT OF DR. PAUL C. BUCY

Dr. BUCY. We will try, sir. Thank you very much.

Before I begin I would like to introduce some other gentlemen to you, as a matter of fact a very distinguished group. Prof. Francis Schmitt who is the director of the Institute of Neurosciences at MIT; Dr. Thomas Langfitt, vice president for health affairs of the University of Pennsylvania and head of the Department of Neurological Surgery; and Dr. Harry Kurt McCurdy, executive director of the American Council of Otolaryngology. All of these represent different phases of interest of the Neurological Institute. And, of course, Mr. Cosgrove whom you know.

I will submit my statement.

[The statement follows:]

TESTIMONY REGARDING THE APPROPRIATIONS FOR NINDS FOR FISCAL YEAR 1975

Hon. Daniel J. Flood, chairman, and the other members of the Subcommittee on Appropriations for Labor and HEW of the House of Representatives.

Gentlemen, we very much appreciate the privilege to appear before you to testify regarding the financial needs of the National Institute of Neurological Diseases and Stroke for fiscal year 1975.

I am Dr. Paul C. Bucy, chairman of the National Committee for Research in Neurological Disorders. This national committee represents approximately 50 voluntary health agencies and professional and scientific societies which are interested in improving the understanding of the nervous system and the various sensory organs, and of the diseases which affect them. We are a committee of citizens concerned with the welfare of the American people, particularly those who are victims of neurological and communicative diseases. I am also emeritus professor of surgery (neurosurgery) of Northwestern University School of Medicine in Chicago, and clinical professor of neurology and neurosurgery of the Bowman-Gray School of Medicine, Winston-Salem, N.C.

I should also like to introduce to the subcommittee the gentlemen who accompany me. They are Dr. Francis O. Schmitt, professor and director of the

Division of Neurosciences of the Massachusetts Institute of Technology. Dr. Schmitt is one of the world's most outstanding neuroscientists, and was so recognized in the articles on the nervous system which appeared recently in the American magazine, Time, and the French magazine Paris-Match. Dr. Thomas Langfitt, professor of neurological surgery and vice president for health affairs of the University of Pennsylvania. Col. Harry W. McCurdy, executive director of the American Council of Otolaryngology, Washington, D.C., and Mr. John P Cosgrove, Washington representative of the National Committee for Research in Neurological Disorders.

Diseases of the nervous system differ from those of other organs of the body in several respects. They are for the most part chronic diseases which cripple and disable their victims for the rest of their lives. Among the many diseases which are found in this category are epilepsy, multiple sclerosis, cerebral palsy, muscular dystrophy, myesthenia gravis, Down's syndrome (also known as mongolian idiocy), Tay-Sachs disease (also known as familiar amaurotic idiocy), Huntington's disease (also known as Huntington's chorea), Parkinson's disease or paralysis agitans, peripheral neuritis, deafness, stroke, brain tumor, tumor of the spinal cord, head injury, paraplegia and quadriplegia due to spinal cord injury, spina bifida and other developmental disorders of the nervous system and the sensory organs. Meniere's disease, encephalitis, meningitis, myiitis, brain abscess, aphasia, myelopathy due to intoxications and systemic diseases, episodic violent behavior, presenile dementia, and other disorders of personality and behavior due to organic disease of the brain, amyotrophic lateral sclerosis, disorders of the nervous system from sickle-cell anemia, hydrocephalus (water on the brain), hardening of the arteries (arteriosclerosis) of the brain and spinal cord, Friedreich's ataxia, herniated intervertebral discs, injury of the nervous system at birth, and many, many other conditions.

In contrast with other human diseases the neurological and communicative disorders are different in that they are diseases which so frequently affect our children and young people and paralyze, and disable them for the rest of their lives. They are also the diseases responsible for filling so many of our public institutions for those who require prolonged care, or must be segregated from the rest of society. Thus, these are the diseases which fill our schools for the deaf, our epileptic colonies, our nursing homes with the victims of stroke, multiple sclerosis, head and spinal cord injury, or our institutions for the mentally retarded or the mentally ill. Thus, these are the diseases which render so many of our young people, unable to be producing tax paying citizens, public burdens. In addition to disabling our youth, these are the diseases which kill so many of our citizens. Stroke is the third most common cause of death in this country and injury to the nervous system is the fourth. Furthermore, injury to the brain and spinal cord is the most common cause of death of our citizens under 40 years of age.

In short, neurological and communicative disorders are among the most important of all human ills. But we have not acted as though they were. For years we have discriminated against the children and young people who suffer from so many of these diseases and against the older people who are the victims of stroke. Of all of the 10 institutes of NIH the Neurological Institute is one of a few which during the last 8 years has only twice had an increase in its operating budget.

The appropriations available for NINDS since 1967 were as follows:

	Millions
1967	$110
1968	108
1969	107
1970	106
1971	105
1972	116
1973	105
1974	119

Dismal as these figures are they do not tell all the story. Due to the steady inflation which has eroded the value of the dollar, the funds available to NINDS in 1974 and recommended in the President's budget for fiscal year 1975 represent only 66 percent of the purchasing power of the budget of 1968. It is obvious that with such an inadequate budget NINDS cannot meet the responsibilities placed upon it by the Congress, or its responsibilities to the American people and can not provide the knowledge necessary to improve the understanding and treatment of the neurological and communicative diseases.

To look at the situation in another way, what has been the result of this inadequate budget under which NINDS has been operating?

The facts are:

(1) NINDS has had a reduction of more than 150 in its staff.

(2) The new staff that has been recruited has by administrative order been at a lower grade than those they replaced.

(3) NINDS has been gravely handicapped in recruiting the outstanding scientists needed for its intramural staff at the research center in Bethesda because the salary scale is so low that it can not compete favorably with institutions outside of NIH.

(4) Of the research projects and programs found worthy of support by the various review committees of NIH and by the Advisory Council of NINDS it has been possible to support less than 50 percent. If the recommendation in the President's budget for fiscal year 1975 is followed, over 50 percent of the proposed research judged worthy of support will not be funded.

(5) Continuation of the limited training programs of NINDS will require $9.5 million. The President's budget provides $3.5 million for this purpose. This will seriously damage training and further compound the recently implemented decision of the administration to abolish the former training programs of NIH.

(6) The acute spinal cord injury clinical research centers which NINDS established in accordance with the directive of Congress have been funded at less than half the amount requested and needed because of the smallness of the NINDS budget. It has not been possible for some of these centers to purchase essential expensive equipment, such as electron microscopes, because of the lack of funds. It has not been possible for some of these centers to make sufficient necessary architectural alterations because of lack of funds.

Some have said that the Federal Government cannot provide the needed budget for NINDS because its funds are not sufficient. Let us look at the facts. The receipts of the U.S. Government since 1968 have been as follows:

	Billions
1968	$153
1969	187
1970	193
1971	188
1972	208
1973	232
1974 [1]	270
1975 [1]	295

[1] Estimates. Figures as to receipts obtained from the Office of Management and Budget.

Obviously with receipts in 1975 which are 193 percent of those in 1968 lack of money is no excuse for reducing the budget of NINDS.

The National Committee for Research in Neurological Disorders has looked carefully at the operations of NINDS, at its responsibilities and at the requests being made of it. It is our recommendation that the budget for NINDS for fiscal year 1975 be $192.5 millions.

The national committee suggests that this figure be broken down as follows:

	Millions
Research:	
Projects	$110
Centers	10
Research career awards	3
Total	123
Training:	
Training Grants	23
Traineeships	2
Fellowships	2.5
Total	27.5
Total grants	150.5
Direct operations:	
Contracts	14
Labs and clinics	14
Other	14
Total	42
Grand total	192.5

It may appear to some members of this subcommittee that this is an excessive increase in the budget for NINDS. It is not. Since 1968 the responsibilities of NINDS have been steadily expanded. It has been given the responsibility for research on stroke, on head injury, and on spinal cord injury. The slow viruses which may be responsible for a variety of neurological diseases, such as multiple sclerosis, have been discovered and must be intensively investigated. Chemotherapy has cured some malignant tumors of the brain in man; that others can also be cured must be vigorously pursued. The possibility of curing many very young children of deafness has been disclosed. This must also be investigated along with a program to identify the very young children who may be suffering from impairment of hearing. If such impairment exists and if it is to be successfully treated this must be done within the first few years of life.

The $192.5 millions recommended by NCRND because of inflation compares to only $127 million of 1968 dollars. The cut in the budget of NINDS which has been made over the past 7 years cannot be continued. It is not fair to our children and young people who are the potential victims of neurological and communicative disorders.

Respectfully submitted.

PAUL C. BUCY,
Chairman.

Dr. BUCY. We are asking for a marked increase in the appropriation for the Neurological Institute, for the reason that over the years it has been seriously discriminated against as compared to the other Institutes.

Dr. Stone, the Director of NIH, has recently released to the Assistant Secretary for HEW a report about the various Institutes which indicates that of the various 10 institutes the Neurological Institute has suffered more so far as funding is concerned and suffered more so far as employment ceiling is concerned than any other single institute.

Now, I think our appropriations for NINDS since 1967 can be shown to you most easily with this graph.

[Dr. Stone's report and graph follow:]

TESTIMONY

Dr. Robert S. Stone, Dir. NIH, Sept. 10, 1973 - in response to requests from members of Mr. Paul Rogers committee -

	Program Funding change	Employment Ceiling change	between FY 1968 and 1974
NCI	+181.8%	+18.8%	Cancer
NHLI	+63.4%	- .9%	Heart & Lung
NIDR	+31.3%	-10.3%	Dental Research
NICHD	+59.7%	+28.6%	Child Health
NIAID	+ 9.1%	-16.3%	Allergy & Infetious Diseases
NIAMDD	- 4.1%	-12.8%	Arthritis, Metabolism & Digestive Diseases
NIGMS	-11.2%	-23.7%	General Medical Sciences
NINDS	-17.0%	-29.1%	Neurological Diseases & Stroke
NIMH	+197.3%	- 9.4%	Mental Health

(It is notable that of all of the National Institutes the NINDS has suffered most severely.)

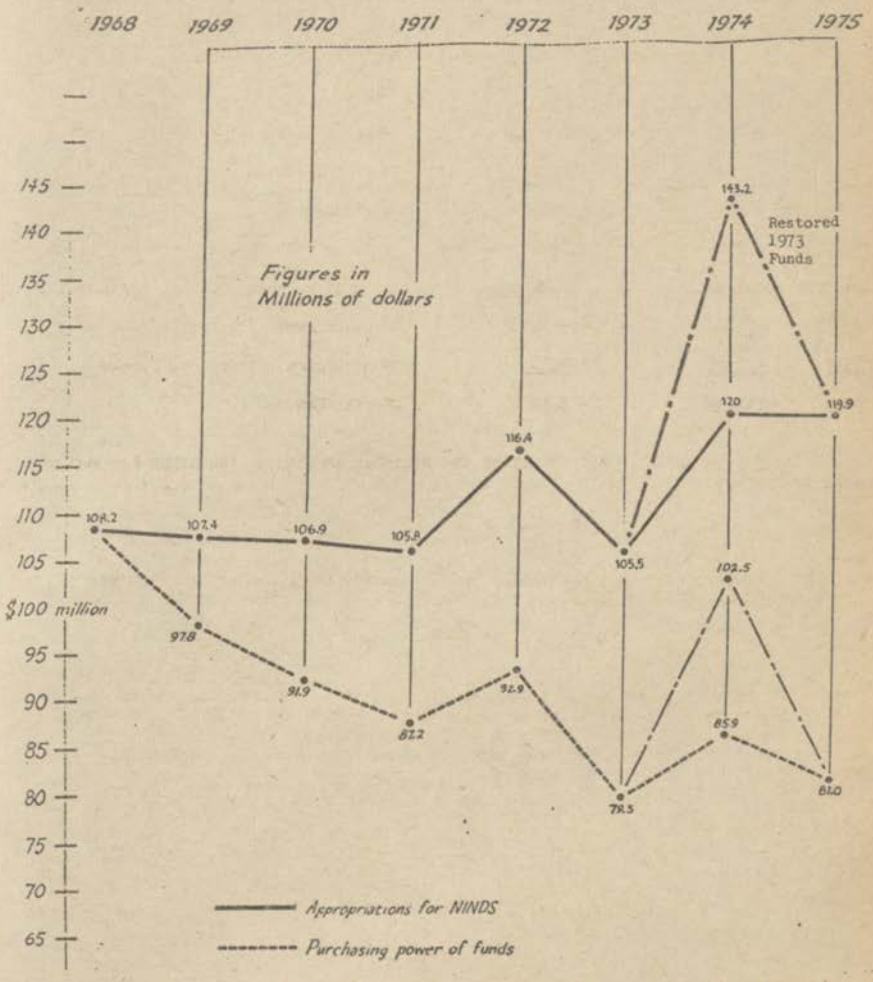
* * * * *

"NINDS has had a particular problem concerning neurology nursing service for the clinical research programs they would like to attain at the Clinical Center."

* * * * *

Of all the National Institutes NINDS had the poorest record in FY1973 so far as the funding of approved applications is concerned, except the National Institute of General Medical Sciences. NINDS funded 249 out of 825 approved application (30%) while NIGMS funded 29%. At the same time NCI funded 5%, NHLI 44%, NIAID 44%, NEI 48%, NIAMDD 34%, NIDR 38%, NIMH 67%.

Appropriation History of NINDS
Figures in million dollars



FY	Appropriation	Price Index	Purchasing Power
1967	$ 97.8	100	
1968	108.2	104.2	$ 103.8
1969	107.4	109.8	97.8
1970	106.9	116.3	91.9
1971	105.8	121.3	87.2
1972	116.4	125.3	92.9
1973	105.5	133.1	79.3
1974	120	139.7	85.9
(1974*)	143.2	139.7	102.5
1975	119.9**	148***	81.0

* Includes impounded funds carried forward from FY 1973

** Recommended figure in President's Budget

*** Inflation for 1975 at slightly more than 8%

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Dr. BUCY. The upper solid line in the graph shows the actual dollars over the years from 1968 to the President's budget of 1975. You will see that here in the last few years, 1972 and 1974, these have been slight increases; for the years 1968 through 1971 and 1973 there was an actual decrease. If, however, we consider inflation and the purchasing power of the dollar, the budget for the Institute has gone steadily downhill, as shown by the lower broken line. From the standpoint of the purchasing power NINDS has much less today and will have much less than it had in 1968.

I would also call your attention to the fact that even with the reduction which has been directed by the administration in the training programs of this Institute, their commitment for next year calls for $9.5 million.

Yet the amount available in the President's budget is only a third of that, $3.5 million, and even the $9.5 million is not an adequate amount for training.

I would also call your attention to the fact with these limited funds NINDS is able this year to support only 50 percent of the approved applications. This is an unusually high figure due to the release of the impounded funds this year. Last year and next year the figure will be closer to 20 percent of the approved applications which can be funded.

We would like to recommend, sir, to you that the budget for this Institute, and I say we, the National Committee for Research in Neurological Disorders, be $192.5 million for 1975 in order to make up in some measure for what that Institute has not been able to do over the past 8 years.

I would like Dr. Schmitt to tell you something about the neurosciences and what is needed in that area.

Mr. FLOOD. All right.

STATEMENT OF DR. FRANCIS O. SCHMITT

Dr. SCHMITT. My name is Francis O. Schmitt. I reside in Weston, Mass. I was chairman of the biology department at the Massachusetts Institute of Technology from 1942 to 1955, and was made institute professor in 1955. In 1962 I organized, and for 12 years have chaired, the neurosciences research program (NRP), an international, interuniversity, interdisciplinary organization sponsored by MIT and devoted to the advancement of neuroscience, the study of the brain, the mind, and behavior. I organized and chaired the first study section on biophysics at the NIH and have served on the National Advisory, General Medical Sciences Council of NIH, and as an adviser and consultant to various foundations and organizations concerned with neuroscience.

ROLE OF BASIC SCIENCE IN INVESTIGATING BRAIN FUNCTION IN HEALTH AND DISEASE

The brain is the most complex known mechanism. Investigation of its structure and function is important not only in developing effective treatment of neurological disorders, but also in better understanding the human mind with its many potentialities yet unknown and undeveloped.

A major advance in the study of how the brain works has been the recent unification of the disparate scientific disciplines that investigate the nervous system into a coherent research field of neuroscience, which is rapidly moving into the center of interest of biomedical science, indeed of all science. Highly gifted scientists from other disciplines of natural and medical science are joining with experts in one of another of the subdisciplines of neuroscience in a common effort to increase our understanding of the human nervous system and the mind in health and in disease. Evidence for this unification and pooling of intellectual resources is manifest in the formation in 1969 of a National Society for Neuroscience and of departments of neuroscience at a number of universities and medical schools. New archival and review journals in neuroscience have recently been established.

It is frequently possible to demonstrate clearly how basic neuroscience research has led to improvements in the prevention and treatment of disease, especially neurological and psychiatric disorders. However, training and research in basic science are worthy of full support in their own right, even when clinical applications are not evident, because they contribute to a broad base of knowledge from which completely unpredictable and unexpected clinical applications may result.

RELATION BETWEEN BASIC AND CLINICAL RESEARCH

A prominent neurosurgeon is quoted as saying that nervous disease is the least well managed of all diseases. Even closely collaborating clinical specialists are relatively helpless in the face of many of the grave diseases that affect the human central nervous system. Close interaction between basic and clinical scientists is necessary for significant advance to be made in this important area of medicine. Twenty years ago little such meaningful collaboration existed. However, with the unification of the various subdisciplines into a single neuroscience that has occurred in the last decade, we have witnessed not only the expansion of neuroscience on all fronts, but also its movement closer to clinical research on neurological disorders and the building of many conceptual and technological bridges between basic and clinical research. Vast numbers of patients have benefited from this closer alliance.

NEED FOR TRAINING SUPPORT

The unification of the subdisciplines of neuroscience poses the opportunity and urgent necessity to develop training centers and to provide funds for both predoctoral and postdoctoral training programs to be built up in these centers. It is important that investigators trained in one area of neuroscience be given the opportunity to gain a sophisticated understanding of all levels of organization of the nervous system, from the molecular and the cellular to that of brain as a tissue (neurophysiology, neuropharmacology, neuroanatomy, neuropathology, and so forth) and to behavior (psychology, psychiatry). Neuroscience is rapidly gaining momentum; its development is probably in a phase of expansion comparable to that of molecular genetics just preceding the golden decade (1955–65) when the riddle of heredity was solved. As new discoveries are being made, the momentum of neuroscience increases. But this desirable result can con-

tinue only if enough highly qualified personnel can be recruited and trained to investigate the new avenues to neuroscience that are now developing and to build bridges that can lead to clinical breakthroughs in the treatment of patients. The need for adequate training grant support cannot be over-emphasized. To fail to provide it would jeopardize the great opportunity for catalytic advance made possible by progress in the last decade.

PROMISING AREAS OF BASIC NEUROSCIENCE RESEARCH

The following list of promising research topics is by no means exhaustive, but is representative of conceptual and experimental advances recognized as being of central importance in contemporary neuroscience. Some are important for increasing our knowledge and understanding of neuroscience even though possible clinical applications are not yet apparent, while others have clear potential applications to clinical investigations.

Functional Microanatomy

It is commonly believed in lay circles that the neuronal wiring diagram of the nervous system is well known to the neurologists who must localize lesions and advise specific treatments. However, this is true only in the most superficial sense. Relatively little in fact is known about the detailed interconnections of the neuronal networks of the central nervous system. An electronics technician would be incapable of repairing a radio if he knew as little about the wiring diagram as is known about the neural interconnections in the brain.

Fortunately, recently developed techniques are assisting neuroanatomists to make new discoveries about neuronal circuits. Radioactive labeling compounds introduced into nerve cell bodies are transported down the fibrous extensions of these nerve cell bodies, the axons and dendrites, to terminals, thus outlining with black spots the course of the interconnections between cells.[1] Dye injections have been similarly helpful. Perhaps the greatest advance is that which reveals information about the chemical substances that transmit information from one neuron to another; these substances are called transmitters. Neuronal circuits utilizing certain transmitters, the so-called catecholamines, were unknown until they could be outlined in the fluorescence microscope. Now the "chemically coded" neural systems are seen to be of fundamental importance for brain function. Neural systems untilizing these transmitters (norepinephrine and dopamine) are essential for understanding the neuronal basis of mood and emotion, of sleep and wakefulness, and of other high-level neural and mental processes.

Application of histochemical stains and electron microscopic techniques have introduced functional aspects to otherwise purely descriptive microscopic anatomy. The results have greatly aided physiological and pharmacological inter-

[1] The neuron consists of a nerve cell body with many input lines, called dendrites, and one output line, the axon. Electrical signals, the nerve impulse, travel down the axon of one neuron to carry information to another nerve cell, or to muscle cells, secretory cells, or other output systems. Synapses are the specialized connections between the axon of one neuron and the dendrite or cell body of another neuron. When an electrical signal arrives at a synapse, it causes the release of a chemical substance, called a neurotransmitter, that crosses the intercellular gap to the next neuron, generating in it a new electrical signal. Many new electrical signals may be cumulated within the numerous dendrites before it "fires" an output signal down its axon to the next cell—the individual neuron thus functions as a complex computer integrating a diversity and multiplicity of inputs.

pretation of function at cellular and near-molecular levels. The impact of such advances is particularly obvious in the investigation of the functional anatomy of the retina and olfactory bulb, and lessons learned from these studies may revolutionize our understanding of the way in which information is possessed, particularly in the cortex and other areas of the brain that are vital not only for maintenance and regulatory functions, but also for higher mental processes.

Neuroplasmic Flow and Fast Transport Down Nerve Fibers

Nerve cells constantly synthesize new cellular material (neuroplasm) and, presumably by mechanical contractions of their sheaths, move this neuroplasm slowly down the fibrous axons to their terminals. In addition, there is a fast (many centimeters per day) transport mechanism whereby materials such as enzymes reach the terminals where they synthesize transmitter molecules that mediate transmission of the impulse across the synapse, the junction between neurons. Other materials are transported to terminals to be used by the innervated tissue (for example, another neuron, a muscle fiber, a gland cell, or a blood vessel). Fast transport can also occur in the reverse, upstream direction, from terminals to the nerve cell bodies. This can inform the cell center of changes in its peripheral environment and might be of great importance when endings have been traumatized or severed, because acceleration of synthesis and transport of material to endings would aid regeneration of the injured fiber.

The nerve cell is thus highly dynamic, making materials such as neurotransmitters and neurohormones and shipping them down axons and out dendrites. We are only just beginning to realize the importance of this phenomenon for long-fibered, sensory and motor neurons. The mechanism of the transport is presently unknown, but available evidence links the process with fibrous proteins (microtubules, neurofilaments, and microfilaments) that course along axons and dendrites, and possibly propel materials by a form of contractility similar at the molecular level to that which makes muscles contract.

Here is a vast field for basic research that will prove highly rewarding in understanding the regulatory processes by which neurons maintain their own functional integrity and that of the tissue they innervate.

The Nerve Cell Membrane

Many neurobiologists believe that in the dynamic molecular organization of the membrane surrounding the neuron processes occur that are as important for brain function as was that of nucleic acid (DNA) for genetic processes. But our knowledge of membrane properties is as primitive today as was our knowledge of nucleic acid 40 years ago, that is, before it was discovered how the DNA of chromosomes can store and retrieve all the information needed for the development of a person, including the brain. This analogy provides a perspective about the potential importance of the neuronal membrane for basic neuroscience.

Fortunately, membrane studies are being actively pursued by neuroscientists, biophysicists, biochemists, and immunochemists. Membrane constituents (for example, proteins and lipids) are not statically situated, but move about, quite rapidly in some cases, in the plane of the membrane; they also transport ions and metabolites specifically in both directions across the membrane. Until certain physical methods of study were applied recently, it was not realized how rapid these lateral movements may be and how they may affect molecular traffic, across and within the membrane.

Also recently discovered was the fact that there is constant communication between the genetic "headquarters" (the "nucleus") of the neuron and its membrane by virtue of the entrance into the membrane of substances synthesized within the cell under genetic orders. The properties of the excitable membrane may therefore be linked to the "experience and learning" processes of the cell. Changes reflecting this stored information can be constantly incorporated into and removed from the surface membrane, which is thus not only the effector of excitation or inhibition of the neuron, but also of processes that may be related to higher brain functions such as memory and learning.

Neurons are thought to recognize each other, both during development and during regeneration after damage, by the specific interaction and binding of certain large molecules (for example, glycoproteins and glycolipids) that extend outward from the cell-membrane surface. The chemical identification of these recognition molecules and investigation of their specific binding mechanisms will greatly illuminate processes of normal and abnormal brain development.

Artificial models of the nerve membrane have been made that are capable of conducting electrical impulses like those of nerve and of incorporating "receptor" molecules which confer specificities of interaction and of transmembrane transport very similar to those observed in the nervous system.

Membrane research, basic to an understanding of the function of neurons and of the brain, requires collaboration with physicists, chemists, enzymologists, immunologists, and other basic scientists. This type of interdisciplinary work is building a firm factual and conceptual basis for neuroscience and should be adequately supported both as research programs and as interdisciplinary training programs.

The Synapse as a Focus of Neuropharmacology and Neurochemistry

The synapse represents the crucially functioning nodes of the neutral networks that constitute the central nervous system, and a large number of well-defined biochemical steps are involved in synaptic function. This junction between cells in the nervous system has therefore become a highly important and sensitive focus of modern neuropharmacology and neurochemistry.

The basic process that occurs at the synapse is the discharge into the synaptic cleft, between the presynaptic terminal and the membrane of the postsynaptic cell, of minute amounts of transmitter molecules stored in bag-like vesicles in the presynaptic terminal. The transmitter molecules are released into the synaptic cleft by the arrival of an electrical impulse at the axon terminal. The transmitter molecules then combine with specific receptor molecules on the postsynaptic membrane and cause the postsynpatic neuron either to fire an output impulse or to inhibit its firing.

Recent electron microscopy and historchemistry have illuminated synaptic functional anatomy, including the mechanism of the storage and the discharge of transmitters from vesicles into the synaptic cleft and the postsynaptic structure. From homogenized brain tissues, intact synaptic structures (synaptosomes) have been prepared in the test tube. Such preparations have made possible valuable studies of the fine structure and composition of the synapse.

The synapse is not only sensitive to the action of transmitters, hormones, drugs, and pharmacological agents, but also manifests properties of a plasticity or variability in the interactions between presynaptic and postsynaptic elements that may provide the basis for learning and for the storage and retrieval of memories.

Transmitters in Neurophysiology and Neuropharmacology

Substances already generally recognized to be normal brain transmitters include five (acetylcholine, norepinephrine, dopamine, glutamic acid, and serotonin) that excite the postsynaptic neuron and two (GABA and glycine) that inhibit it. Their action can be studied by the use of chemical substances or drugs that block the effectiveness of the transmitters, and other substances that reinforce transmitter action. A substantial segment of neuropharmacology is concerned with such studies. In the past 10 years, considerable new knowledge has been acquired regarding the enzymatic synthesis of various transmitters, their disposition and storage in the presynaptic endings, and the mechanism of their release and enzymatic inactivation to prepare the synaptic cleft for the arrival of the next impulse.

A relationship has been established between the proper function of neuronal circuits in the central nervous system that utilize norepinephrine as transmitter (identified by fluorescent dyes) and the expression of affect, that is, mood, emotion, awareness, and mental set. Reduction in the amount and effectiveness of the transmitter dopamine, secreted by certain brain pathways, gives rise to neurological disorders, of which Parkinson's syndrome is best known. One of the great advances in recent years is the discovery that administration of L-dopa, the precursor of the neurotransmitted dopamine, relieves or cures Parkinson's disease. Following the discovery that certain drugs act as tranquillizers and are extremely valuable in the treatment of mental disease, particularly schizophrenia, it was shown that the psychotropic action of these drugs may be understood in terms of the properties of neurotransmitter-receptor systems. Antischizophrenic drugs apparently act by preventing the dopamine receptors from combining with the transmitter, suggesting that these dopamine-mediated neuronal circuits are implicated in the regulation of normal personality functions such as emotional and cognitive processes.

Certain members of a class of chemically related substances called prostaglandins have been shown to alter the action of transmitters such as norepinephrine, and to do so at a level in the postsynaptic neuron between the recptor and the energizing system of the cell. Investigations of the full physiological and pharmacological properties of the prostaglandins in normal and diseased states hold much promise, but remain yet to be worked out. The unpredictable and unexpected way in which basic research may explain clinical phenomena is illustrated by the discovery that the pain-relieving action of aspirin is mediated by its influence on prostaglandins; aspirin has been used for decades, but until recently we had no understanding of how it works.

Receptorology: The Key to the Action of Transmitters, Hormones, and Psychotropic Drugs

Transmitters, hormones, and phychotropic drugs are highly biodynamic substances that act by combining with protein molecules called receptors on the postsynaptic membrane. The firmness and specificity of the binding is great, and the alternation of the molecular organization of the receptor molecule, by a process not yet fully understood, causes excitation or inhibition of the activity of the postsynaptic neuron.

A monumental advance was recently made by isolating, purifying, and identifying certain receptor proteins that combine specifically with the transmitters acetylcholine and glycine. Receptors for dopamine and for opiates (morphine, codeine, heroin, and their chemical relatives) have also been prepared, but not yet in high purity. If a receptor protein can be isolated in a purified state, experiments can be made in the test tube with antagonists that prevent binding of the transmitter or the drug. Such research, it is hoped, will lead the way to reducing or abolishing the addictive process and the impact of drug abuse.

Glycine is an important inhibitory transmitter. The recent isolation of the glycine receptor in pure form opens the way for finding pharmaceutical chemicals that mimic the action of glycine but that bind

to the receptor far more tightly than does glycine. Therefore, such chemicals might have relaxant, antidepresasnt or other therapeutically useful effects even greater than does the normal transmitter, glycine. Knowledge of molecular receptor mechanisms enables the search for therapeutic drugs to advance on logical theoretical grounds, rather than mere empirical trial and error. Developments along these lines are ushering in a new era in phycharmacology and biological phychiatry; they deserve full financial support, not only for neurophysiologists and neuropharmacologists, but also for the organic chemist and biochemists whose work is basic to advance in this rapidly expanding field.

The Biology and Ultrastructure of Myelin

Myelin is the protein-lipid (fatlike) material which surrounds many nerve fibers and which, by virtue of its electrical insulating properties, enhances the velocity of propagation of the nerve impulse, so that in highly myelinated fibers the velocity may be as high as 100 meters per second. When myelin degenerates and is lost to the fibers, diseases such as multiple sclerosis, encephalomyelitis, and other degenerative disorders result.

It has long been known that myelin is produced not by the nerve cell, but by the membranes of satellite (glial, Schwann) cells which become wrapped many times around the fibrous avon. The chemical composition and molecular organization of the compacted helically packed membranes that compose myelin have been determined by chemical analyses and by X-ray crystallographic studies. More basic knowledge about myelin is necessary if we are to understand the pathological proceses of demyelinating diseases.

Experimental models of allergic encephalomyelitis and neuritis in laboratory animals have been produced; these are inflammatory disorders of, respectively, the central nervous system and the peripheral nervous system. A protein, which when used to make an antiserum induces the experimental disease, has been isolated and the chemical composition and the structure of this protein have been determined. A particular part of the protein molecule seems to be required to produce the disease, and this part has been identified chemically. Thus, first steps have been taken in finding the causes of demyelinating diseases, and perhaps their prevention or cure. However, much more knowledge of the biology and the biochemistry of myelin must be obtained to provide an adequate basis for understanding these dread diseases.

Viruses and the Brain

Chronic infection of brain tissue by "slow" viruses is of great interest to the neurobiologist—and ultimately to the neuropathologist. The mechanism by which the genetic information of some of these viruses remains latent in host cells for long periods (10 to 20 years) until derepressed or otherwise "activated" is of obvious interest to the neuropathologist and virologist; the activation of the latent virus may result in acute syndromes such as kuru, a destructive and usually fatal brain disease found in New Guinea, and perhaps also certain presenile dementias such as Alzheimer's disease.

Such long-lasting viral action is relevant to one of the most vexing problems of neuroscience, i.e., the nature of the physical and chemical

processes by which memory may be stored in retrievable form over the span of a long lifetime. Discovery of how viruses survive within the nervous system for such long times may lead to a better understanding of how the "engrams" of long-term memory may be stored and retrieved on conscious demand.

Critical Factors in Brain Development

Only relatively recently has it been realized that certain factors are critically necessary for the brain to develop normally; an absence of these factors may result in permanent brain damage. Among them only three of the most interesting ones will be mentioned.

1. Nutritional Factors

Most studies of nutritional effects on brain development have concentrated on prenatal and postnatal protein deficiencies or total caloric deficiencies. The specific effects of such deficiencies depend heavily on the time at which they occur, since the effects of deprivation are most severe in brain regions undergoing rapid maturation. For example, postnatal malnutrition in the rat produces a specific deficit of glial cells [2] but not of neurons because neuronal cell division is complete at birth. Prenatal malnutrition, on the other hand, can produce permanent deficit in neuronal number. These are brain-regional effects; prenatal malnutrition has only a slight effect on the cerebellum, which completes its cell division postnatally, while the cerebrum, which is highly developed before birth, shows a marked deficit.

Protein deficit may place substantial segments of poverty-stricken populations in jeopardy of brain damage, according to a recent study of population samples in Southern California. Studies of nutritional deficiencies after World War II suggest that deficiencies of food containing unsaturated lipid may be as significant as is protein deficiency for brain maturation. Pregnant rats on diets deficient in a specific lipid (archaidonic acid) produce offspring that can acquire learning but cannot retain it. Human adults born in concentration camps where polyunsaturated lipids were deficient manifested a similar impairment of retention and retrieval of stored information.

2. Hormonal Factors

The effect of endocrine factors on brain development is still in an early, descriptive, phenomenological stage compared with our knowledge of the effect that activating certain brain tracts has on the developing and the mature endocrine system. Perhaps the most striking effects are those relating brain development to the presence or absence of male or female sex hormones. During fetal life, hormonal environment determines whether the brain will differentiate structurally and functionally into male or female type. In the absence of certain hormones, the brain will develop into that typical of the female, that is, it will be capable of controlling normal female hormonal cycling. Genetic sex can be overridden by hormones to produce genetic females with male brains and genetic males with female brain structure and function. Fetal lack of male sex hormone in a genetic male, due either to improper gonadal development or to lack of receptors for male hormone, results in an

[2] Glial cells are closely associated with nerve cells, and actually outnumber them, in the brain, spinal cord, and peripheral nervous system. Glial cells act as satellites to neurons, providing structural and metabolic support, and may be extremely important for brain function in yet unknown ways.

individual with bodily characteristics and phychosexual identity of a female. The presence of sex hormones in a developing female, as when the mother is treated with certain drugs or has an adrenal problem, leads to the development of a masculinized fetus.

Neuroendocrinology is an aspect of neuroscience that is of rapidly growing scientific and clinical interest. Unfortunately, most of the investigations thus far has not been based upon an adequate understanding of brain function. Here is another area of neuroscience where training programs at predoctoral and postdoctoral levels would speed progress.

3. Experimental Factors

Sensory deprivation (i.e., lack of many objects in the visual environment that attract attention and interest) in early life leads to reduced adaptability and intelligence, while sensory enrichment enhances these qualities. Such deprivation during a critical period in the development of kittens may result in irreversible damage to neuronal and behavioral properties.

Exposure to sensory stimuli alone does not result in normal development; it is also necessary that the animal interact actively and physically with the environment. Environmental enrichment and active motor behavior during learning is of great social importance. Investigation into such matters is in its infancy; substantial support in this area is richly merited.

Nerve Regeneration

After transecting a nerve (e.g., the optic nerve) in lower animals, the nerve fibers still connected to their cell bodies regenerate and, by a process of molecular recognition, reestablish appropriate connections in the brain so that the animal can eventually see again. Another way for nerve fibers to regenerate tissue is to produce many sprouts which grow out and connect with the appropriate target tissue. Certain substances increase this sprouting, for example, by increasing the rate of synthesis of the neuronal cytoplasm that flows to regenerating terminals. Additional ways are being sought to stimulate outgrowth and regeneration of nerve fibers across the injured or transected site.

Research of this sort has obvious application to the paraplegia problem that is now being attacked at the basic-science level as well as by clinical and service-oriented programs. Recent advances in molecular and cellular neurobiology deal with processes of basic importance for an understanding of nerve regeneration and of molecular recognition, in which nerve fibers reinnervate the target tissue in a manner appropriate for function. The probems are profound in nature and unlikely to be solved overnight. However, it is important that investigators doing basic research in this area be supported and that other investigators be stimulated to enter the field.

In September 1973, a Subcommittee of the National Advisory Neurological Diseases and Stroke Council was established to evaluate the problems of central nervous regeneration. I fully support this modest beginning in an area of basic neurobiology relevant to the possibility for developing new treatment for patients with spinal cord injury.

Basic Research on Higher Brain and Mental Processes

Because of substantial advances in basic neuroscience, it is no longer premature to develop conceptual and experimental strategies for a scientific attack on the neurobiological bases of perception, attention, learning, storage and retrieval of memory, conscious awareness, and thinking.

More than a century of research has revealed the enormous complexity of neuronal circuitry, in which the chemical inputs received by the dendrites of each neuron are converted into electrical signals that pass from the dendrites to the cell body and into the axon, to be communicated to other neurons at the synapse. New lines of research are now beginning to reveal many other modes of communication between neurons, which promise to lead to the development of revolutionary new concepts of neuronal processing of information, far broader than the classical concept of neuronal information flow. Some of these newly discovered neural mechanisms under active investigation include: (1) the exchange of information between dendrites, via dendrodendritic synapses; (2) direct electrical coupling between neurons, through specialized synaptic junctions across which transmission is by current flow rather than by chemical transmitters, and (3) effects of one neuron on others mediated by minute changes in the electric field around an active neuron that are sensed by both neighboring, and possibly even quite distant, neurons.

Because of their incalculable potential value, efforts to plan a wise program of basic neurobiological study of higher nervous functions should be stimulated and supported by seed grants and by training grants to send capable young neuroscientists, who are interested in devoting their careers to such research, to centers where creative work of this kind is being done. Implementation of this and other recommendations that have been mentioned, through appropriate financial support, will help consolidate the great progress in neuroscience that has been made in the last decade and nucleate new breakthroughs in the basic understanding of brain science and behavior that will not only have important impact on neurological disorders, but also may help usher in a new understanding of the functioning and the potentialities of the human mind that will profoundly influence science (itself a product of the human mind), society, and the ability of man to adapt to himself and to his environment.

Mr. Flood. Thank you.

STATEMENT OF DR. THOMAS W. LANGFITT

Dr. Langfitt. I am Dr. Thomas W. Langfitt, professor and chairman of the Division of Neurosurgery and Vice-president for Health Affairs at the University of Pennsylvania. I am in the private practice of neurosurgery at the hospital of the University of Pennsylvania, director of the training program in neurosurgery, and we have active programs in both basic and clinical research. For the past 12 years our major interest has been the diagnosis, management, and investigation of patients with severe brain injuries. Since by definition a severe brain injury, and in this sense one can use the term generically to include head injury, stroke, and a variety of other so-called brain

insults, produces prolonged unconsciousness, the central theme of our clinical research efforts is the investigation and treatment of coma.

THE MAJOR KILLERS—STROKE AND HEAD INJURIES

In 1973 there were 281,000 deaths from neurological disease, compared to 350,000 from cancer and of the neurological deaths approximately 200,000 were attributable to stroke and 50,000 to head injuries. The total obligation for cancer research through the National Cancer Institute, for fiscal 1974, is $588 million compared to a total obligation for research in neurological diseases through the National Institure of Neurological Diseases and Stroke of $139 million. Granted that there is a special, major effort in cancer research, and there are excellent reasons to support this effort, nevertheless there does appear to be a large descrepancy in the funding of cancer and neurological research when viewed as public health problems.

The development of basic and clinical research tools to better understand and treat stroke and head injury has been revolutionary in the past 10 years. It is literally true that some 15 years ago a stroke patient was put in a corner of the ward and neglected, by present day standards, because there was no treatment for him. The diagnosis of the multiple causes of stroke was just beginning through the refinements of cerebral angiography and other diagnostic methods, but a comment frequently heard was "a stroke is a stroke is a stroke." Much the same could be said for head injuries. If the patient had an intracranial blood clot, the blood clot was removed at surgery, but if the patient did not improve following surgery, there was nothing more to do for him. At this time, some 15 to 20 years ago, there was growing realization that the most common cause of death in these neglected patients was tracheal aspiration and pulmonary complications; the patient drowned in his own secretions. Early tracheostomy was then introduced along with careful attention to keep the airway clear, and the mortality rate dropped precipitously. Then came recognition of the importance of brain swelling and increased intracranial pressure as the most common causes of death in both head injury and stroke patients, even with optimal management of the patient's respiratory system. The advances in these areas of research and patient management will be detailed in a subsequent section.

In 1900 the mortality rate among patients admitted to the hospital comatose following a severe head injury was 90 percent. Over the decades until the middle of the century the mortality rate dropped to about 75 percent, and this was largely attributable to better diagnosis and early surgical treatment of intracranial hematomas. From the mid-1950's to the early 1960's the mortality rate then dropped an additional 25 percent to about 50 percent, largely due to better management of the pulmonary complications of head injury. Current statistics are more complex, because the patients are now divided into many overlapping categories of head injury, and the state of the art is such that management of these patients in special units in large hospitals is superior to the management in community hospitals where most head-injured patients are still treated. However, it is safe to say that the mortality rate is continuing to fall slowly.

Is there an irreducible mortality from head injury because some patients suffer an irreversible injury at the moment of or shortly following impact? There is no doubt that some patients suffer a fatal mechanical disruption of the brain at the moment of injury. As an extreme example the upper spinal cord may be physically separated from the brainstem in severe flexion-extension injuries, resulting in sudden death. Clearly these patients cannot be treated, but this type of injury is very uncommon. I believe it is of interest that in 1961 when I was completing my residency training in neurosurgery it was the opinion among the neurosurgical staff of the Johns Hopkins Hospital that we were approaching an irreducible minimal mortality rate, because the respiratory complications of the head injury appeared to be managed well, and there seemed to be no other directions in which to turn. However, not only had continuous recording of intracranial pressure and measurements of regional brain blood flow and metabolism not been introduced at that time, but in fact we were doing a relatively poor job of managing the respiratory complications, because we did not recognize that a tracheostomy was only half the solution. The other half was assisting the patient's pulmonary ventilation with a respirator, and this problem was solved by the introduction of the volume respirator in the late 1960's.

The history of the investigation and treatment of stroke patients over the past two decades is similar. There have been four major aspects of the stroke problem during this time. First, a major breakthrough was made in the mid 1950's with the discovery that the vascular occlusion in at least a quarter of stroke patients was not in the intracranial arteries but in the large arteries in the neck which were readily accessible to reconstructive surgery. The story of carotid and vertebral artery surgery for stroke is now well known. Second, the diagnosis and surgical attack on these lesions would not have been possible without dramatic improvements in extracranial and cerebral angiography. Third, the medical treatment for those patients who are not candidates for surgery has varied greatly during this same period and unfortunately remains inadequate. There is still disagreement on the indications and the effectiveness of anticoagulants. A new chapter in medical treatment was begun only recently with the evidence that substances which prevent blood platelets from adhering to each other and to the walls of arteries may be beneficial in stroke patients. Finally, the majority of patients who die during the first 2 weeks following either a thrombotic or hemorrhagic stroke die from brain swelling and increased intracranial pressure, the same conditions that kill the majority of head injured patients.

Thus, stroke and head injuries are by far the most common causes of death from neurological disease. Thrombotic strokes occur in the older-age group, but hemorrahgic strokes from ruptured intracranial aneurysms and head injuries are most common in the younger-age groups. Most of the patients die from brain swelling and increased intracranial pressure, and these complications of the acute brain insult ultimately destroy the brain by reducing the volume of blood flow through it. Therefore, the final common denominator of disability and death in these patients is brain ischemia.

CONCEPTS OF CEREBRAL ANOXIA AND ISCHEMIA AS A MAJOR RESEARCH FOCUS IN THE BASIC AND CLINICAL NEUROSCIENCES

The Clinical Problem

Stroke produces paralysis and death by reducing or eliminating the blood flow to vital portions of the brain. Since the principal substances contained within blood that maintain normal brain function are oxygen and glucose, and oxygen is the most critical of these substances, the ultimate cause of the death of nerve cells in involved brain is ischemia (no blood flow) and anoxia (no oxygen). Head injury destroys brain tissue by mechanical damage, a physical tearing of blood vessels and nerve cells, and by ischemia and anoxia, as in stroke. There is increasing evidence that it is often not the mechanical injury per se that kills the patient with a head injury but rather a viscious cycle of brain swelling, reduced blood flow and anoxia, more swelling, and ultimately brain death from severe increased intracranial pressure and cessation of blood flow to the brain. The most accurate criterion of brain death is failure of the opaque substance injected for cerebral angiography to enter the intracranial space. In this circumstance intracranial pressure equals the patients' blood pressure, cerebral circulation has ceased, and the brain is dead.

It is also becoming ever more apparent that a variety of other brain insults produce irreversible damage and death through the cycle of brain swelling, increased intracranial pressure and brain ischemia and anoxia. This is true of toxic disorders such as lead ingestion in children, encephalitis, particularly in children, intracranial hemorrhage from high blood pressure or a ruptured aneurysm, water intoxication, a number of pulmonary and cardiac disorders, and a host of other diseases. In fact, the majority of neurological and neurosurgical patients die ultimately from brain ischemia and anoxia.

One of the major advances in the neurosciences in the past decade has been the development of techniques for measuring blood flow through many regions of the brain simultaneously, brain metabolism of oxygen and glucose, and intracranial pressure continuously in severely ill patients. Pulmonary and cardiac functions and water and electrolyte balance in the body as a whole are also monitored. Base line values for all of the above parameters are obtained in the severely ill, unconscious patient, treatment is begun, and the effects of the treatment are monitored at frequent intervals by repeating the studies.

These developments permit nearly total control of the patient's vital functions and are in the process of revolutionizing the management of the unconscious patient who is in danger of dying. For example, on admission to the hospital the majority of severely head injured patients are semicomatose and restless with marked and frequent changes in blood pressure, pulse, and pulmonary function. Intracranial pressure and brain blood flow vary widely, and all of this can lead to further brain deterioration and severe damage to the heart and lungs. For decades the neurosurgeon has wished to calm these patients by giving depressants such as barbiturates but could not do so without knowledge of the effect of the depressants on brain, pulmonary, and cardiac functions. Now the patients may be put to sleep with barbiturates, and body temperature is reduced (hypothermia). The result is a state of hibernation. Intracranial pressure is

then lowered by giving drugs that reduce brain swelling, the lungs are mechanically ventilated to produce an optimal oxygen and carbon dioxide content of the blood, and the blood pressure is regulated with drugs to produce optimal blood flow through the brain which is determined by simultaneous measurement of brain metabolism of oxygen and glucose. Periodically, for example at 24 to 48 hour intervals, the barbiturates are withdrawn, body temperature is elevated toward normal, and a detailed neurological examination is performed. Based on this examination and changes in the multitude of vital signs that are being recorded, the decision is made whether or not to put the patient into another period of hibernation.

There is general agreement among neurologists and neurosurgeons working in this field that wide application of these methods will markedly reduce the mortality rate in unconscious patients who are in danger of dying, irrespective of the cause of the unconsciousness. However, at the time of this writing management of patients with the full range of technology described above is not possible in any hospital in the world, although many neurological and neurosurgical departments in large medical centers are approaching this capability. The major remaining limitations are the methods for measuring brain blood flow and metabolism, two of the most critical parameters of brain function. The methods must permit measurements of blood flow and metabolism at frequent intervals (every 30 to 60 minutes) for several days in order to test the effects of various forms of treatment. A new method that requires a rather large laboratory computer is very promising and will be tested fully within the next several months. If it is successful the stage will be set for a large investigative program to test the ultimate effectiveness of many forms of treatment on the mortality and morbidity in comatose patients.

The Coma Center

The gradual evolution of these developments in the past decade has demonstrated the need for the establishment of coma centers. This concept may not be readily acceptable to some clinicians and investigators, because the current orientation toward research in neurological diseases is by etiological categories such as stroke and head injury. But all head injured and stroke patients become comatose before they die at which time the techniques for diagnosis and treatment described above are applicable equally to the two conditions. Encephalitis and meningitis are infectious processes, but given enough time the infection can be cured in many cases if the complications of the infection (brain swelling, increased intracranial pressure, brain anoxia) can be controlled. Thus, a coma center could be established in conjunction with a head injury center or stroke center, and several of the clinical units that are now being developed to treat coma are so organized.

The Basic Research Problem

Is the brain selectively vulnerable to ischemia compared to other body organs, and if it is what are the anatomical, physiological, or biochemical properties of the brain that make it so? Until quite recently most clinicians and investigators believed that the brain was irreversibly damaged by 5 minutes of complete ischemia. Following a period of several minutes of cardiac arrest the function of the heart, lungs, liver, and kidneys may return to normal, but the patient remains

comatose, and appropriate studies will demonstrate that the brain has been destroyed. In contrast, one can inflate a tourniquet around the upper arm so as to cut off all blood supply to the arm for a period of 2 hours, and within a few minutes after release of the tourniquet the arm will function normally. Not only does the arm contain skin, bone, muscle, and other soft tissues, but it also contains nerves and their complex junctions with muscles. Thus, there is a marked difference in the vulnerability of brain and peripheral nerve to ischemia, but the reasons are unknown.

It has been assumed that this selective vulnerability of the brain lays within the neurons, the functioning cells of the brain, and that mitochondria which are in all cells, including neurons, and which are responsible for the energy production that permits the cells to function are the weak link in brain ischemia and anoxia. The brain has no stores of oxygen and virtually none of glucose. Oxygen is essential for production of energy by the mitochondria, and when the brain is deprived of oxygen production of energy by the mitochondria ceases within a minute. There is then no energy available for the myriad of metabolic activities of the cell, and brain function ceases. Another assumption has to do with the responses of the cerebral blood vessels to ischemia. Until recently it was supposed that following cardiac arrest, then resuscitation and restoration of circulation, blood flowed through the brain normally but the brain did not recover because the neurons had already been irreversibly damaged. There is recent evidence that neither of these assumptions may be true, and the result has been an explosion of interest in the pathophysiology and biochemistry of brain ischemia.

The mitochondria have now been demonstrated to be remarkably resistant to ischemia. It is still true that during ischemia in experimental animals they fail to function, to make energy, but after up to 40 minutes of ischemia then restoration of brain circulation many mitochondria will function normally. However, the brain is irresversibly damaged. These observations are of great importance because they suggest that not only is the brain selectively vulnerable to ischemia compared to other organs, but there is selective vulnerability within the cell itself. The mitochondria can make energy, but for some reason the cell cannot use it to function properly. Attention is now being directed to other parts of the neuron, the cell membrane, the synapse, lysosomes, in order to determine which portion of the cell is the actual weak link in ischemia.

In the late 1960's series of experiments were performed in which complete cessation of brain circulation was produced by various means for periods ranging from 5 to 30 minutes, brain circulation was restored, and carbon black particles were then injected into the blood stream in order to determine if all of the small vessels in the brain were carrying blood after the ischemic period. In fact, after 15 minutes of ischemia only half of the brain was reperfused with blood. This was termed the no-reflow phenomenon. When various forms of treatment were applied either during or immediately after the period of ischemia then the carbon black was injected, there was improvement in the circulation. These studies were of great interest, because they suggested that brain death does not occur after 5 to 10 minutes of ischemia but because of much more prolonged periods of ischemia

caused by the no-reflow phenomenon. Thus, if an effective treatment to prevent this phenomeon could be applied in patients with cardiac arrest. profound shock, stroke, or severe increased intracranial pressure, the survival period of the brain could be considerably lengthened. There is still controversy about the significance and even the existence of the no-reflow phenomenon, but if it exists in man it is difficult to overestimate its importance.

Thus, through the development of highly sophisticated techniques for studying brain circulation and the electrical activity and biochemical properties of neurons and their supporting cells, the glial cells, the stage has been set for an extensive investigation of the substrates of brain ischemia and anoxia.

STATEMENT OF DR. HARRY W. M'CURDY

Mr. McCurdy. Mr. Chairman, I will submit my full statement for the record and make a few remarks.

Mr. Flood. Very well.

[The statement follows:]

Mr. Chairman and members of the committee, I am Harry W. McCurdy, M.D., colonel, U.S. Army Medical Corps (retired), emeritus chairman of the Department of Otolaryngology of Walter Reed Army Medical Center, consultant in otolaryngology and audiology to the U.S. Army Surgeon General, member of the Committee on Hearing and Bioacoustics of the National Research Council, examiner for the American Board of Otolaryngology and executive director of the American Council of Otolaryngology.

I appreciate very greatly having the opportunity to testify before this committee and to express my complete agreement with the proposed budget of the Citizens' Committee. I have reviewed this budget and the written testimony of the chairman of the Citizen's Committee, Dr. Paul Bucy, and I completely concur with him. If the amounts requested are appropriated, it will enable us to move forward rather than to continue to lose ground in the training of those young men who will be essential in the next decade to keep American medicine firmly in its preeminent position. We must invest now for the next generation.

The superiority of the human race's ability to communicate is apparent to all. Our ability to express and to exchange complex ideas—to understand the subtleties of meaning and the beauties of language are unique to us. The sum of whatever we are as a civilization has been achieved by our ability to speak to each other, to hear what was said and to analyze the message. When there is some impairment at any point in this process, we—that is to say, all of us together and each separately—suffer. Further, this process begins at birth and continues until death. We are so dependent on it throughout life that any impairment is a grievous loss which lessens very directly one's ability to compete equitably with his fellow man. Those who are seriously afflicted are placed in nearly impenetrable isolation.

Hearing and speech disorders dictate not only the limits of man's educational and economic achievements. They also bear heavily on his emotional and social development. Most of us have seen in our private lives how devastating it is to an individual to have lost the power of speech or the ability to hear. He is more surely crippled than had he lost his arms or his legs. But still, we give little thought to the endless numbers of people who are only partially deaf. What of them? What are the implications of having 1 in 10 of our population have a mild to moderate hearing loss? What does it mean to have 10 million Americans with significant speech disorders? What is the cost of having 20 percent of our population under age 21 afflicted by communication disorders? It has been estimated that direct and indirect costs for all such disorders are nearly $2,250 million. It must then be said that exepnditures for both research studies and for all professional training in this area total less than $30 million—which is less than 1.5 percent of the cost of the disorders. As our population ages and as we are exposed more and more to the noise of an industrialized society these numbers will surely increase.

Having sketched for you, Mr. Chairman, the magnitude of the problem let me turn now to the care of these problems. Deafness, aphasia, and language disability are not conditions which are satisfactorily handled by the family doctor. He has not the time or the special training needed to cope with these situations. They require individuals who have had special training in highly sophisticated techniques—ear, nose, and throat specialists, audiologists, and speech teachers. The American Council of Otolaryngology has nearly finished a manpower survey of its members which tells us that we have about 5,300 ear, nose, and throat specialists in the country—a national shortage. It also tells us that there is a serious, uneven distribution geographically of these specialists, leaving parts of our country in critical need of help in dealing with these problems.

In discussing how best we can meet this need I would like to focus my remarks on three issues. The first one concerns our further requirements for basic research in communicative sciences. Quite obviously a great deal of money has already been spent and I am pleased to report that those programs which have been supported over the past decade have given a very good account of themselves. Great progress has been made in the early identification of deafness in children even to the point where it is hoped that soon we will be able to identify babies with hearing problems a few hours after birth. Such early identification will enable the child to receive 3 or 4 years of training before entering kindergarten—truly valuable years. A great deal of progress has been made in methods of transplanting preserved middle ear structures. Our knowledge of the effects of variations in blood flow through the inner ear has increased dramatically thanks to research supoprted by NINDS. We are beginning to learn what happens to the delicate inner ear when it is exposed to too much noise. At last the complicated mechanism of maintaining equilibrium is beginning to become clear as researchers are able to examine these structures with the scanning electron microscope. And as you are well aware we have come a very long way in preserving speech for those who have cancer of the larynx. It has been a splendid record but there is still a great deal of fundamental knowledge to be gained—usually by unspectacular plodding and by accumulating a bit of basic information at a time until at last the puzzle comes together. We still do not know, for example, what really goes on in the inner ear so that mechanical energy is transformed into electrical energy. How much damage can an inner ear tolerate without being permanently impaired? What is it that causes the large differences in tolerance to noise? How can we fix an impaired system if we don't know how it works? A colleague has described our predicament as being like that of a motor mechanic who has only heard the sound of a motor but who has never seen or understood the function of the parts. The same comments can be made about our knowledge of how we integrate speech and language. Causes for speech disorders are becoming clearer as researchers learn to apply computer techniques and high speed X-ray pictures to these problems. We cannot stop basic research. Progress in the end is built on expensive hard work at the beginning.

The second issue I wish to mention has to do with the application of the rather large body of basic knowledge acquired by research to clinical trails. We begin to know enough to apply this material to the helping of sick people. That is and must remain our primary target. Let us not foreget it. We are doing all of this to serve the public. I allude to what have been called clinical research centers. Such centers, of which there have been three in existence, are staffed by a small team of researchers and clinicians who examine in great depth a class of diseases. They are in the unique position of being able to work together as a well coordinated team, taking the information gained from animal work to its clinical application and then back again to the laboratory for further elucidation as knowledge on that set of diseases accumulates. The cost of such a center has been about $300,000 per year—a figure which is not subject to extreme fluctuation as shown by experience. We are in good position to staff such centers. As a result of very good prior planning by NINDS we have available a fairly large pool of clinician researchers who have acquired the research skills and the clinical acumen to move ahead with such a program with very little difficulty. These people represent to American medicine a very, very valuable resource, for it is they who not only would be in the van of our training programs, but the point I wish to make is that they have been equipped intellectually to assess and weigh new ideas which appear in our medimal literature, and to sift the truly valuable bit of work from the ordinary. We cannot afford to waste these people. Clinical research centers based in university settings would be a natural magnet to attract these men who in turn would elevate the quality not only of our practical

research work but also improve in a very direct and immediae way the quality of patient care. With very little difficulty 12 more such multidiciplinary centers could be estabilshed—located in different geographic areas and acting as an intellectual and service hub for the delivery of health care.

As each would be focused on a different set of problems that is, protection of ears against noise, replacement of the deaf inner ear by an electronic one, rehabilitation centers for the deaf, computerized studies of speech disorders, replacement of the voice box with an artificial one, the affect of various drugs on hearing, the improvement in the management of voice box injuries, et cetera. There are so many possibilities. Coordinating these centers and their work would be a relatively simple matter. Duplication of effort would be eliminated. I must say at this point that we have in being a most remarkable and valuable information storage and retrieval center which has also been supported generously by NINDS. The value of such a center must quickly be apparent. In this age, simply keeping up with work which has been done and having it available for reference is a monumental task. The information center at Johns Hopkins has done a magnificient job at culling the medical literature and making it available in easily usable form. It has saved at least $1 million and untold time by preventing duplication in research. It is the only one in the world and it is now being studied as a model by Great Britian and Venezuela. Very regrettably its hold on life is a very tenuous one. It now is receiving only $50,000 per year. At this level of support it will quickly wither and die. It cannot survive and we will have lost an immensely valuable national medical asset which has taken 10 years to establish. Surely this cannot be allowed to happen.

The opportunity to establish such a well-integrated system of clinical research centers which are patient oriented, well staffed by people who are now available has never been so bright. The happy impact of such a system upon American medicine in every aspect is unmeasurable, and the cost would be small for such a great return.

The final issue which I would bring to your attention is the continuing need for vigorous support of our training programs. Training for the future is the life blood of every program we talk about. One cannot afford to reduce his supprt for good training programs even for a year. The technology, the concepts, the drugs, the surgical techniques, indeed, the whole practice of medicine is moving so rapidly on all fronts that a program is archaic in 10 years if it cannot keep up. What do we need? We need well trained researchers and clinicians—one without the other is a poor half. There has bene some criticism that many people who have received training support have left acedemia and entered private practice. This is not waste, Mr. Chariman. We need a body of people in practice who have learned to evaluate research protocols, and who will keep the practitioner informed. Such people wind up on the frontiers of clinical practice where their influence and analytical minds prevent every article in our literature from becoming Holy Writ.

The training money we are asking for will be spent in two ways. First, stipends. Young people in training average $12,000 per year. These are minimal wages. One could be earning three times as much in practice, and were it not for a strong motivation to contribute and a dedication to learning these young people would leave and do so. These grants are usually for 2 years;—at times, 3. We need 300 per year.

Second, we need money for training grants. These grants go to pay for equipment which the medical schools cannot otherwise buy and for teachers who cannot produce their own incomes from private practice. Rarely is it necessary to supply total support because the medical school contributes. There are about 1,000 of the 5,300 otolaryngologists who are involved in teaching, the majority of whom have no training as teachers. This could and should be improved. Even so there is still a shortage of otolaryngologists which will quickly get more acute. May I explain why. As you may know, the Secretary of Labor is obliged to implement the Occupational Safety and Health Act as it related to hearing conservation by January 1, 1975. The law states that any person who works in an area where the noise level is above 85 db must be protected by a rather extensive hearing conservation program. This program must be under medical supervision and it includes a very large amount of hearing testing, evaluation of hearing loss, the assessment of percentage of disability, protective measures, educational effort on a large scale and many other things which have never been obligatory before. It is a huge program and one which has been long overdue in my opinion. It is estimated that 10 million workers have some degree

of hearing loss. There will be between 500,000 and 1,000,000 new patients from industry, referred to otolaryngologists per year. To manage these new consultations in good order we believe that it will take an addditional 1,500 otolaryngologists and it will require additional training of the 5,300 who are now in practice. I would like to point out that our specialty recognizes this, and we are moving rapidly to do everything possible to provide the necessary training to help our members mount this worthy program. As this kind of deafness is very expensive to the taxpayer, it is crippling to the victim and as it is preventable, we feel very strongly that this program must succeed. But when we start talking about the need for 1,500 otolaryngologists we must also talk about the need for increased numbers of teachers to train them, increased numbers of audiometers, sound booths, sound pressure level meters, and other equipment which must be purchased to be used in their training. We must also speak of the need for increased training of researchers who must find out why some people have very tender ears.

How can we identify in advance the man who cannot tolerate noise and how can we toughen a tender ear? All of these questions and many more must be answered if we are to solve this one set of problems. And so it is easily seen that one urgent need begets others. The delivery of the best kind of medical care to our citizenry is a continuum which cannot be molested or changed for the good or the bad at one point without causing some disruption all along the way. At present the revitalization of what has been shown to be a very good training support system under NINDS must be undertaken to prevent that continuum from very serious interruption. It is, at the moment, probably the best investment one could make in American otolaryngology's future.

The funds which we request today will allow us to maintain a realistic and practical research program, enable us to set up clinical research centers at which we can apply our newly gained knowledge and they will allow us to revitalize our fading training programs to cope with the new demands for increased heath care in the immediate future. Our request for $192 million is not immodest. It is what we need. We ask your favorable consideration.

Dr. McCURDY. On the 1st of January 1975, the Secretary of Labor is obliged to implement the hearing portion of the Occupational Safety and Health Act. If we do not get cracking and find out something about the noise damage to ears, there is going to be a terrible mess with that law and its implication, sir.

Mr. FLOOD. If you want to do me a great favor, and under the circumstances I imagine you would.

Dr. McCURDY. I would love to do you a favor.

Mr. FLOOD. Noise is one of my pet hates, and we are not able to convince the responsible authorities when they speak about various types and kinds of pollution the importance and incidence of noise vis-a-vis pollution. So you have a friendly court in this subcommittee, as nearly every member has said that at different times in the last few years.

Dr. McCURDY. We have a law that starts on the 1st of January 1975 that is going to control that, sir.

Mr. FLOOD. We hope you get your hope.

TUESDAY, MAY 7, 1974.

SPINAL CORD INJURIES

WITNESS

MRS. JONATHAN WILKIN, COMMITTEE ON COMMUNITY SERVICES, NATIONAL PARAPLEGIA FOUNDATION

Mr. FLOOD. Now we have the National Paraplegia Foundation, Mr. Jonathan Wilkin, chairman, committee on community services.

Dr. BUCY. Mr. Chairman, might I introduce the lady to you?

Mr. FLOOD. Yes, indeed.

Dr. BUCY. This is Mrs. Jonathan Wilkin. Her husband, who is also a paraplegic, this morning lifted his wheelchair and broke his arm. She is sorry he can't be here. She is taking his place.

Mr. FLOOD. We are very sorry, of course, too. You have enough problems. If anyone starts to tell me about his trouble today, I will tell him about yours.

Mrs. WILKIN. I wasn't even informed until about noon today that Jonathan definitely wouldn't be able to be here because he had hoped, after having his arm casted, he would be able to come and present his own testimony. So I would like to read his statement for him.

Mr. FLOOD. You certainly may.

STATEMENT OF JONATHAN WILKIN, CHAIRMAN, COMMITTEE ON COMMUNITY SERVICES, AS READ BY MRS. JONATHAN WILKIN

Mr. Chairman, I am grateful to you and the members of the subcommittee for the privilege of presenting a statement on behalf of the spinal cord injured population of the United States.

I am Jonathan Wilkin, chairman of the Committee on Community Services of the National Paraplegia Foundation, the only organizational voice for all of the Nation's more than 150,000 paraplegics and quadriplegics. A paraplegic is a person with unaffected arms and paralyzed legs, whereas a quadriplegic has paralysis, total or partial, of both arms and legs. I have been a quadriplegic since 1960. My personal medical history, from the moment of my injury to May 1962, when I was discharged from a rehabilitation facility, contains many mistakes in treatment and rehabilitation. These errors were due, in large part, to the fact that professional medical personnel—doctors, nurses, and therapists—did not have sufficient experience or training in working with individuals with spinal cord injury—SCI. My injury was the result of a motor scooter-automobile collision and caused, in addition to my spinal injury, an arm fracture, a cracked knee, and severely bruised kidney. Despite the multiplicity of the injuries, when I was admitted to the small-town hospital, paralysis had not yet occurred because the fractured vertebrae were still in line. Because of this, I was not examined for a spinal injury. Broken arm, they said, and admitted me for observation. The next day they observed I was paralyzed, due to my fractured vertebrae becoming dislocated, and with that discovery shipped me off to a larger hospital. I had thought that this second accident causing the paralysis due to improper care to be highly unusual. But it is estimated that 25 percent of all spinal cord injuries are caused by second accidents due to improper emergency or acute medical care. A fact that is still amazing to me is that this same small-town hospital, in which my injury occurred, caused another second accident and another quadriplegic only 6 months after their experience with me. This, and numerous similar instances, show the need for emergency care professionals and paraprofessionals to always be alert to the possibility of a spinal injury, and treat the patient accordingly until a thorough examination, including X-rays, has been made. Today it is gratifying to be able to report that many emergency care teams have received some training in proper treatment and handling of possible spinal injuries. It is not reassuring to report that second accidents

still occur, and that some emergency personnel lack either training or proper equipment.

At the larger general hospital in upstate New York to which I was sent, I received quite good medical care while my broken bones mended. I was in head and neck traction for 7 weeks. Once out of traction, I should have immediately been transferred to a rehabilitation facility. But space in rehabilitation facilities was then, as is now, at a premium, and additionally, prior to my admission, it had to be settled who would be responsible for financing my stay there. Thus I was kept at this general hospital an additional 10 weeks, being relatively inactive. This additional 10 weeks of inactivity was physically quite detrimental—I developed a large pressure sore in 8 hours 1 day from sitting, not knowing that I had to change position in the chair, besides being barely able physically to shift myself. Further, the hospital staff was not experienced enough with SCI to tell me constantly to shift in the chair. Also during these 10 weeks of inactivity awaiting admission to the rehabilitation facility, Ideveloped stones in my bladder which had to be surgically removed during my rehabilitation. While the staff of this general hospital was a good, dedicated staff of which I have good memories and a high respect, it is easy to see that even 1 day's relaxation of desciplined care can be extremely negative to an SCI patient. A pressure sore, developed in 1 day, takes at least a month to heal up while staying continually in bed. They often heal extremely slowly and may require plastic surgery and a skin graft. In the average general hospital of today, daily nursing care is not performed by RN's, often not even by LPN's but rather by minimally trained aides. A nurse is usually summoned only when a problem has developed. For a paraplegic or quadriplegic, to receive nursing attention to a pressure sore an inch or two in diameter is a poor alternative to the continual, but minimal, supervision required for prevention of such problems. In an SCI center for both acute medical care and rehabilitation, such problems as pressure sores and bladder stones will not be eliminated, but with a staff that deals extensively with SCI patients. Such problems should be minimized. Also, in a facility for both acute care and rehabilitation, the rehabilitation process can begin immediately, not waiting until the patient is transferred or even until the treatment of the acute medical problems of the patient have been completed.

In April 1961, I was transferred to a rehabilitation facility that dealt with all types of physical disabilities. There, for the first time, I met other people with injuries and disabilities similar to mine. There I saw more of the problems paraplegia causes—huge pressure sores that will not heal, sometimes causing staph infections; kidney stones and infections that cause 104°–105° fevers (urological problems cause the death of fully 50 percent of the SCI population); unbearable pain caused by false messages sent to the brain by an injured spinal cord; futures once bright with hope, now at best clouded by despair, combined with too frequent glances wishfully into the past able-bodied days. In seeing others with similar disabilities, I formed an opinion of what my physical capabilities were. Quadriplegics, I noted, could do marvelous things such as feeding themselves, combing their hair, pushing their wheelchair short distances, shaving, and writing, although poorly. That set some goals for me. When I left the rehabilitation facility, I had accomplished these goals. The opportunity to ob-

serve others, and compete with them at doing tasks faster or better was one of the most valuable aspects of the rehabilitation facility. However, upon leaving, I was told that I would never be able to do such daily activities as dressing, getting in and out of my wheelchair, and personal bladder care.

Yet I have progressed much further down the rehabilitation road since leaving the rehabilitation hospital. This progress is due to later interaction with other quadriplegics and several able-bodied individuals who convinced me I was not using my full physical potential. Today I am physically independent and married to another quadriplegic. We maintain our house and all personal care without assistance. We know that many quadriplegics who are not totally rehabilitated could be trained to fully care for themselves. Even more, many of those who will be quadriplegics in the future can be fully rehabilitated if they can begin and continue their rehabilitation in a positive environment—an environment in which the personnel and other patients know the full physical potential of an SCI patient. They would encourage and work with the patient toward the full realization of this potential. SCI centers, with their experienced, knowledgeable staff can best assess the SCI patient and guide him or her toward maximum performance. Further, the other SCI patients provide competition, and, when needed, reassurance that what is failure today may be success tomorrow.

At the present time the average cost of treatment for an SCI patient from onset of injury to release from the rehabilitation facility, is about $40,000. This cost is incurred for hospitalization averaging 4 months for a paraplegic, and 6 months for a quadriplegic, and assumes no extra cost delays such as the too-frequent pressure sores and/or bladder/kidney infections. This cost of $40,000 is a tremendous burden on the patient and his family, even with medical insurance, especially since the care and rehabilitation received are far less than optimum. We, of the National Paraplegia Foundation, acknowledge that is is possible that the daily cost of a patient for rehabilittion in an SCI center would not be reduced, but with more knowledgeable personnel, and the proficiency that comes with experience, the total cost per patient will be reduced because the length of his stay will be reduced.

Since SCI affects one's life so drastically, much more than only the physical handicap of the patient must be considered. These other needs include mental difficulties in adjustment to the new situation, vocational decisions, education of the family, and modifying the SCI individual's home so that it is accessible to a wheelchair, if possible. Each of these needs requires counseling of one form or another—psychological, vocational, or family. These services require personnel knowledgeable in the problems encountered by SCI individuals and their families. They need to be able to provide realistic and compassionate counseling.

The existing regional SCI centers have provided superior medical care and rehabilitation. When one of these centers receives an SCI person within 4 hours of injury and operates on the spine immediately, permanent damage, and hence paralysis, can be minimized. Rehabilitation begins almost immediately, and the patient is discharged, maximally rehabilitated, usually in less than 6 months. When a patient is

treated exclusively by an SCI center, complications rarely have developed. However, when an SCI center receives a patient some days or weeks subsequent to his or her injury, that patient often enters the SCI center with complications such as pressure sore or urological infections. These must be taken care of, perhaps for weeks, until cleared up prior to the real beginning of rehabilitation.

According to recent testimony, the VA is operating 17 SCI centers in the United States and Puerto Rico, serving between 18,000 and 21,000 spinal-cord-injured veterans. They maintain a headspace count of 1,302, averaging an 88-percent occupancy rate. Comparably, there are about 135,000 SCI individuals requiring checkups and occasional surgery who are not veterans, and therefore have access only to civilian facilities. More importantly, there are 6,000 to 10,000 spinal cord injuries occurring annually, each requiring total acute care and rehabilitation for an initial period of 4 to 12 months. For this population, seven times larger than the veteran SCI population and growing rapidly, there are but seven regional SCI centers funded by HEW. Funding for six of these centers is $250,000 each, while the seventh receives $500,000. This level of funding provides only a core staff, leaving each patient responsible for his or her own costs of approximately $40,000 at the SCI center. In contrast, the 17 VA SCI centers are fully funded—the patient incurs no direct expense. Even worse, because there are only seven regional SCI centers, the majority of the civilian SCI participation must use hospital facilities geared to the short term patient with a correctable medical problem. The general hospital gives to the SCI patient at best second-class treatment, and usually not that. Therefore, the National Paraplegia Foundation requests that the funding of the existing regional SCI centers be continued, at the very least, at its present rate and that comparable funding for at least three additional SCI centers be approved.

Further, there are at present five acute spinal cord injury clinical research centers. These centers would be much more effective if their function was enlarged to include the acute medical care of SCI patients as demonstration/training centers. This expansion would provide more facilities whose staff is experienced in working with SCI patients. These five acute care centers would deliver SCI patients to a rehabilitation facility with few, if any, complications such as pressure sores or urological infections. Also, their clinical research function would be improved inasmuch as the total staff—both researchers and hospital personnel—could record observations relevant to ongoing research. Additionally, medical personnel trained in SCI care and treatment would leave these centers and improve SCI treatment elsewhere in the Nation. Thus, the National Paraplegic Foundation also requests that funding of the acute spinal cord injury clinical research centers be increased for the purpose of enabling them to also serve as acute medical care demonstration/training centers.

In closing, I again express my thanks to the subcommittee for allowing me the privilege of presenting this testimony.

Mrs. WILKIN. I would add, Mr. Chairman, that today he and I both are totally independent and have our own home and are both employed.

I apologize for Jonathan not being here, and also even better than his being here would be someone who is laying out there in one of these hospitals full of pressure sores who can't get out.

Mr. FLOOD. You tell him, in our opinion, he couldn't have done it better himself.

Mrs. WILKIN. Yes, he could have.

Mr. FLOOD. But you are prejudiced.

Mrs. WILKIN. Thank you very much.

TUESDAY, MAY 7, 1974.

SUDDEN INFANT DEATH SYNDROME

WITNESSES

CHARLES BARR, CHAIRMAN OF THE EXECUTIVE COMMITTEE OF THE NATIONAL FOUNDATION FOR SUDDEN INFANT DEATH
DR. FREDERICK MANDELL, NEW ENGLAND REGIONAL MEDICAL ADVISER

Mr. FLOOD. Dr. Abraham Bergman, associate professor of pediatrics and preventive medicine, on sudden infant death syndrome.

STATEMENT OF CHARLES BARR

Mr. BARR. Mr. Chairman, I am Charles Barr, chairman of the executive committee of the National Foundation for Sudden Infant Death and this is my colleague, Dr. Mandell, the New England regional director. Dr. Bergman asked us to speak for him, and a special greeting from the Commonwealth to you Representative Conte.

I am Charles Barr, resident of Stow, Mass., a suburb of Boston, and chairman of the executive committee of the National Foundation for Sudden Infant Death, a volunteer position. Dr. Mandell will testify to the human relationships involved in this disease as he has experienced them in his very personal involvement with the destructive effects of sudden infant death. I became involved with this foundation when my daughter died of this disease last year. Both personally and through this foundation, I became very aware of the need for the Sudden Infant Death Act of 1974. As you know, this act awaits the funding recommendation of this subcommittee.

Briefly, this act provides for two actions against SIDS—Sudden Infant Death Syndrome. First, the Secretary of the Department of Health, Education, and Welfare is authorized to aggressively conduct research to discover the cause and cure of SIDS. We have no doubt that the Secretary will support all worthy research efforts. We hope more funds or more interested researchers will be found than in fiscal 1973, when only $604,000 was spent on primary grants and contracts. This funding comes from the standard HEW (NICHD) research budget. They must be forcefully and fully, not only written into the departmental budget, but allocated. They are more important now than ever as it appears that the department and expert researchers

are more and more turning their attention to this long-overlooked and monstrous problem of SIDS.

The second half of the act addresses the effect of this disease. The Secretary, through the Assistant Secretary for Health, shall carry out a program to develop public information and professional educational materials relating to sudden infant death syndrome and to disseminate such information and materials to persons providing health care, to public safety officials, and to the public generally. The Secretary may make grants to public and nonprofit, private entities, and enter into contracts with public and private entities, for projects which include both—the collection, analysis and furnishing of information—derived from postmortem examinations and other means—relating to causes of SIDS; and the provision of information and counseling to families affected by SIDS.

This "humane" part of the act should accomplish heretofore unrealized goals. First, through education and public information, it will make SIDS a respectable and well known disease. This results in much better case handling and much less parental grief. Our SIDS summer study of 1972, funded by an NICHD contract and accomplished by nationwide interviews reflected the atrocious management of SIDS cases in this country. 14 percent of the affected parents never learned why their babies died. Can you imagine asking a doctor, coroner, medical examiner, policeman, or emergency room attendant, "Why did my baby die?", and getting the answer, "I don't know." Fifty percent felt they were not given an adequate explanation, 33 percent were told one cause and then found another cause on the death certificate. That, I can personally attest to. This act will help these future cases.

This act will provide answers to many of these questions through the establishment of regional SIDS centers. The prototype is being developed in Chicago, the Loyola project. It is now supported and funded by the National Foundation for Sudden Infant Death and private grants that could not wait for Government action. An eminent and concerned pediatrician, Dr. John Connolly, chairman of the Department of Pediatrics, has joined his University Medical School with this foundation, the Illinois SIDS Commission—a legislative model—the city of Chicago, Mayor Richard Daley and various community resources to provide 1. autopsy results for statistical analysis and parental consolation; 2. physician and health professional in-home contact and continuing parent contract, if desired.

Similar projects, judiciously funded by this act, will preclude our horror stories of mistreatment, abuse and even incarceration. The Williamses of New York City would not have been jailed for half a year. The Prices of South Carolina would have been allowed to attend their baby's funeral. The Smiley's of California would not have learned of SIDS from a cell mate. And the latest tragic SIDS injustice would not have harassed Beverly Jackson for a year and a half. This young Milwaukee mother was literally tormented with charges and accusations and postponements for month after month until they abruptly were dropped 3 days before the trial. The ignorant authorities even tried to take her subsequent child from her.

This ignorance cannot be ignored by the Government. The funding of this act will end these spectacular cases. It will stop these individual agonies and will relieve the thousands of parents whose friends, relatives or neighbors still question, "Yes, sudden infant death, but what did your baby really die of?"

Dr. Mandell is an expert in this agonizing parental grief area.

Dr. Mandell has a few remarks in his field.

STATEMENT OF DR. FREDERICK MANDELL

Dr. MANDELL. I have personally met with and counseled hundreds of families who have victims who died of sudden infant death. I think we need to know that until the cause of sudden infant death is found 10,000 babies will die this year and 10,000 babies will die next year, and until that cause is found each year one baby in 350 live births will die of sudden infant death syndrome. These are babies who are healthy, well-cared-for infants who are placed in a crib and found dead by parents.

The loss of a child, as you may well know, is the severest type of grief reaction. Sudden infant death is unique in this situation in that it is a unique form of pediatric disease. We don't know the cause. There is no prior warning period, there is no prior predictability. We cannot predict which infants will die. Suddenly a child is dead.

The grief is overwhelming. Parents typically look for reasons in those few hours and say what did I do wrong. They blame themselves. They look to babysitters, they look to in-laws who were with the baby at the time of death. They are constantly searching.

In many metropolitan areas and in many rural areas in the United States there is no counseling, there is no information available to these people, they have to suffer through their own guilt feelings. It is of the utmost importance that we begin to educate nurses, we begin to educate policemen, firemen, people who come in contact with the victims of sudden infant death so that they may know that sudden infant death is a very specific disease entity, and help parents to overcome these feelings of guilt. Very often they are not just accusations. Very often they are innuendoes in emergency rooms. These are unfortunately the problems that result from a lack of education. It results from a lack of information. Parents have difficulty receiving information from autopsy results.

When a parent receives the information that this is a pneumonitis or this is suffocation, they must from this say to themselves, did my child suffocate or did I miss a pneumonia. This is not so.

Again, sudden infant death is a very specific disease entity. Hopefully by creating a type of humanistic approach, by creating regional centers that will be able to do autopsies, be able to provide counseling, be able to provide educational systems, we will in a more humane way be able to deal with parents.

Thank you.

Mr. FLOOD. Thank you.

TUESDAY, MAY 7, 1974.

ALLERGY AND INFECTIOUS DISEASES

WITNESS

DR. JOHN UTZ, DEAN, GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE

Mr. FLOOD. Dr. John Utz, dean, Georgetown University School of Medicine.

Dr. UTZ. Mr. Chairman, I should like to thank you and the members of the committee for the opportunity of testifying on behalf of the National Institute of Allergy and Infectious Diseases.

I am John P. Utz, M.D., dean, School of Medicine, Georgetown University, and president, the National Foundation for Infectious Diseases.

The foundation is committed to improved care of patients with infectious diseases. It accomplishes this by promoting the intensive education of graduate and postgraduate medical students and practicing physicians and by encouraging and promoting research. It recognizes that the Federal Government through the National Institute of Allergy and Infectious Diseases has been a major contributor to the advances of information both as to knowledge of these diseases and the treatment of them.

In my testimony this afternoon I should like to emphasize the impact that infectious diseases has on the practice of medicine at the primary care level—which is to say in family practice—and to appeal for greater Federal support of research. Ninety percent of all illnesses in this country are treated on an ambulatory basis by visits of patients to emergency roms or doctor's offices. A study of such primary care of patients has recently been published in the Journal of Medical Education, Volume 49, pages 229–235, March 1974. In that article is a numerical list of the conditions most commonly seen in family practice as recorded by practitioners in Monroe County, N.Y. during a 29-month period. In this study, undoubtedly representative of practice elsewhere in the country, the two commonest conditions for which patients sought care were both infections: (1) Upper respiratory infection, and (2), laryngitis, all types. In addition, among the 14 most common conditions 7 were caused by infections. In addition to the two just mentioned the others are (4) otitis media—ear ache; (8) bronchitis; (9) vaginitis, cervicitis, salpingitis, (13) urinary tract infection, and (14) sinusitis.

The impact of such infections is neither tragic nor dramatic. These diseases do not arouse the emotional response of a fatal illness nor the emotional motivation to better the knowledge and care of them. However, their role should not be discounted; there is no question from many other surveys that the single most common cause of loss of time from work and school is infections, notably those of the upper respiratory tract. Similarly since these illnesses are cared for by brief hospital or physician office visits, the anecdotal, but certainly undeniably, monstrous hospital bills are not encountered. However, if the fee for each of those visits in Monroe County, N.Y., was the minimal, the cost for those seven conditions would be well over $1 million. To this would be added the cost of those laboratory studies necessary for

diagnosis and evaluation. Lastly, for some of them antimicrobic therapy would be indicated, and for all there would need to be the cost of some form of symptomatic care.

It is a unique feature of a number of these diseases—for example, larynigitis, and upper respiratory infections—that a better approach to them would be vaccines that should be developed through further research.

In view of this single citation of the importance in infectious diseases it seems to officers and directors of the foundation that the research funded by the National Institute of Allergy and Infectious Diseases should be increasingly supported. Indeed appropriations must be increased approximately 10 percent per year just to offset the continuing inflationary erosion of already funded programs.

The Coalition for Health Funding a non-partisan group representing 44 organizations has recommended an appropriation of $125,400,000 for fiscal year 1975—instead of the $110,404,000.

During the past 4 years the percent of excellent, approved grants that could not be funded increased from 50 to 66 percent. Hence, in fiscal year 1974, 473 programs and research grants had to be denied funding.

Mr. Chairman, for 18 years I was at the National Institutes of Health as Chief of the Infectious Disease Service of NIAID. It is on the basis of such familiarity with the NIH program that I am personally so distressed by the reductions in staff at the National Institute of Allergy and Infectious Diseases from 710 in 1968 to 590 in 1974. Such loss of skilled and devoted people can only erode the clinical and laboratory activities conducted at the clinical center and impede the proper and effective conduct of the Government's role in its mission of encouraging and supporting research throughout the United States.

Mr. Chairman, I believe that the undiminishing and, indeed, increasing impact of infectious diseases on the economy of our Nation as well as on the comfort, health, and happiness of our people, indicate that continuing development of better methods of care and control is critical. The role of the National Institute of Allergy and Infectious Diseases is paramount in that struggle and needs to be funded appropriately.

Thank you.

Mr. FLOOD. Thank you very much, Doctor.

TUESDAY, MAY 7, 1974.

ALLERGY AND INFECTIOUS DISEASES

WITNESS

DR. PHILIP NORMAN, PRESIDENT-ELECT, AMERICAN ACADEMY OF ALLERGY

Mr. FLOOD. Now we have Dr. Philip Norman, president-elect, American Academy of Allergy.

Dr. NORMAN. Mr. Chairman and members of the committee, I am Dr. Philip S. Norman of Baltimore, Md. I am an associate professor of medicine at the Johns Hopkins University in Baltimore, Md., and

head of the clinical immunology division of the medical school. I am director of a National Institute of Allergy and Infectious Diseases-supported asthma and allergic diseases center sponsored by Johns Hopkins at the Good Samaritan Hospital in Baltimore. I am currently serving on the National Advisory Allergy and Infectious Diseases Council and am president-elect of the American Academy of Allergy, a national association of some 3,000 physicians concerned with allergy. I speak on behalf of that organization but also as a citizen whose professional lifetime has been concerned with bringing the latest scientific advances to bear on the problems of diagnosis and treatment of patients with asthma and allergic diseases.

Under a wise granting policy by the National Institute of Allergy and Infectious Diseases, the basic science of immunology has made astonishing advances in the past decade. We now understand that a hitherto unrecognized cellular organ of the body is centered in the lymph nodes, bone marrow, thymus, gland, and spleen, and is concerned with resistance to infectious bacterial, viral and parasitic diseases, as well as resistance to the development of tumor cells. Furthermore, a number of diseases of obscure cause—allergy is the best example—emerge as the result of malfunctions of the immune system.

In the case of allergy, an overzealous immune system reacts to harmless materials in the environment as if they represent a major infectious challenge. Thus, hay fever and asthma result from the inhalation of pollens and other usually harmless materials because susceptible individuals develop antibodies of the recently discovered IgE type which trigger the allergic reaction.

Exploration of the consequences of the basic discovery of IgE antibodies has already led to advances in diagnosis and treatment of allergic conditions:

A new test tube technique tells what materials a person is allergic to; information hitherto available only from a painful and time-consuming series of skin tests.

The technique of giving injections of extracts of the substances causing individual's allergy long used by allergists is now shown over a long period to cause a reduction in the IgE antibodies and an increase of protective antibodies of another class. A modification of these injections to make them longer acting allows the allergist to accomplish these goals in fewer injections.

We now know that the manifestations of allergy occur because the IgE antibodies interact with external substances such as pollens on the surfaces of particular cells which then release their content of chemical substances such as histamine causing the itching, swelling and wheezing of allergic reactions. This cellular process can be inhibited partially by drugs, some of which, such as adrenalin, have been known for years to be useful in allergy, although the exact reason was never known.

These cellular reactions of allergy can be observed in the test tube using white cells obtained from freshly drawn blood samples, thus allowing the safe screening of a wide variety of newly developed drugs for their potential to inhibit allergic reactions.

Workers in the 17 asthma allergic diseases centers across the country are carrying forward the application of these and other discover-

ies for the benefit of allergic patients. Although these developments may be quite exciting, the areas of our ignorance are even greater:

We have little idea of what controls the inherited tendency to develop excessive IgE antibodies and therefore allergy.

We have only a few obscure clues to the body chemistry that leads to the synthesis of IgE antibodies. Likewise, we have almost no understanding of the influences that lead to the development of IgE antibodies rather than antibodies of other types.

The reactions inside cells that lead to the allergic release of histamine and other chemicals which cause harmful symptoms are still inaccessible. They go on inside cells in a way we don't understand.

Clues in all these areas need vigorous pursuit over a period of years if we are to prevent or control allergy problems effectively. As a physician whose work it is to assess the worth of new discoveries in the actual care of patients' problems, I need a constant flow of new ideas and methods from basic science. Without such a flow I am reduced to studying minor improvements of old methods while the vast majority of patients continue with their disease, doing their best to exist on treatments that are basically inadequate.

Despite this urgent need, as a member of the NIAID's council, I observe a real reduction of our national effort in not only the basic science of immunology but in all basic science. Although the administration's budget of $110 million for the National Institute of Allergy and Infectious Diseases is essentially the same as last year's appropriation, with inflation it represents a near disastrous erosion of public support in our area of research where an increase of effort is in order to maintain the momentum developed by recent discoveries.

Whereas in 1970, of grant requests to the NIAID that were judged scientifically meritorious by expert review groups, 65 percent actually received funds, by fiscal 1974 only 34 percent of meritorious requests could be awarded money. In 1975, with the administration's budget, this figure will further decline to 24 percent. In 1974, in the field of allergy and infectious diseases alone, 473 applications considered by outside review groups to be scientifically useful went without funds. It has long since passed the stage of cutting off applications with marginal or duplicative proposals. We are already denying support to applications from scientists who are at the forefront of current endeavors and for whom peer review groups have expressed unreserved enthusiasm.

We are in grave danger of losing the momentum we have so laboriously developed. Reorientation of the insufficient funds proposed into practical applications for quick payoff simply constricts the effort at building a foundation of basic knowledge even more. Ideas for practical application soon run out if there is no basic science investigation. Furthermore, continuance of training of new scientists is essential to the inflow of talent into what is an always fast-moving and rapidly changing endeavor requiring the flexibility of the young.

My estimate is that the appropriation for the National Institute of Allergy and Infectious Diseases should be increased $21 million over that recommended by the administration for a total of $131,400,000. I believe this is essential to continue the attack on allergic and infectious diseases at a level that offers a promise of useful results in the years to come.

Mr. FLOOD. Thank you very much, doctor.
Dr. NORMAN. Thank you.

TUESDAY, MAY 7, 1974.

RESEARCH ON AGING

WITNESS

DR. DENHAM HARMAN, PRESIDENT, AMERICAN AGING ASSOCIATION

Mr. FLOOD. Dr. Denham Harman, president of the American Aging Association.

Dr. HARMAN. Mr. Chairman, Mr. Conte, I am glad to again have the privilege of speaking to this committee about the aging program of the National Institute of Child Health and Human Development. I will submit my statement.

[The statement follows:]

STATEMENT OF DENHAM HARMAN, M.D., Ph. D., PRESIDENT OF THE AMERICAN AGING ASSOCIATION (AGE)

Mr. Chairman and gentlemen, my name is Denham Harman. I am president of the American Aging Association (AGE), Millard professor of medicine and professor of biochemistry at the University of Nebraska College of Medicine, and chief of the Nebraska Geriatric Service at the Douglas County Hospital in Omaha, Nebr.

I welcome the opportunity to speak again on the need to significantly increase support of the aging research program of the National Institute of Child Health and Human Development (NICHD).

Average life expectancy at birth is a rough measure of the years of healthy life than the average person in a population could expect to enjoy. The average life expectancy was 45 years in 1900. By 1954–55 this value had increased by 25 years, to 70 years. Today, 20 years later, it is still 70 years. If we continue with our present disease oriented biomedical research, it is quite likely that 20 years from now, in 1994, that life expectancy at birth will still be 70 years.

Our inability to increase the average period of health life during the past 20 years is apparently because the contribution of the aging process, the process that ensures that no individual lives more than about 100 years, begins to play the major role in the development of specific diseases at about age 70. Today the largest part of the money devoted to biomedical research is devoted to our two major causes of death, cardiovascular disease and cancer. Cardiovascular disease accounts for about 60 percent of deaths while cancer is responsible for 20 percent of deaths. It has been reported that elimination of cancer as the cause of death would increase the average life expectancy by about 2 years while the corresponding figure for cardiovascular disease would be about 10. We would not, however, see an increase in our average life expectancy of about 12 years, if these two major causes of death today were "conquered". Since death rates due to other disorders are also rising very rapidly at age 70, the conquest of our current two major causes of death would simply permit some other degenerative diseases, probably neurological, to take their place, while the average life expectancy would rise about 1 to 2 years.

In speaking of cancer and cardiovascular disease, it should be remembered that most deaths from these disorders occur in the older aged groups and that they have, in a sense, replaced pneumonia as the "old man's friend". Death from cancer and cardiovascular disease is a blessing when one considers the alternatives. Emphasis in cancer and cardiovascular research should be to prevent premature death. That is, death from these disorders, before the aging process has produced a decrease in functional capability.

It is very unlikely that further disease-oriented biomedical research will significantly increase our average life expectancy in the future. Our only hope for increasing significantly the period of healthy life, is to try to slow down the aging

process, and by so doing to put off in time those specific events, such as cancer and cardiovascular disease, which terminate life. Over the past 20 or 30 years there has been increasing optimism, at first based largely on wishful thinking, today based on facts, that it may be possible to find practical means of slowing the aging process. Present data suggests that we could increase our healthy life span now by about 5 to 10 years or so. The practical realization of this expectation, not to mention finding new leads to exploit, is seriously hampered by the fact that there is virtually no money available for biomedical aging research. The amount available is pitifully small.

The major source of funds for biomedical aging research is the aging program of the National Institute of Child Health and Human Development. The budget for the aging program and its subdivisions for fiscal years 1973, 1974 and that proposed for 1975 are given below:

BUDGET FOR AGING RESEARCH IN NICHD

[In thousands]

	Fiscal year—		
	1973	1974	1975 [1]
Research grants	$6,057	$8,659	$6,461
Fellowships	152	218	56
Training grants	1,482	1,411	1,761
Intramural	3,443	3,452	3,824
Contracts	691	665	800
Biometry and epidemiology	91	95	99
Research, management, and program services	734	655	854
Total	12,650	15,155	13,855

[1] President's budget.

Total amounts available for fiscal 1973 were $12,650,000, for fiscal 1974 $15,155,000 and the proposed budget for fiscal 1975 would allocate only $13,855,000 to this important program. What is badly needed is a very significant increase in the amount of money available for biomedical aging research grants. I urge that $10 million be added to this category in budget of the aging program of NICHD bringing the total to $16,461,000. Even with such an addition the amount of money that would be available for biomedical aging research would be very small in comparison with the amount spent on other important biomedical research programs in the National Institutes of Health. However, $16 million probably is about all that could be efficiently used by those presently engaged in biomedical aging work as well as by individuals who may be diverted to this area of study in the coming year. The increase requested in the biomedical aging research grant category in the aging program of NICHD should be looked upon as the first small, but significant, step in tackling what has become, and has been for about 20 years, our No. 1 health problem. The aging process now nullifies all efforts to increase our healthy life span.

In summary, aging has become our No. 1 health problem, for it is this basic biological process that now thwarts all efforts to increase our healthy life span. We badly need to increase efforts to find practical means of slowing the aging process. To this end I urge that the biomedical aging research grant category of the proposed budget for fiscal 1975 be increased by $10 million so that the total budget of the aging program of NICHD would be $23,855,000 apportioned as follows:

Suggested budget for aging in NICHD for fiscal year 1975

Research grants	$16,461,000
Fellowships	56
Training grants	1,761
Intramural	3,824
Contracts	800
Biometry and epidemiology	99
Research, management and program services	854
Total	23,855,000

Thank you very much.

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Dr. HARMAN. I should like to amplify somewhat my written statement. It is difficult to explain to individuals that are not working in the field of biomedical aging research the importance of this problem. It is easy for people to understand the problem of cancer, cardiovascular disease, and polio, and other obvious diseases that kill and disable us. But aging just as surely kills and disables us as does these diseases, but it does it so insidiously and so slow that from day to day we are not aware of what is happening.

When an individual dies of a heart attack, cancer, or stroke, we attribute his death to the obvious, either ignoring or being unaware of the fact that the aging process had played a major role in setting the stage for his death at that time.

In an unknown manner the aging process contributes significantly to the rate at which specific disease processes develop. To illustrate, dogs live about one-fifth as long as men, yet they die of the same spectrum of causes; cancer, cardiovascular disease, et cetera. Thus in some manner the aging process in dogs increases the rate of development of the degenerative diseases by fivefold as compared to man.

Twenty years ago our average life expectancy, a rough measure of our period of healthy life, reached 70 years. There has been no increase since. Apparently our failure to increase our average life expectancy since 1954–55 is because at about age 70 the contribution of the aging process in the development of specific diseases, such as cancer and cardiovascular disease, is such as to offset all efforts to minimize or prevent such disorders.

It is apparent that future increases in our period of healthy life will only be brought about by slowing the aging process. Fortunately the prospects are good that this can be done in a practical manner.

My purpose for being here today, as in the past, is to urge a substantial increase in the amount of money available for biomedical aging research. I suggest that the present proposed budget for the aging program at NICHD be increased by $10 million, the $10 million being added to the biomedical aging research category, bringing this category to about $16 million. While this amount is still very small in comparison with the importance of the problem, it is probably all that can be efficiently used in this coming year by those presently engaged in biomedical aging research as well as by those who may come into this area during the year.

This money is needed, very badly needed. The research situation is particularly frustrating in biomedical aging research today because we have knowledge which, if it were developed, could almost certainly increase our average healthy life span by 5 to 10 years or more; not to mention what might be accomplished if funds were available to more thoroughly explore this basic problem that touches every single one of us.

Thank you, very much.

Mr. FLOOD. Thank you, Doctor.

TUESDAY MAY 7, 1974.

RESEARCH ON AGING

WITNESS

DR. ADRIAN OSTFELD, YALE UNIVERSITY SCHOOL OF MEDICINE

Mr. FLOOD. Dr. Adrian Ostfeld, Yale University School of Medicine.

Dr. OSTFELD. Mr. Chairman and members of the subcommittee, my name is Adrian Ostfeld and I am lauder professor of epidemiology and public health, Yale University School of Medicine. For 11 years I have been working on health problems of older Americans with each of about 7,000 older Americans involved in my research, and my comments are based upon this contact.

I will begin by enumerating the most crucial of these problems: (1) How can we separate the aging process from the common chronic diseases of older life? We have to define aging precisely before we can study it precisely. (2) Although work in mammals has been helpful, we need to know much more about how endocrine and immune functions decline with age in man, and how this decline is correlated with health and disease. (3) In a population free of the ravages of therosclerosis, what does aging look like? What will the major killer be then? Now that we are beginning to make a small dent in the heart disease and aging problem, how can we begin to plan for the 11-year increase in life span when the atherosclerotic diseases are thoroughly understood and prevented? (4) By the usual criteria, 30 to 50 percent of Americans age 65 to 85 have diabetes. Why? What does this mean in terms of morbidity and mortality? And should it be treated? (5) Why does mental function begin to decline at age 50 in some, while others are keen and alert at 80? And what can be done to maintain mental function as long as possible? (6) What does the high blood pressure so common in old age mean for health and disease? Can it be safely treated and if so, will treatment prevent stroke and senile dementia? (7) What living arrangements for the elderly will produce lowest morbidity and mortality, and the highest indices of life satisfaction? (8) Precisely why do women live substantially longer than men and develop less of almost every one of the major illnesses? Are the reasons social, or biological, or both?

What can we do to help men to catch up with the health advantages enjoyed by women? (9) Why does being poor have such an adverse effect on health and length of life? The answer to this question should be obvious but it isn't. Much more is involved than access to good health care and ability to pay for medications. (10) What can we learn from studying the effects of retirement, relocation, bereavement, and economic loss in groups of older persons as they go through these experiences and how can we mitigate their effects? (11) Why do people live longer in the upper Midwest as compared to the Northwest and Southeast? (12) Can we lengthen life and improve health by changing the diet of older Americans? You would think that the answer to so ob-

vious a question is clearly known but it isn't. (13) How can we prevent among older persons the loss of bony substance, the ready fractures, and the months in bed followed so often by disability, depression, and demise? (14) Why does the prostate gland enlarge and cause problems in the majority of older men? And why, if men live long enough, will cancer of the prostate be the culminating event? I have not said anything about the quality of health care for older persons because I understand that that issue is not germane to our discussion today.

These are the major problems facing older Americans and the major challenges to aging research and all of these problems can be solved or nearly solved with an adequate measure of funding in the next decade.

But there are two other issues which must also be made explicit in presenting the needs of older persons. First, there is a strange reluctance of people in their sixties, seventies, and eighties to seek help from any source—medical, social, legal, psychiatric, or governmental. I have thought long and hard about why this is so. Perhaps the reason lies in the fact that these persons were growing up in the days of Theodore Roosevelt, Woodrow Wilson, and the First World War. People helped themselves in those days and if they needed help they went to friends and family. Several thousand older Americans in the past 11 years have told my colleagues and me that they feel ashamed when they ask for help. While their attempts at self-reliance are admirable, their needs are plain, and we must be prepared to go more than half way in understanding their problems and trying to help. Second, I have spent many hours trying to determine if in the United States there are any advantages, any benefits of being old. I can understand that in a stable traditional society the elderly have a unique role in transmitting the beliefs, attitudes, traditions, and values of that society. But in a rapidly changing culture like ours even this significance is denied the elderly. The thousands of older persons I know have told me that what they prize most is the retention of their capabilities and that there is nothing whatever desirable about losing them.

I can plead no special understanding of budgetary matters or of most of the complex issues that face Congress. But I do know something about what older Americans need and want. The problems I see and the older voices I hear tell me that the 1975 Presidential budget for NICHD programs in aging is not adequate; not adequate for even a good beginning in attacking and unraveling the health problems and questions I have described.

I am a little bit more realistic and pessimistic than Dr. Harman, so the sums I asked about are a little bit less. It is gratifying to learn that the Institute will spend over $15 million in aging research, an increase of nearly $3 million over 1973. But for 1975 fewer inflated dollars are proposed for deflated lives and diminishing hopes. My best estimate is that an increase of $3 million in the extramural program—grants, fellowships, and traineeships—and $1 million more for direct operations is the last amount that will enable some margin of progress in 1975 of improving the length and quality of life of 22 million older persons.

Mr. Flood. Thank you very much, Dr. Ostfeld.

Mr. Conte. That is a good statement, Doctor.

TUESDAY, MAY 7, 1974.

FAMILY PLANNING AND POPULATION RESEARCH

WITNESSES

RUSSELL RICHARDSON, PRESIDENT, NATIONAL FAMILY PLANNING FORUM
FATHER T. BYRON COLLINS, GEORGETOWN UNIVERSITY
GEN. ANDREW O'MEARA
JEANNIE I. ROSOFF, DIRECTOR, WASHINGTON OFFICE OF PLANNED PARENTHOOD FEDERATION, INC.
DR. NEENA B. SCHWARTZ, NORTHWESTERN UNIVERSITY MEDICAL SCHOOL

Mr. FLOOD. Now we have Father Byron Collins, Georgetown University.

STATEMENT OF FATHER T. BYRON COLLINS, S.J.

Father COLLINS. Mr. Flood, Mr. Chairman, Mr. Conte, I am here in really three roles. I would like first to request permission to file for the record a statement on the medical and dental schools of the District of Columbia, second to support the evidence of experts that will be testifying in the field of family planning services, Mr. Richardson. He was going to be introduced by Congressman Flynt of Georgia. Mr. Richardson is here at the request of Governor Carter of Georgia. And in the field of population research and in the field of human reproductive research we have an expert in Dr. Neena Schwartz who will present evidence on that. This is being requested, and we support the testimony of both, on behalf of Georgetown University and Mrs. Rosoff of the National Planned Parenthood organization, and General O'Meara, the former member of the Population Crisis Committee.

Mr. FLOOD. Mr. Richardson?

STATEMENT OF RUSSELL RICHARDSON

Mr. RICHARDSON. Mr. Chairman, my name is Russell Richardson of Atlanta, Ga. I am president of the National Family Planning Forum, a national association of some 300 major family planning provider agencies formed to improve a vastly increased network of services through factfinding and the exchange of information among individual providers, Federal and State governments, universities, and other concerned organizations. I am also director of the Governor's Special Council on Family Planning, which oversees the family planning programs throughout the State of Georgia; therefore, I have practical experience in the daily administration of a large family planning program.

While I greatly appreciate the opportunity to appear today to comment on the proposed fiscal year 1975 budget for family planning services, I must admit, at the same time, a great sense of frustration, perhaps even desperation. For I know that you have before you a DHEW budget which purports to allocate $222.8 million for family

planning services. If these funds were in fact available, we would have every reason to rejoice, commend the OMB for its magnanimity and the Congress for its generosity.

But this budget is a sham. It is composed of two parts. First, there is $100.615 million for project grants specifically authorized under title X of the Public Health Service Act and some additional expenditures under title V of the Social Security Act. These funds provide the total underpinning of the national family planning program. The second part of the budget claims that $56 million under title IV–A of the SSA and $36 million under medicaid will be spent. In fiscal year 1974 it was $70 million for both and in fiscal year 1973 $50 million. I challenge anyone to demonstrate authoritatively that these funds have been, are, or will in fact be spent for comprehensive family planning services. The National Family Planning Forum did a national survey in November a year ago, the Center for Family Planning Program Development did another study early this year and the best conclusions that we can draw are that nobody really knows what is going on in these programs—but whatever it is, it isn't much.

It stands to reason, Mr. Chairman, that the title IV–A social services programs got so snarled up last year over regulations that no State administrator would have been foolhardy enough to develop a program under these conditions; what's more the uncertainty is by no means over. As far as Title XIX: Medicaid is concerned, I have here a letter from the Georgia State Commission of Human Resources to the regional office of SRS asking why we cannot get reimbursement for our family planning services under medicaid. I even asked the question directly from Mr. Dwight when he spoke at one of our recent meetings, and I can't say that I got a satisfactory answer.

I would like to submit this letter for the record.

Mr. FLOOD. All right.

[The letter follows:]

GEORGIA DEPARTMENT OF HUMAN RESOURCES,
Atlanta, Ga., March 14, 1974.

MRS. VIRGINIA M. SMYTH,
Regional Commissioner, Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, Atlanta, Ga.

DEAR MRS. SMYTH: The social security amendments of 1972 require that beginning January 1, 1973, family planning services and supplies must be furnished (directly or under arrangements with others) to individuals of childbearing age, including minors who can be considered to be sexually active, who are eligible under the State's medicaid plan and desire such services and supplies. Thus, family planning services, once optional as to their coverage under medicaid, are now required to be provided to eligible persons, and are now considered a basic service. Accordingly, section 299E of the 1972 amendment to the Social Security Act provides that, beginning July 1, 1973, a State will lose 1 percent of the Federal financial participation in its AFDC program if its medicaid program has not begun to offer and provide family planning services to AFDC families. This penalty provision applies only if a State fails to provide family planning services to its AFDC recipients.

The Federal Government will pay 90 percent of the sums (as found necessary by the Secretary for proper and efficient administration of a State's medicaid plan) that are attributable to the offering, arranging, and furnishing of family planning services and supplies.

According to Federal regulations, if a State plan includes medical and remedial care and services, it must provide that there will be freedom from coercion or pressure of mind and conscience, and freedom of choice of method so that individuals can choose in accordance with the dictates of their conscience.

The State of Georgia is currently meeting all of the above Federal requirements. In fact, the State was meeting and exceeding the above Federal requirements prior to the mandatory date and herein lies a problem.

Family planning services, for a considerable period of time prior to July 1, 1973, have been furnished to all applicants (including medicaid recipients) through our county health departments. This practice has continued to date. The services are furnished to all applicants without charge to the applicant.

The single State agency for administration of title XIX of the Social Security Act would like very much to reimburse the county health departments for the family planning services rendered to medicaid eligibles. Such a desire on the part of a State agency is consistent with existing DHEW policy that title XIX and title IV–A funds should be utilized to provide for the expansion of the services currently being provided through title X funds.

We, at this time, have very grave reservations concerning our ability to make such payments to county health departments from title XIX funds and receive Federal participation in such costs. Our doubts are generated by the context of the letter of September 19, 1973, from Albert J. Richter, Associate Commissioner, Medical Services Administration, SRS, DHEW, Washington, D.C., to Mrs. Virginia Smyth, Regional Commissioner, SRS, Region IV, Atlanta, subject: Payment to "free" clinics and similar providers for service to medicaid eligibles.

In Mr. Richter's letter, he stated, "The policy that title XIX may not pay for services that are free to everyone in the community has been applicable to title XIX since the inception of the program, and that policy has not been changed by the E.P.S.D.T. program."

In view of the above, the following specific questions were asked:

a. May the title XIX program in Georgia pay for family planning services and supplies furnished by county health departments and receive Federal participation funds when such services and supplies are being furnished members of the community (including medicaid recipients) without charge by such county health departments?

b. May the title XIX program in Georgia pay for family planning services and supplies furnished by county health departments and receive Federal participation funds when such services and supplies are furnished without charge to members of the community but third party payers (including other Government programs) are charged?

Your prompt response to the above questions will be appreciated as you can realize the 90/10 matching rate under title XIX for the delivery of family planning services is very attractive from the State viewpoint.

Sincerely,

RICHARD M. HARDEN,
Commissioner.

Mr. RICHARDSON. Beyond the strictly money questions I think there are great dangers to the funding strategy pursued by the OMB and DHEW. Dependence on medicaid, a program which everyone knows is bankrupt and unaccountable means that, for example, most married couples living together, depending on certain State eligibility criteria, cannot get family planning services, and that is absurd if not scandalous. Second, it means most low-income women who haven't had a first birth out-of-wedlock can't get family planning services; they have to get pregnant first. That does not seem to make good sense either. They can get an abortion or prenatal care but not family planning services.

The more profound aspects of funding through "welfare" programs rather than health project grant programs for family planning services were eloquently described by Congressman Ron Dellums in his recent testimony before Congressman Paul Rogers' Subcommittee on Public Health and Environment:

The medicaid and title IV–A programs are undesirable as primary vehicles for the provision of family planning services to women who are poor. These are programs in which eligibility is very narrowly defined. These are programs over which we Members of Congress have very little control. They make no

pretense of having national standards of medical care. They are national only in the sense that they are made up of an aggregate of 50 welfare programs each having 50 varying State criteria for eligibility and quite different State standards of care. They are administered, for the most part, by State welfare agencies, some of which are not exactly known for their high level of concern for the health and well-being of low-income women or for their progressive policies with regard to such women and their personal privacy. I do not believe that the State welfare agencies which staged midnight "man in the house" raids and have been known to threaten or actually force women off welfare rolls, can be trusted totally to insure voluntarism as a basic principle in the conduct of birth control programs. Even if they are I am sure that prospective patients will be leery of the intentions of these agencies and reluctant to participate in family planning programs sponsored by public assistance agencies. Furthermore, I fear that the suspicions of those who cry "genocide" would all too soon be reinforced if family planning services become too closely associated with these and other welfare programs. It is imperative from my viewpoint, that strong Federal direction and supervision be present in these programs at all times.

Several years back, Mr. Chairman, I heard you comment that family planning services had become so popular that every Federal agency was claiming doing some work in this area and that you would not be too surprised if somehow the Bureau of Mines got into the act. In the same vein, I would suggest that until DHEW can come up—not with assertions—but with firm documentation on expenditures under medicaid and IV–A, which can withstand the scrutiny of experts and workers in the family planning field, that the only relevant and real part of the budget your subcommittee considers is the budget for project grants and auxiliary expenses.

Back in fiscal year 1973, the administration requested and this subcommittee approved twice a $32 million increase in family planning services of which, the Department stated, $27 million would be used for the expansion of existing family planning service projects and $5 million would be used for the initiation of about 25 new projects.

Later on, of course, OMB impounded the funds. Now the funds have been released but DHEW is again trying to circumvent the courts and the Congress so that few, if any, of these dollars will be used to provide patient services.

We, and unfortunately, many organizations have had to go to court again and again, but we are confident that the courts will rule shortly that the fiscal year 1973 funds just released must be spent for the purposes for which they were intended by Congress—in our case to increase patient services. However, assuming that we are successful this year, what is to happen in fiscal year 1975? If the administration budget stands as it is, we have only two choices:

Enroll patients and dismiss them the following year, with no alternate source of care, and with the knowledge that they soon will be found in the abortion clinic of the local hospital or as a very dispirited pregnant patient in yet another clinic.

Not utilize the impounded funds altogether (which is certainly what OMB would want) and not fulfill our responsibility to our patients, as we see it, and as I think the Congress sees it.

Mr. Chairman, there is a possible third alternative and it is up to this committee to secure it for us. The $32 million impounded in 1973 must be added to the fiscal year 1975 project grants budget under section 1001 of title X of the Public Health Service Act so that the tragic errors of the past 2 years are finally redressed. The budget for health programs must also reflect the inflation which is affecting medical care

at least as severely as other areas of the economy. Then we could finally attain a measure of budget stability and utilize the energies of our programs where they should really be applied—in providing services to our patients.

I am joined in this recommendation by The Coalition for Health Funding, a well-respected organization the members of which fought the illegal impoundments in the courts and which in the budget for this year recommends a minimum of $135 million for family planning service project grants under title X. The National Family Planning Forum, as I mentioned, also took legal action against the illegal impoundments. We believed that we were engaged in these legal battles not just over the restoration of funds but also over the more important issue of the constitutionally guaranteed balance of powers and attempts by the Executive to usurp congressional prerogatives.

Mr. Chairman, if you do not back us by guaranteeing the continuation in fiscal year 1975 of those services initiated by the support of the released, impounded funds in fiscal year 1974, we will have fought our legal battle for nought. The will of the administration, with regard to family planning project grants, will be prevailed despite congressional support for a different funding and service strategy.

This could lead to the demise of the family planning project grants programs cited by every one as one of the most valuable health programs ever initiated by the Congress. Furthermore, you will be saying to the administration that you no longer care to challenge their improper use of the Federal budget to starve out programs contrary to congressional intent. The health and well-being of millions of American men and women and their families depend upon your response to this issue.

In summary, I recommend that the $100.6 million for family planning services project grants be changed to $150 million.

Mr. Flood. Dr. Schwartz?

Statement of Dr. Neena B. Schwartz

Dr. Schwartz. Mr. Chairman, I am Neena B. Schwartz, professor of physiology at Northwestern University Medical School, Chicago, Ill. O copy of my curriculum vitae is attached for your information. I am grateful for the opportunity to be here today to state my views, as an individual, pertaining to fiscal year 1975 appropriations for the field of population sciences research.

As you know, the birth rate in the United Sates is now at the lowest point since the Government began gathering reliable statistics early in this century. Following the "baby boom" of the decate after the Second World War, both the birth rate and more precise measurement called the fertility rate have declined steadily every year, with a small exception in 1969–70. Since 1970, however, the decline has been precipitous, and some have suggested that inflation and economic bad times have tended to encourage couples to have fewer children. Others suggest that couples are both postponing marriage and/or the time at which they will start their families. Whether or not these theories prove accurate, it is apparent that American couples are choosing to have smaller families, and that to accomplish this aim they make the widest possible use of all available methods of family size limitation.

This is despite the fact that all birth planning methods have serious limitations in their availability, effectiveness, acceptability and health side effects which often accompany them. As a matter of fact, as time goes on and as both practical experience and scientific knowledge increase, they reveal new and difficult problems with all known methods. It has become all too obvious that both our basic knowledge of human reproductive physiology and our present ability to promote or control fertility is abysmally deficient, particularly as we search for methods which complement and extend the body's natural processes.

Nevertheless, there is no question that the dramatic increase in the use of modern contractptive methods has enabled many individuals to better realize their family planning goals. Yet, in spite of this, more than one-third of American couples who use a birth planning method will experience an unwanted pregnancy within 5 years. One indication of the inadequacy of existing technology is the large number of abortions performed in this country alone each year. Recently, at hearings before the Subcommittee on Constitutional Amendments of the Senate Judiciary Committee, it was estimated that approximately one million legal and illegal abortions were performed in the United States each year during the period 1970–72. In addition, health problems and side effects associated with our two most modern methods, the IUD and the pill, demonstrate the unqualified need for improved techniques to reduce or prevent unwanted births. It should be pointed out that mortality associated with the pill, based upon studies in Great Britain in 1968, show a rate of three deaths per 100,000 users per year. This can be compared with a rate of three deaths per 100,000 legal abortions in the United States in 1972.

There is wide agreement on the need to develop varied methods of fertility regulation since it is apparent that no single method can be universally acceptable for the present 42 million American women of childbearing age. As Dr. Andre Hellegers, professor of obstetrics at Georgetown University and director of the Kennedy Institute for the Study of Human Reproduction and Bioethics, recently stated:

> * * * [I]f I could today make one positive, constructive suggestion it would be that on this divisive issue of abortion, we all join in fostering the basic reproductive biological research which could make the entire subject moot.

This research is essential not only for the development of a wide range of safe and effective birth planning technology but to the solution of problems of human infertility in order to assist millions of couples who want desperately to bear children.

Mr. Chairman, the first earmarked appropriation for population research was $1 million specifically dictated by the Senate Appropriations Committee in 1967 for comparative studies of contraceptive methods in use. But our national research effort in this field did not really get underway until 1970 with the passage of the Family Planning Services and Population Research Act. During the next 2 fiscal years we witnessed some important expansion. In fiscal years 1971 and 1972, the administration asked for modest increases for this research, and the Appropriations Committees approved and even added to these amounts each year. In the first budget request for fiscal year 1973, the administration requested a modest $4.7 million increase for population

research, but the two appropriations bills approved by Congress would have more than doubled that amount for a total increase of $11.8 million. However, as we all know, later in fiscal year 1973 funding was frozen at the fiscal year 1972 level as a result of illegal Executive impoundment, and program growth was abruptly halted—too soon for scientific inquiries to make headway in any meaningful fashion. Recently, however, as a result of court action, the impounded funds have been released, but for fiscal year 1975 the administration is again trying to turn the clock back by proposing to reduce the budget back down to the fiscal year 1972 level of about $40 million. It is thereby ignoring any restoration of funds in an apparent attempt to pursue the same fiscal policies it embarked upon in 1973. This is totally without regard for congressional opinion and action and heedless of the health needs of the American people.

The continuing lack of adequate financial support is now resulting in a virtual slow death for much worthwhile research. This has been happening at a time when prospects for major advances could be extremely promising. This is not the fault of Congress, as I have pointed out. In every fiscal year your bills would have resulted in some growth of the program. I would ask that you continue your strong support for the program and not to allow an already deteriorating situation to be further compounded by OMB's reductions this year. The initial loss of funds, coupled with the runaway inflation we have experienced, particularly in health research, has resulted in a major cutback in research efforts. The Center for Population Research has already been forced to reduce its commitment to the scientific community it has labored to mobilize. At the present time fewer than 19 percent of all approved population sciences research grants are able to receive funding. Existing grants for program projects have already been renegotiated in order to reduce them by 10 percent. Grants to universities for core support of population research centers were reduced by 15 to 20 percent. The widely heralded and popular research centers program, a concept designed to create multidisciplinary research efforts at outstanding institutions, also has been reduced. Moreover, as in any new field, one of its basic requirements is the training of new researchers. The severe cut in training funds has been devastating to a field which has just begun to attract a core of scientific manpower. This field simply cannot afford another year of restrictive budgeting. If increased Federal support is not forthcoming from Congress this year, we shall be establishing blocks to progress that may not be overcome for many years. Mr. Chairman, an additional $5.5 million is needed in fiscal year 1975 in order to maintain the present effort and, in view of the needs and capacity of the field, an additional $13.3 million is required for the support of new scientific research and training in fiscal year 1975. This would bring the program to a more realistic level of $60 million, surely a minimum amount our society can afford to allocate next year for this vital work.

[The attachments follow:]

CENTER FOR POPULATION RESEARCH—NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT
FISCAL YEARS 1972–75

[In millions]

	Fiscal year—			
	1972	1973	1974	1975
President's budget request to Congress	$37.7	[1] $44.1	$39.2	[3] $40.2
House/Senate conference allowance	39.3	[2] 51.3	47.7	
Available for obligation	40.0	39.9	[4] 51.3	

[1] Original fiscal year 1973 budget.
[2] Excludes intramural research and direct operations.
[3] Conference on original fiscal year 1973 budget.
[4] Estimated—Includes restored fiscal year 1973 impounded funds ($11,900,000).

Mr. FLOOD. Thank you very much.
All right, General O'Meara.

STATEMENT OF GEN. ANDREW O'MEARA

General O'MEARA. This completes our testimony. I just would add one statement to the good doctor's last remark, and that is the administration asks for $40 million and what is needed, Mr. Chairman, is $50 million to bring it back to the restored program after the release of the impounded funds and make a small allowance for inflation, going from the requested $40 million to $60 million.

Mr. CONTE. What item is that?

General O'MEARA. This is for population research.

Mr. CONTE. That line item?

General O'MEARA. Yes, it is. From $40.2 million which is requested to $60 million.

Mr. FLOOD. I think, Father Collins, in view of your presence here, and you have your collar on, the record should show you are not a proponent of abortion. This is a confusing subject. At the point you talk about family planning on the floor everybody thinks you are in favor of abortion. So you better show someplace in the record this is not your purpose of being here.

Father COLLINS. I would like, for the record, to say the reason I strongly support the position of both of these is because under the particular bill for which these funds are petitioned there is a section of the bill under title X that states that any Federal funds are prohibited to be used for abortion as a means of family planning, and it is for this reason that I strongly support the research necessary so that this will be a moot question.

Mr. FLOOD. That was a leading question.

Thank you very much.

[Additional statement follows:]

Medical and Dental Schools of the District of Columbia

STATEMENT OF FATHER T. BYRON COLLINS, S.J., SPECIAL ASSISTANT TO THE PRESIDENT OF GEORGETOWN UNIVERSITY, AND DR. SEYMOUR ALPERT, VICE PRESIDENT, GEORGE WASHINGTON UNIVERSITY

Mr. Flood, Mr. Michel, and members of this committee I am Father T. Byron Collins, S.J., special assistant to the president of Georgetown University. With me is Dr. Seymour Alpert, vice president of George Washington University.

We wish to thank you for your continued understanding and support of the financial distress needs of our medical and dental schools in the District of Columbia.

We are informed that the authorizing bill to extend the D.C. medical and dental manpower bill for 2 years will soon be considered in the House and Senate.

Upon its enactment into law we shall, at an opportune time, present to this committee a full statement of our financial distress needs for fiscal year 1975, If, however, Congress should elect to meet our particular circumstances by extending the provisions in the national health manpower bill, with its section on financial distress for medical and dental schools, we shall be happy to abide by such a decision and request funds from your committee under that authorization.

For your information we are attaching an outline of our needs for fiscal year 1975, as presented to the authorizing committee in the House.

On behalf of our presidents, Fr. Henle, S.J., and Dr. Lloyd Elliott, we thank you.

The George Washington University
THE SCHOOL OF MEDICINE AND HEALTH SCIENCES

SUMMARY OF ACTUAL AND PROJECTED INCOME AND EXPENSE

FISCAL YEARS 1972-73 THROUGH 1976-77

Income	1972-73	1973-74	1974-75	1975-76	1976-77
Tuition & Student Fees	$ 1,921,763	$ 2,412,500	$ 2,712,000	$ 3,000,000	$ 3,176,000
Endowment Income	144,107	145,000	157,000	158,000	159,000
Sponsored Programs	6,194,194	6,000,000	6,378,000	6,773,000	7,193,000
Education & Development Funds	447,985	450,000	478,000	508,000	539,000
Federal Capitation Grant	911,855	1,047,290	1,141,000	1,173,000	1,173,000
Gifts & Miscellaneous Income	526,273	599,000	600,000	650,000	700,000
Student Aid	135,040	135,000	136,000	138,000	140,000
Total Operating Income	$10,281,217	$10,788,790	$11,602,000	$12,400,000	$13,080,000
Expenses					
Faculty Salaries	2,706,938	3,192,000	3,368,000	3,553,000	3,748,000
Non-Academic Salaries	2,901,403	3,209,000	3,385,000	3,554,000	3,732,000
Staff Benefits	583,943	697,000	735,000	775,000	818,000
Equipment	769,158	825,000	875,000	928,000	984,000
Operation & Maintenance of Plant	711,204	1,883,000	2,100,000	2,307,000	2,535,000
Other Direct Costs	2,259,901	2,483,000	2,632,000	2,790,000	2,957,000
Medical Center & University Services	998,563	1,147,000	1,219,000	1,295,000	1,375,000
Student Aid	135,040	135,000	136,000	138,000	140,000
Total Expenses	$11,066,150	$13,571,000	$14,450,000	$15,340,000	$16,289,000
Deficit	(784,933)	(2,782,210)*	(2,848,000)	(2,940,000)	(3,209,000)
Distress Grant Received	706,459				
Enrollment	516	564	580	620	620
D. C. Manpower need per student			$4,910	$4,742	$5,176
Percentage of Operating Deficit to Total Expense	7%	21%	20%	19%	20%

* Application submitted for DHEW Financial Distress Program Award.

GEORGETOWN UNIVERSITY MEDICAL CENTER
SCHOOL OF MEDICINE
FINANCIAL OPERATING SUMMARY: FY 1973-1977 (000 omitted) January 16, 1974

I. REVENUES	FY 72-73	FY 73-74	FY 74-75	FY 75-76	FY 76-77
Tuition and Student Fees	$ 2,113	$ 2,650	$ 2,850	$ 3,000	$ 3,150
Endowment Revenue	174	209	210	220	230
Gift Revenue	196	103	108	113	115
DHEW/BHME Financial Distress Program Grant	1,419	1,925*			
Capitation Grant	1,387	1,447	1,440	1,230	1,230
PAP Grant	1,680	1,561	1,667		
Sponsored Programs	8,226	8,225	8,225	8,225	8,225
Faculty Medical Services	2,191	2,255	2,335	2,420	2,490
Student Aid Revenue	190	115	120	126	132
Other Revenue	374	385	400	420	440
TOTAL REVENUES	17,950	18,875	17,315	15,754	16,012
II. EXPENDITURES					
Educational Programs					
University Funded	4,319	4,805	5,227	6,638	7,204
Capitation Grant Funded	946	1,342	1,310	1,180	1,180
PAP Grant Funded	1,559	1,440	1,500		
Sponsored Programs	6,747	6,593	6,593	6,593	6,593
Medical Center Library	132	170	190	210	230
Staff Benefits	1,063	1,300	1,430	1,580	1,740
Student Service Program	165	159	165	173	181
Student Aid	603	217	230	243	255
Physical Plant Operation	1,013	1,171	1,270	1,320	1,385
General Administration	1,037	1,090	1,140	1,192	1,250
General Institutional	521	588	613	645	675
TOTAL EXPENDITURES	18,105	18,875	19,668	19,774	20,693
III. DEFICIT-NEED			(2,353)	(4,020)	(4,681)
Enrollment	705	780	814	815	815
IV. D.C. MANPOWER BILL NEED PER STUDENT	0	0	2,891	4,933	5,744

* Application submitted for FY 1974 from DHEW Financial Distress Program

GEORGETOWN UNIVERSITY MEDICAL CENTER
SCHOOL OF DENTISTRY
FINANCIAL OPERATING SUMMARY: FY 1973-1977
(000 omitted)

November 12, 1973

I. REVENUES	FY 72-73	FY 73-74	FY 74-75	FY 75-76	FY 76-77
Tuition & Fees	$ 1,369	1,706	1,862	1,920	2,032
Endowment & Investment	35	28	32	35	35
Gifts	62	48	50	55	57
DHEW/BHME Financial Distress Program	583	775*			
Capitation	890	860	830	820	820
Sponsored Programs	615	654	655	655	655
Dental Clinics	949	960	1,010	1,110	1,160
Student Aid	66	42	42	42	42
Other	4	4	4	4	4
TOTAL REVENUES	4,573	5,077	4,485	4,641	4,805
II. EXPENDITURES					
University Support	1,569	1,737	1,972	2,125	2,225
Capitation	742	777	744	733	733
Sponsored Programs	498	533	534	534	534
Library	47	61	66	75	85
Student Services	105	103	108	113	120
Physical Plant	831	925	999	1,070	1,120
General Administration	263	274	288	304	319
Staff Benefits	239	296	326	358	390
General Institutional	241	279	297	327	360
Student Aid	123	92	96	200	250
TOTAL EXPENDITURES	4,658	5,077	5,432	5,839	6,136
III. DEFICIT - NEED FROM D.C. MANPOWER BILL	(85)**	-0-	(947)	(1,198)	(1,331)
Enrollment	473	517	545	554	554
IV. D.C. MANPOWER BILL NEED PER STUDENT	-0-	-0-	1,738	2,163	2,403

*Requested from DHEW Financial Distress Program
**Actual Deficit in Excess of DHEW Financial Distress Program Award

TUESDAY, MAY 7, 1974.

MULTIPLE SCLEROSIS

WITNESS

CHARLES V. W. MEARES, SENIOR VICE PRESIDENT, NATIONAL MULTIPLE SCLEROSIS SOCIETY

Mr. FLOOD. Now we have the National Multiple Sclerosis Society, Mr. Charles V. W. Meares, senior vice president.

Mr. MEARES. I am Charles W. V. Meares, former chairman of the board and chief executive officer of the New York Life Insurance Co. Also, last year I served as chairman of the National Advisory Commission on Multiple Sclerosis that resulted from the passage of Public Law 92–563. I believe each member of your subcommittee has received a copy of the report and recommendations of the Commission.

As you know, all life insurance companies are interested in the diseases which affect man. As chief executive officer of one of the largest insurance companies in America—one employing nearly 10,000 persons—I had a particular interest in the health and well-being of our employees and their families.

I first became interested in multiple sclerosis when I learned that the wife of one of our promising lawyers was afflicted with the disorder. It came to my attention because the wife's illness was impairing our attorney's career. The case is so typical of many that occur in multiple sclerosis, that I should like to outline it here.

Jessica Morris was 26 when she married Kenneth Morgan. That was in 1931. Within a few months of her marriage, Mrs. Morgan suffered spells of partial blindness, sudden loss of balance and loss of motor control. Nevertheless, she bore two healthy sons and was signally successful as a homemaker—as long as she was physically able. Incidentally, MS was then so little understood by most physicians that it was not until 1951—no less than 20 years after the first symptoms and signs of the disease—that Mrs. Morgan's illness was correctly diagnosed. Even back in the 1930's, she was bent almost double, unable to hold her back and neck up. She spent years in a wheelchair, until 1958, when bladder paralysis confined her to a bed from which she could be lifted only with a complicated pulley device. Mr. Morgan long ago cut back on his professional responsibilities and abandoned all hope of rising to the top in his career—he felt it was more important to care for his wife. In fact, to do just that, he took early retirement. Before that, one of their sons took a year out of college to serve as his mother's nurse.

The Morgans command our admiration because of the extraordinary cohesion of their family through a harrowing illness that has persisted for 43 years and continues to this day. Mrs. Morgan's courage is tremendous, but the economic and emotional impact of MS on her family has been enormous.

The main reason I am here today is because it was my privilege last year to chair the National Advisory Commission on Multiple Sclerosis. Our 9-member Commission composed of 5 scientist-physicians and 4 laymen was assisted by a panel of 53 experts in the medical and scientific areas most concerned with finding an answer to the cause and

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cure of MS. And we were all fortunate to have as the executive director of the Commission a physician-scientist whom many believe was a chief contributor in solving the polio problem—Dr. Harry M. Weaver.

Gentlemen, at the end of this recent year's concentrated work on MS, I came away with the belief that the problem of MS can be solved and that we have many dedicated scientists who are ready, willing, and able to undertake the requisite research to accomplish this goal.

At this time of pressures from every direction for the tax dollar, you will be pleased to know the amount recommended to undertake this expanded program over the next 3 years is modest, indeed. In fact, we are talking about an additional $3.8 million for 1975; $5.8 million for 1976; and $7 million in 1977. This would need to be specifically earmarked for MS research and understood to be in addition to the $4 million which NINDS is now spending each year on MS research. The report also calls for increased support of basic biomedical research in the neurosciences in the annual amount of approximately $12 million per year.

What would this additional $3.8 million for MS research be used for in 1975—and the total $17 million be used for over a 3-year period? The Commission recommended 29 specific investigations which are enumerated on pages 174–192 of volume II of its report. Among these are:

1. Two additional MS clinical research centers. These are in addition to the two supported by NINDS in Los Angeles and Philadelphia, and the third recently approved at Emory University in Atlanta.

2. The development of an effective diagnostic test for MS.

3. The establishment and maintenance of an MS tissue center where fresh postmortem tissue can be collected and distributed to provide vitally needed materials for research.

4. And, if I may summarize many additional recommendations under the heading of "a more vigorous and imaginative pursuit of the three most encouraging leads relating to MS"—virology, immunology, and epidemiology.

The NINDS has already made some limited progress in implementing the recommendations of the Commission. For example, I understand that 1 of the 29 recommendations for research on the epidemiology of the disease is nearing the stage when it appears that a contract can be let. NINDS has proposed the establishment of an intramural laboratory of neuroimmunology, is recruiting for its chief, and has inaugurated a special training and fellowship program in neuroimmunology. The Institute does have a strong virology research program which it indicates it hopes to continue to expand as possible.

However, the full recommendations of the Commission cannot be effected unless the Congress appropriates an additional $3.8 million for fiscal 1975 specifically earmarked for MS research. This appropriation was not included in the original HEW budget for fiscal 1975, simply because the Commission's report had not been completed at the time the budget was drawn up. It needs, therefore, to be considered as a separate line item request. Without it, funds are only partially available for 2 of the 29 special projects recommended by the Commission.

And now I would like to speak briefly about two other recommendations of the Commission. These relate to the administration of MS research. While the amount of money the Commission requested be

earmarked for MS research is essential, I must tell you we do not feel comfortable about its producing a meaningful result unles two other recommendations of the Commission are adopted for administrative changes within NIH. Specifically, I am referring to the need for delineation of responsibility for stimulating the most creative imagination possible on the part of scientists and the rapid pursuit of the promising leads the Commission has pointed up. We believe these results are unlikely to materialize promptly in the absence of two administrative changes.

The first of these is the appointment of one science administrator at NINDS to be responsible for all MS research, whether performed under extramural grants, through contracts, or by the intramural program.

The second is the creation of a multidisciplinary study section to pass on all requests for funds for all NINDS research in MS to assume responsibility for seeing to it that all promising leads are exploited fully and promptly.

Gentlemen, I believe—as one result of the work of the Commission—the ground has been well prepared, the seed planted, and with the modest watering needed and some specific direction from you, real progress against mulitple sclerosis can be accomplished in the foreseeable future.

Mr. FLOOD. Thank you very much.

Mr. MEARES. Thank you for permitting me to appear.

Mr. CONTE. A very good statement.

Mr. MEARES. Thank you.

Mr. FLOOD. We will recess until 10 in the morning.

WEDNESDAY, MAY 8, 1974.

TOXOPLASMOSIS

WITNESS

MRS. KATHERINE CANN, SAVANNAH, GA.

Mr. FLOOD. The committee will come to order.

Now we have Mrs. Katherine Cann of Savannah, Ga. Senator Herman Talmadge has written to us in your behalf, Mrs. Cann, and we are very interested to hear what you have to say.

You may proceed.

Mrs. CANN. Good morning. Thank you and your helpful staff for listening during 10 precious minutes. If you will help us, our 19-year-old son may be cured of toxoplasmosis, a common, worldwide, protozoan, parasitic disease affecting man, animal, and fowl. Please listen while I tell you about the seriousness of toxoplasmosis, which can be found in every organ of the body, but especially in brain tissue, muscle tissue, and the eye. Recently, bone deformity was traced to toxoplasmosis. About half of you in this room have probably had this disease. There are no immunizations, no cures, no quick diagnostic test, either for man or animal, and the disease can be fatal.

Our only son was born in 1954. Several years later a large scar was found in his left eye on the macula, where vision is formed. Possibly

caused by a virus, was the diagnosis. Vision was destroyed; it is now 20/200, uncorrectable. No one could remove the scar and restore sight. An eye could not be transplanted either then, or now. I talked about the problem with many doctors, and prayed that perhaps in his lifetime, scars could be removed, eyes could be transplanted, and that he would be able to have useful sight in his left eye.

During August 1972, at his annual checkup, vision in his right eye was corrected with glasses to 20/20. Two weeks later he couldn't see. Doctors advised that we board the next airplane for Miami, which we did, 2 hours later. The diagnosis of toxoplasmosis was confirmed, later verified by a Positive Sabin-Feldman Dye Test. Also, the scar in the left eye was presumed to have been caused from congenital toxoplasmosis. That was the first time I had heard about toxoplasmosis.

When told of the seriousness of his eye disease, our son told me not to worry, that he would let his ears be his eyes. The only known medicines were prescribed, to try to suppress the disease. Cortisone shots in the eye muscle, Prednisone tablets, Sulfa drugs, Calcium Leucovorin shots, blood tests, urinalysis, visits to doctors' offices all became routine. He has had recurrences, a visit to Johns Hopkins Hospital, ups and downs on medicines, the help of many doctors and scientists. He finished high school, was captain of the golf team, and has passed two semesters of college. Varicose veins developed in his leg recently. He had blood poisoning last summer. He runs the risk of having glaucoma, cataracts, detached retina, and more hemorrhages in the diseased eyes. Health insurance companies will not insure him.

What is toxoplasmosis? I borrowed a book from my own doctor, Dr. James C. Metts, and copied the article. I recall reading about cats causing a disease, but I didn't pay any attention to it, because we didn't have a cat. I never thought about the scar in the left eye having any relation to toxoplasmosis.

Discovered in 1908 in animals, the toxoplasma gondii parasite was suspected of causing human illness in 1913, human ocular toxoplasmosis in 1923. During the 1930's, scientists found that the parasite could invade the fetus in the uterus, and be a cause of encephalitis. By 1971 transmittal of the occysts of the parasite in the feces of the domestic cat was announced in articles warning pregnant women.

Several men became ill with toxoplasmosis after eating undercooked meat, proving that the disease is acquired, as well as congenital. Some other ways of transmittal are contamination of food by insects, infected raw eggs, raw milk, and animal bites; handling raw meat. The earthworm can pass the oocysts in the soil to birds. Perhaps raw oysters and water supplies from rivers and reservoirs could contain viable oocysts. For 9 months in water, 17 months in soil, under certain conditions, the oocysts can be viable. I have asked the Government man in Cincinnati to check water supplies, because it is not being done now.

Toxoplasmosis is not a reportable disease, so I do not have any statistics for you. It is one of the most misdiagnosed diseases and many doctors need to become more aware of it. Many cases diagnosed as mononucleosis are possibly toxoplasmosis. Complications arise with cancer patients. Several medicines cause the disease to spread. Often an autopsy proves that toxoplasmosis was the cause of death, provided the pathologist is looking for it. The organisms can cause heart at-

tacks, brain and neurological damage, that may be confused with a stroke.

"A military problem does exist in that toxoplasma retinitis is second to accidents as the principal cause of blindness in troops", was so stated on a research project request last year. Airline pilots should be checked for it. Toxoplasmosis is an important cause of blindness due to scarring of the central retina and 30 to 50 percent of the posterior ocular inflammation can be attributed to it, depending upon the geographic area surveyed. This disease has already caused more birth defects than medicine can calculate.

Babies are born dead or may die shortly thereafter; they are born deaf, mentally retarded, with bone deformity. They are born blind or lose sight later in life. Animals have similar problems, causing an economic loss.

The only known ways to kill the disease are: (1) by freezing to a minus 20° centigrade, very rapidly, for 24 hours; (2) heating to 66° centigrade for 20 minutes; and (3) salting and smoking meat. I can neither freeze nor cook my son, and I hesitate to salt and cure him with smoke!

There are doctors and scientists and victims who are begging for research to proceed rapidly to stop this disease. Medical research is a continuing search that endures in spite of the yo-yoing of funds, because dedicated men and women keep struggling—without technicians, without adequate supplies, with little or no money. Their work is for all humanity and not just for themselves. They too deserve to be paid a decent salary with which to support themselves.

TWO EYES—CANNOT BE REPLACED—INVALUABLE

Two eyes—cannot be replaced—invaluable. Yet, eye research funds rank almost at the bottom of the list. When you men and women were elected to represent all the Americans while in Congress, you were entrusted with the thankless duty of trying to spend wisely the hard-earned dollars of taxpayers. When our neighbors around the world ask for help, give them sight and good health, so that they can see to solve their own problems. Separate all medical research from HEW, and I doubt that any President would ever stoop so low as to veto a bill for the humanitarian work carried on by dedicated scientists.

I don't care how you divide the money appropriated, just do whatever has to be done to stop toxoplasmosis and prevent further suffering and loss of life. I don't want excuses, I want results. Don't ever underestimate the power of women. My friends asked if I were afraid of you. I replied, "No, if they don't listen and help me, I'll take my case to the people!"

I am going to ask my daughter to step forward, Mr. Flood, and give you some papers and present to you a copy of a resolution which was passed in the Georgia Legislature in February.

The Georgia Legislature unanimously passed a resolution in February, sponsored by Representative Arthur M. Gignilliat and Senator Edward H. Zipperer, and their friends, requesting support and expansion of research into the causes and cures of eye diseases, and particularly of the eye disease, toxoplasmosis. Congress is urgently requested to appropriate funds to the National Eye Institute to en-

able such research to be conducted. Copies of this important resolution were sent to the President of the United States, the President of the Senate, the Speaker of the House of Representatives, to the Governors of all the other 49 States, to the Director of the National Eye Institute, and to the members of the Georgia congressional delegation. Secretary of the Army, Howard "Bo" Callaway, and Under Secretary of Agriculture, Phil Campbell, two distinguished Georgians were also sent copies. The resolution has been inserted in the Congressional Record. Georgia funded a new State legislative committee to study research possibilities on toxoplasmosis. Oregon has passed legislation "enacting a blood-testing program for pregnant women." "An additional goal is to increase awareness of physicians to the disease and to advise the public about preventive measures."

I appreciate all your efforts in the past toward improving and expanding medical research. My great great-grandfather, the first elected Governor of Georgia, mortgaged his personal land to pay the State's debts to preserve the sovereignty of Georgia. It would be wrong for me to even attmept to fund research for toxoplasmosis, even if I could afford to do so. Years could pass before significant breakthroughs came. However, I will try to save my son's sight with the help of my husband, my daughter, and God. The ball is rolling and I won't let it stop, while I solicit help from heads of governments around the world, many organizations, such as the Lions Clubs, garden clubs, Junior League, organized labor groups, NAACP, ministers, radio, TV, and newspapers.

Nineteen years of toxoplasmosis is enough for our son.

Mr. FLOOD. That is very well done. Thank you very much. We appreciate your making the effort to appear before us today.

WEDNESDAY, MAY 8, 1974.

MYOPIA

WITNESSES

MRS. SYLVIA RACHLIN, EXECUTIVE VICE PRESIDENT, MYOPIA INTERNATIONAL RESEARCH FOUNDATION, INC.

DR. ANNE O. ZILL, ADJUNCT ASSOCIATE PROFESSOR, FORDHAM UNIVERSITY; PRINCIPAL, OLIVER WENDELL HOLMES JUNIOR HIGH SCHOOL, NEW YORK

Mr. FLOOD. Now we have the Myopia International Research Foundation, Mrs. Sylvia Rachlin, the executive vice president.

STATEMENT OF MRS. SYLVIA RACHLIN

Mrs. RACHLIN. Good morning, Mr. Chairman. Thank you so much for allowing us to come back again. Dr. A. O. Zill is here and will speak for about 2 minutes. I will submit my statement.

[The statement follows:]

STATEMENT OF MRS. SYLVIA N. RACHLIN, EXECUTIVE VICE PRESIDENT, MYOPIA INTERNATIONAL RESEARCH FOUNDATION, INC.

Mr. Chairman and members of the House of Representatives Subcommittee on Appropriations for Labor, Health, Education, and Welfare, eye care for Americans afflicted with myopia, commonly known as nearsightedness, is at least a $1 billion a year industry.

This estimate comes from Dr. Mary C. Fletcher of Houston, Tex., one of the relatively small band of specialists studying myopia. Dr. Fletcher has concentrated on schoolchildren, hoping that a breakthrough in treatment at an early age might obviate more serious adult problems; and she estimates that myopes' problems, based on one eye examination and one prescription for glasses yearly—a highly conservative basis since thousands of cases involve much more extensive tests and changes of lens—cost at least $1 billion annually.

The Food and Drug Administration has recently referred to "100 million Americans who wear eyeglasses." This would bring the cost for eye care well beyond the billion dollar mark. This statistic is particularly disturbing to the myope who feels he is regarded more as consumer than as patient.

Since its incorporation in 1963, the Myopia International Research Foundation has sought to further interest in comprehensive, interdisciplinary research into the causes, treatment, and prevention of nearsightedness. More immediately, it seeks to save the eyesight of children afflicted with progressive, pathological myopia for which there is no known cure.

The Foundation's exhibits at the annual conventions of the American Academy of Ophthalmology and Otolaryngology and the quadrennial sessions of the International Congress of Ophthalmology have attracted the attention of thousands of eminent doctors who have endorsed our program and asked to be involved.

The Voice of America has considered this program of such significance that it has twice broadcast its details to all nations.

In order to improve the channels of communication among doctors interested in myopia research throughout the world, the Myopia International Research Foundation has published and distributed myopia research papers without charge to interested doctors throughout the world.

The Myopia International Research Foundation is idealistic in its operation. No money whatsoever is spent on any administrative salaries or professional fund raisers.

Within the United States, this Foundation seeks the establishment of a National Myopia Center with the following three-fold structure:

1. Myopia research projects in the National Eye Institute, National Institutes of Health—

   (*a*) Establishment of analytical and statistical procedures by the Biometrics Branch of the National Eye Institute,

   (*b*) Grants to the National Eye Institute enabling myopia research projects and establishment of analytical and statistical procedures.

2. A myopia service program under the National Eye Institute—

   (*a*) Collaborative study permitting the creation and development of service programs for myopes throughout the United States, and a standardization of records and reporting forms. Through their personal doctors, myopes—young and old—would participate by submitting comprehensive cumulative records to the National Myopia Center for continued analysis by research experts.

   (*b*) Grants enabling myopia service programs.

3. The National Registries of Myopia Pathology, a myopia eye study bank, should be developed under the United States Public Health Service. All universities, hospitals, other laboratories involved in eye research, and eye banks throughout the United States could participate in coordinated clinical research. Participating laboratories would receive eyes of myopes and their families which have been donated for the purpose of research into the pathology of myopia from its incipience through its advanced stages. Findings would be correlated with other research. This plan for the National Registries of Myopia Pathology, originated by the Myopia International Research Foundation, has received the enthusiastic endorsement of many individuals and organizations across the Nation.

A National Myopia Center structured upon this three-phase program would stimulate nationwide interest and participation by myopes and their families and friends in research under public and private health auspices.

It is a recognized fact that over one-third of the population is nearsighted. Countless adults have suffered loss of employment and become financial burdens to their families and the community because of pathological or degenerative changes in myopia. In addition, the Federal Treasury suffers a loss in revenue through exemptions for legal blindness, reduced earnings, and increased medical deductions for eye care.

Members of this honorable committee: Fully cognizant of the reasons for current retrenchment, the professional consensus is that myopia problems require much applied research. By mail and telephone the Myopia International Research Foundation receives daily appeals from myopes or their relatives for that answer which is not yet known to medical science. In their behalf we beg your earnest consideration and help.

Respectfully submitted.

(Mrs.) Sylvia N. Rachlin,
Executive Vice President.

Statement on Behalf of the Thomas J. Perry Memorial Committee

Mr. Chairman and members of the House Subcommittee on Appropriations Labor, Health, Education, and Welfare, the late Thomas J. Perry, international representative of the Service Employees International Union AFL–CIO and president of Local 32J Service Employees International Union AFL–CIO had been proud of his service as the first chairman of the board of trustees of the Myopia International Research Foundation. In his role as chairman of community services for the New York City Central Labor Council he spoke from personal knowledge of the significance and importance of the Foundation's program for workers everywhere.

From the many thousands of people who visit the eye clinics of Labor Health Centers, one can readily appreciate the additional thousands who stand to benefit from favorable action by your committee upon the recommendations of the Myopia International Research Foundation.

This Foundation is presently engaged in the promotion of communication among all those involved in myopia research—from the patient seeking relief to the doctor carrying on clinical studies and experimentation.

Through the free publication and dissemination of clinical reports and observations to doctors in all parts of the world, researchers have been informed of corroborative materials for work in process and have indicated areas for further investigation in myopia research.

The ever-increasing numbers of doctors here and abroad who have turned to the Myopia International Research Foundation as a coordinating agency is, itself, recognition of the merits and need for its program. This promotion of cooperation and goodwill among eye doctors throughout the world is in close accord with the aim of American labor to bind together the peoples of the world through joint efforts for their common good.

Hence, gentlemen, Labor joins with the Myopia International Research Foundation imploring your interest and support in the fight against ravages of myopia.

Mrs. Rachlin. Mr. Chairman, you are well aware of the appeal of the Myopia International Research Foundation for a National Myopia Center under the National Eye Institute. I could not help but feel deeply with the speaker before me. She is so right.

Even as we plead for ever-widening channels of communication in this country and all over the world, so will her cause be aided as well.

In the statement which has been submitted to you are the points we have been appealing for. Our late Chairman Thomas J. Perry, the young labor representative, international representative for the Service Employees International Union will now be remembered with the Thomas J. Perry Memorial Committee, Mr. Chairman, and I think by next year you will have heard from a number of your friends. With us today is a very well known educator, Dr. Anne O. Zill, adjunct associate professor of Fordham University, principal, Junior High School 204, New York City and very, very important in progressive educational circles, and Dr. Zill has a short statement.

STATEMENT OF DR. ANNE O. ZILL

Mr. Chairman and members of the House Subcommittee on Appropriations for Labor, Health, Education, and Welfare, current research

reports alarming figures of more than 1 million students in the age group of 12 to 18 who cannot read at the fourth grade level. In my experience and estimation as an educator, more than half of that number cannot read because they cannot see.

As a Nation should we not devote more media coverage and pressure toward conserving vision and toward promoting good sightedness and therefore better reading and overall better education. The program of the Myopia International Research Foundation embodies those priorities which would promote good vision and would assure the educational achievement toward maximizing the real peotential of each student.

PERTINENT FACTS

The Myopia International Research Foundation, Inc., launched the first comprehensive, interdisciplinary research program in the United States into the causes, treatment, and prevention of nearsightedness.

Our immediate goal to save the eyesight of more than 1 million American children—besides millions around the world—who are doomed to blindness because of progressive, pathological myopia for which there is no known cure. This, we are doing with the cooperation of doctors in the United States and elsewhere throughout the world.

The Myopia International Research Foundation sponsored the first international conference on myopia in 1964.

Since 1965 we have petitioned the Congress of the United States for the establishment of a National Myopia Center under the aegis of the U.S. public Health Service. Each year we have appeared before subcommittees of the House of Representatives and Senate.

The Myopia International Research Foundation has been invited to exhibit at conventions of the American Academy of Ophthalmology and Otolaryngology. An increasing number of ophthalmologists has before interested in our program.

By invitation, the Myopia International Research Foundation has had exhibits at the International Congress of Ophthalmology in Germany, 1966, and in Mexico, 1970. These presentations were enthusiastically attended by eminent doctors from all continents, who applauded our program and asked to be involved.

The Voice of America has twice broadcast details of our program to all nations.

Through gifts of printing, myopia research papers are published and distributed without charge to interested doctors in all nations.

The Myopia International Research Foundation is idealistic in its operation. No money whatsoever is spent on any administrative salaries or professional fundraisers.

Our intensive efforts continue daily to help widen the channels of communication among doctors interested in myopia research in all nations.

Mrs. RACHLIN. Finally, Mr. Chairman, I am happy to report that last year has been a very successful one. We now have an increasing number of distinguished ophthalmologists who are especially interested in this Center, as you know, in various nations around the world sharing with us in New York. This isn't enough, Mr. Chairman. We hope and pray for that sort of Center under the National Eye Institute which would help more than a million American children and millions around the world from becoming blind, and finally help people, the young man described by the speaker before me and many others, because in this widening area of widened communication fantastic things are happening.

Thank you so much for allowing us to come again, Mr. Flood.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 8, 1974.

MEDICAL RESEARCH

WITNESSES

DR. MICHAEL A. SCHWARTZ, DEAN, STATE UNIVERSITY OF NEW YORK SCHOOL OF PHARMACY, AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY
WILLIAM J. SKINNER, LEGISLATIVE AND LEGAL COUNSEL, AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY
DR. CHARLES W. BLIVEN, EXECUTIVE SECRETARY, AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Mr. FLOOD. The American Association of Colleges of Pharmacy, Dr. Michael A. Schwartz, dean, State University of New York School of Pharmacy, and Mr. William J. Skinner, legislative and legal counsel, American Association of Colleges of Pharmacy.

Dr. SCHWARTZ. Dr. Charles W. Bliven, executive secretary of the AACP, is also here. We have a written statement which we have submitted, and I would request that this be entered in the record.

[The statement follows:]

STATEMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Chairman Flood and members of the subcommittee, I am Michael A. Schwartz, dean of the School of Pharmacy and professor of pharmaceutics at the State University of New York at Buffalo since 1970. Prior to that, I served in various faculty positions at the school beginning in 1963 after approximately 4 years as a research scientist in private industry. My research interests include the chemistry of drug allergy, models of enzyme action, drug stability, and pharmaceutics of penicillins.

This statement is presented on behalf of the 73 accredited pharmacy schools—all of which are members of the American Association of Colleges of Pharmacy. With me today are Dr. Charles W. Bliven, executive secretary of the AACP, and Mr. William J. Skinner, the AACP legislative and legal counsel.

Most of the laws providing Federal financial support to pharmacy schools either expire or need to be revised and amended by June 30, 1974. The Comprehensive Health Manpower Training Act of 1971 has been the single most important legislative influence on returning pharmacy to a patient-oriented profession. Under the act, this subcommittee has never appropriated the full amount authorized, but those funds provided to us have made enormous differences between programs that maintain the status quo and programs in which pharmacists learn to improve health care.

The Nation's pharmacy schools are deeply grateful for this subcommittee's assistance and understanding. We are confident that pharmacy education will continue to receive the support of Congress in whatever health manpower legislation is forthcoming and we pledge to assist the members of the subcommittee to learn of the needs for the uses of funds required to be appropriated under the new law.

Health research and health services are also important components of pharmacy school activities today. In the health research area, many pharmacy schools have graduate programs leading to the master and the doctor degrees in pharmaceutical sciences as well as in administrative sciences, radiological health, environmental sciences, and related fields. These programs all contain a research component and provide opportunities for young scientists to channel their talents toward research to improve the health of mankind.

Scientific research efforts in developing new drugs, in studying the effects of drugs and chemicals on human body cells and on the environment, and in drug interactions and drug metabolism are highly specialized areas within pharmacy education. The general public and many health professions are, in many instances, virtually unaware of the countless advances in medical science and

disease pathology in recent years resulting from research by pharmacy educators working in such areas as analytical and medicinal chemistry, pharmacology, bionucleonics, pharmacognosy, toxicology and other fields. It is interesting to note that approximately 50 percent of the Ph. D. graduates in pharmacology from all U.S. institutions of higher education received their undergraduate education and training in one of the pharmacy schools in this Nation. In university laboratories and pharmacies in every geographical location in the United States, pharmacy educators, graduate students and practicing pharmacists are contributing to society's health care needs through research sponsored by State and Federal governments, private foundations and the pharmaceutical industry.

For a number of years pharmacy schools have been contributing to the scientific data base leading to knowledge which possibly will lead to cures for cancer, allow diabetic patients to lead a relatively normal life and improve the incidence of cardiac arrests.

Most of the scientific research programs in pharmacy schools are supported by grants and contracts from the National Institutes of Health, NIH. Several pharmacy schools administer NIH grant funds which support research by teams of physicians, dentists, and pharmaceutical scientists working together in university health science centers to develop greater understanding of the action of drugs in diseases and conditions of man.

NIH-supported research in pharmacy schools in fiscal year 1971 was approximately $5 million and in fiscal year 1972 slightly more than $6 million. For fiscal year 1973, we cannot report final totals because this was the year of the "impoundment." On December 28, 1973, the Association, together with the schools and colleges of optometry, filed suit in the U.S. District Court in the District of Columbia to obtain the release of impounded funds. Today, this suit is still before the court and the association does not know the final disposition of fiscal year 1973 research funds.

The fiscal year 1974 funds are currently being distributed and we will not know how the pharmacy schools fared until October or later.

Until the numerous court orders precipitated the Presidential release of impounded fiscal year 1973 funds, pharmacy school grants from the Institute of General Medical Sciences, NIGMS, were cut by 30 percent. Research supported by NIGMS includes chemical synthesis and pharmacological screening activity—the basis for all new drug discovery. Also cut was research in heart and lung diseases, arthritis, and neurological diseases.

Grants from the Division of Research Resources, including the General Research Support (GRS) grants, were also cut drastically in fiscal year 1937, GRS grants permit the pharmacy school research programs which are usually smaller than those of other institutions to become involved in projects that would otherwise be prohibited. Federal contract research excludes equipment acquisition and does not always allow adequate personnel support. Only 12 to 14 pharmacy schools are eligible for GRS grants under previous eligibility requirements. Without the GRS grants the research programs of these schools would be severely limited. These grants often supply the missing links in research efforts and therefore, the association endorses the need for these grants to continue.

At the School of Pharmacy at the State University of New York at Buffalo (SUNY) where I am dean, the GRS funds have been used to purchase major equipment such as a mass spectrometer and nuclear magnetic resonance equipment. Also, the funds have been used to initiate new research projects, and to continue projects which were suddenly phased out when grant funds were impounded. There is no other source for these funds in the required amount except the State government. New York State has not supported research beyond provision of faculty salaries. I understand three have been suggestions that research funds be allocated on a State-by-State basis through revenue sharing. This it seems to me would lead a most inefficient and inappropriate use of funds because every State dose not have the expertise available to determine the merits of every possible research project. It is my personal belief that financial support of research is a national responsibility since research capabilities of the country are national in nature and the results benefit the entire population.

Research at SUNY includes a number of exciting projects. In one project we have been applying the science of pharmacokinetics to patient care. In this project patient blood levels are taken when critical drugs are administered that can become toxic with high doses. Drugs such as digoxin, kanamycin, dilantin and others have been tested in this research project. Information we have uncovered with the use of GRS funds have led to a program grant in clinical pharmacoki-

netics from the National Institute of General Medical Sciences. With these additional funds, we will continue our research and improve the use of these critical drugs in patients on an individual basis. This work leads directly to better disease control and improved health.

The pharmacy researchers at SUNY are also involved in research on the absorption of drugs from the gastrointestinal trace to improve bioavailability and to avoid or control drug interaction. Another project involves developing a system for more rapid monitoring for content uniformity of nitroglycerin tables used for angina pain.

One of our researchers has synthesized a steroid analog for possible use in cancer chemotherapy. Another research project involves the synthesis of a new class of chemical compounds possessing antimicrobial activity.

In addition to these projects, there is another research effort which will help us to understand the role of calcium in high blood pressure. This basic research has developed new knowledge heretofore unknown about the effect of calcium on smooth muscle and vascular muscle activities.

Over 30 full-time faculty at SUNY at Buffalo School of Pharmacy devote a good part of their time to research activities. The total research budget of the school in 1974 is approximately $1 million, of which $100,000 is from the GRS grant. The remainder is primarily NIH grants for specific projects by individual faculty members. With the GRS grant funds, our faculty has initiated pilot research projects, projects which might not otherwise be possible without this important source of funds being available to our school.

Research conducted by the pharmacy faculty of SUNY is typical of the research being carried on in other pharmacy schools, particularly those receiving the GRS grants. Results of this work are shared with other researchers at meetings of scientists and health professions faculties, who, in turn, are updating the content of their courses and promoting the understanding of disease among health professionals.

The President's budget would reduce the GRS grants from $78 million in fiscal year 1974 to $0 in fiscal year 1975. This is intolerable and we are confident the subcommittee believes as we do.

The association is acutely aware that the President's fiscal year 1975 budget request will continue to sacrifice research in basic sciences. The association supports increased efforts in cancer research as the Cancer Act Amendments of 1974 would provide, but if the increase in cancer research is done at the expense of research in other fields, the health research community will become fragmented and unproductive in many fields. With inflation, research dollars are actually buying less today. An increase in every research institute is in order to assure that these programs go forward.

Research training grants are being phased out by the President's budget proposal. Over 200 predoctoral and postdoctoral pharmacy students will be without adequate support if this plan prevails. The fiscal year 1973 impoundment has already reduced the number of students supported at several major universities, and this foretells a future shortage of manpower in critical research fields. We would urge the subcommittee to insist on funds for research training grants under the current law or under the proposed act now in conference.

In pharmacy schools training grants average $5,000 per year. For many recipients the training grant may be the only source of income. Scientists and researchers are content to survive with such amounts because of their dedication to research. Inasmuch as the young researcher contributes much new knowledge, we should be prepared to support them in this modest fashion so that society's health will benefit. AAFP believes training grants are a sound investment and requests the subcommitte to continue them.

The association supports the minimum recommendations for NIH that have been developed by the coalition for health funding. A total of $2,075,779,000 is recommended by the coalition for NIH research programs and we strongly urge the subcommittee to adopt those amounts as the "bare bones" minimum research appropriation. When added to the recommendations for the National Library of Medicine, for construction of NIH facilities (including the Lister Hill Center) and for the director's office, the coalition's total recommendation for NIH is $2,148,870,000.

Health services research is also a growing concern of pharmacy schools. This involves applying scientific knowledge directly to the care of patients. A significant contributing factor to the cost and quality of health care is the problem of adverse drug reactions. It is estimated that 10 to 30 percent of hospitalized

patients suffer adverse drug reactions. When these are added to adverse drug reactions occurring outside the hospital, a needless expenditure of over $6 billion dollars a year results.

Pharmacy schools are looking carefully at this problem. The Food and Drug Administration, which receives its appropriations from another subcommittee, has funded adverse drug reaction research for several years. However, additional pharmacy schools are developing proposals for research in this field for submission to agencies under the jurisdiction of this subcommittee. The magnitude of adverse drug reactions in extended care facilities indicates that more attention must be paid to this problem by the Social Security Administration's Bureau of Quality Assurance and by other agencies.

The association submitted a proposal last June which would have cost the Federal Government $2 million over a period of 2 years with the potential net savings in medicare and medicaid funds of over $80 million dollars. Because of the lack of funds among potential funding agencies of HEW, this project was not pursued. In this case, the association believes the Department was being penny-wise and pound-foolish.

For a number of years, pharmacy schools have been involved in drug abuse education efforts which utilize students and faculty. For example, faculties have participated in teacher education programs and faculties have conducted research on narcotic antagonists. Students have discussed drug abuse with other college students as well as with high school and elementary age students. The latter educational activities we believe have prevented the development of a much more serious drug abuse problem. Therefore, the association urges that the subcommittee adequately fund the National Institute of Drug Abuse.

Also, in the Alcohol, Drug Abuse and Mental Health Administration, the association wishes to endorse the Coalition for Health Funding's request for a minimum of $236,050,000 for mental health research and training programs. The National Institute of Mental Health has been the Nation's vehicle in making great strides against mental illness. The use of drugs and the treatment of mental disease has released thousands of patients from hospital wards to lead productive lives.

Pharmacy schools in several parts of the Nation are beginning research on the use of pharmacists for followup care of mental patients whose problems can be controlled by drugs. Community mental health centers and outpatient clinics utilizing the services of pharmacists trained in mental health care are finding that they can improve the quality of care and increase the patient load served. Rather than phasing out, slowing down or stopping mental health programs, as has been suggested by the administration, the association supports the continuation of the community mental health centers programs until all of the Nation's mentally ill are given opportunities for treatment.

What has been said about the need for drug abuse and mental health programs also goes for alcoholism research and training. While alcoholism is recognized as the number one social drug problem in the country, the President's budget request for fiscal year 1975 asks for only $12.3 million. Perhaps the administration has decided that alcoholism is incurable and that this program can be phased out. However, the fiscal year 1973 appropriation was $20.5 million, and with the final fiscal year 1974 appropriation of $16.1 million, it is time to move these programs along. The coalition for health funding recommends a minimum of $20.7 million and the association endorses that amount.

Another service program of interest to pharmacy is one which fosters the development of health maintenance organizations. In this program the President's request for fiscal 1975 is only two-thirds of the authorized amounts. The budget called for $60 million and the coalition recommends $80 million which the association endorses. We would point out that drug benefits are not among the required services to be provided by HMO's. However, HMO's may provide drug services; if they do, the cost of establishing and operating these types of programs will undoubtedly be greater than programs that do not offer the services. It is requested that sufficient funds be appropriated to permit the funding of some high cost HMO's for periods long enough to determine whether they can be competitive and, most importantly, in the long run prevent disease and maintain health as opposed to traditional health care systems which have emphasized finding out what is wrong and then leaving many patients to their own devices for carrying out treatments.

In closing, the association wishes to commend this subcommittee for its role in increasing health appropriations during the past few years. The judgments it has exercised are leading to more knowledge of the treatment of disease and

to better patient care. We appreciate this opportunity to offer this statement. Please call on the association staff and officers to provide any additional information that will be of assistance.

Dr. SCHWARTZ. I would like to highlight it with my own remarks.

I would like to emphasize in my remarks today the need to continue the general research support (GRS) grant program of the Division of Research Resources of NIH, which the administration has proposed to cut out entirely in the fiscal year 1975 budget.

These GRS grants, as flexible funding, institutional funding, go to medical, dental, and pharmacy schools to provide general support for the overall research effort of the institution. The major uses of these dollars are primarily to seed new projects proposed by faculty, to purchase major items of equipment which are used by a number of faculty and which are so expensive they cannot be obtained through an individual grant.

For example, if a faculty member has grant support for his program of $25,000 or $30,000 per year, it would not seem likely that we could afford to spend an equal amount just for one piece of equipment for him alone. There is sophisticated equipment needed by the institution as a whole, by many people, to do modern research.

Also GRS grants are used to continue and allow phaseout of projects for which support is no longer available, and this has happened more and more lately as a result of the impoundment of funds.

And finally, GRS grants are used to further the dissemination of research results through publication and scientific meetings.

I would like to use my own school as an example to demonstrate the need for these funds. This is the 11th year in which we have received the funds. Our total research budget this year will approach about $1 million, and we have over 30 faculty engaged a good part of their time in health research—in pharmacology, in medicinal chemistry, and in pharmaceuticals. The remainder of the research funds come from specific, individual grants to faculty for projects which have passed through the peer review process of NIH and have been awarded on a competitive basis. We have had many, many other projects which were approved through that same process but for which funds were not available.

Most of the projects that were funded individually originated only because the funding for them was available through the GRS program. An example is our research program in clinical pharmacokinetics where we are applying research, which has only been done over the past decade to direct patient care. This is a program where drugs which have critical dosage levels (where the toxicity level is only slightly above the therapeutic level), such as digitalis, are measured in body fluids, and then through our knowledge of rates of absorption, excretion, the dosage is adjusted individually for each patient so we can optimize therapy for the individual patient. Each individual, as you know, responds differently to drugs.

This project was initiated a little less than 2 years ago with general research support funds. We were able to hire a very competent scientist to direct the program, to get him some initial equipment to begin work, and without this funding the program could not have started.

Today we have recently been awarded a large grant from the NIH to expand the scope of this program and further its efforts, using additional drugs and further research in the area.

I think it is generally understood that it is difficult to gain support for a new project based on a novel idea unless some work on it has already been accomplished in order to demonstrate a level of feasibility, and that was exactly the case with this clinical pharmacokinetics program. The idea was a good one, and yet until we had done some work we would not have been able to convince NIH of the feasibility of the project and of the need to support the program. If that is right, what is a young scientist to do when he has a new idea? Where will he obtain the equipment and supplies to get to work on it so that he can demonstrate it is good and get, eventually, individual support. The only way we have of doing that now is through the general research support program.

Another example is in the area of equipment. Several years ago we were able to purchase from the GRS funds a mass spectrometer. This is an expensive instrument. It could not be purchased in individual grants since it could not be justified, but it is essential for determination of structure of new drugs today. It is an essential tool in modern research of drug therapy. This tool is used mostly by our medicinal chemistry department. They are working on developing new drugs in cancer chemotherapy, antibiotics, and so on. Without this equipment the work would take six or eight times as long by older methods. This is basic and GRS is the only means we have had of obtaining this kind of equipment.

So if this program is cut out as the administration proposed, I believe there are many, many excellent projects which would just never get off the ground. I think the overall quality of our national research effort will decline. I also think many young potential scientists will become discouraged and seek other fields. We will not be getting the best people into our basic research effort. I think the equipment manufacturers will also be discouraged from furthering their research and we will slow down advances in our research technology.

The chairman and the subcommittee are to be commended for their generous support of all NIH research programs. I want you to know that I recognize who controls Federal research funds. I appreciate your efforts which support research. The administration interest seems to be in encouraging research directed toward specific problems through contracts rather than grants. I believe we do have to address those specific problems which are grave, such as cancer, heart disease and so on. However, I think we would be foolish in cutting back our basic research effort which provides the fund of knowledge upon which applied developments come from.

I would like to take a minute to mention that there are other programs in which our school is involved, in the areas of mental health and drug abuse and drug information systems, which I think require continued support and in which the administration has also proposed drastic cuts; I hope that the committee will continue the level of support that we have had in the past in order that these programs would not be discouraged.

Thank you. If you have any questions, I will be glad to answer them.

Mr. Flood. Thank you very much.

WEDNESDAY, MAY 8, 1974.

KIDNEY DISEASE PROGRAM

WITNESS

DR. JAMES HUNT, CHAIRMAN, DEPARTMENT OF MEDICINE, MAYO CLINIC, ROCHESTER, MINN., AND PRESIDENT OF THE NATIONAL KIDNEY FOUNDATION

Mr. FLOOD. We now have Dr. James Hunt, chairman of the Department of Medicine, Mayo Clinic, Rochester, Minn., and president of the National Kidney Foundation.

No one with you?

Dr. HUNT. Mr. Flood, my associate is with me—Dr. Becker, professor of medicine, Cornell University and past president of the foundation is in the back of the room. For some reason he trusts me to represent the National Kidney Foundation.

I am amazed at the fortitude of the Congress in listening to so much testimony. I will attempt to be brief and therefore submit my statement for the official record.

[The statement follows:]

TESTIMONY OF JAMES C. HUNT, M.D., PRESIDENT, NATIONAL KIDNEY FOUNDATION

Mr. Chairman, we sincerely appreciate the opportunity to discuss funding priorities for kidney and genitourinary disease problems. I appear before this subcommittee today to speak on behalf of the lay and professional membership of the National Kidney Foundation. The National Kidney Foundation is 25 years old this year and serves as the principal spokesman in the private sector for consumers and providers and volunteer individuals with a major commitment to the kidney disease field.

I am James C. Hunt, professor and chairman of medicine, Mayo Clinic and Mayo Medical School, Rochester, Minn., and president of the National Kidney Foundation. The National Kidney Foundation is identifying and utilizing every possible health care resource in the fight against renal and genitourinary disease. The National Kidney Foundation strongly supports research in health care, the developing and effecting of professional educational programs, and education-information programs for the public at large. The problem at hand is far beyond our meager resources. We are prepared to offer manpower, know-how, commitment and dedication; however, there is need for increased support in the critical and high priority areas of medical research, health care manpower training, and the development of disease detection and prevention.

In October 1972, the Congress passed H.R. 1 which contains a section amending the disability provisions of medicare to cover individuals with kidney failure. This public law—Public Law 92-603—became effective July 1, 1973, and provides medical coverage for approximately 90 percent of individuals with end-stage renal disease—ERSD, Public Law 92-603, section 2991, is an enlightened governmental response to a catastrophic health care problem. This law provides financial means for the care of human suffering but does not approach the root of the problem—nor was it intended to do so. For medical science the primary challenge remains that of the necessity to determine the causes and to develop the means of preventing a variety of renal diseases which result in kidney failure and other associated disabilities.

Mr. Chairman, I am privileged to have had an experience of more than 20 years in the field of internal medicine. My own subspecialty is in kidney diseases—nephrology. Indeed the establishment of the Division of Nephrology at the Mayo Clinic was my primary activity for 10 years. I call this background experience to the attention of the subcommittee because of the fact that the medical subspecialty of renal and genitourinary diseases, "nephrology," is a relatively new one of internal medicine—it has existed hardly more than 20 years. The very recent development of the discipline to some considerable extent accounts

for our major lack of knowledge of the causes of kidney disease and as to their appropriate management. Similarly, the recent development of this discipline is one of the reasons for greater need for major commitments to research to provide fundamental knowledge concerning a broad variety of kidney disease problems.

With catastrophic illness support for kidney dialysis and transplantation treatment of ESRD patients through Public Law 92-603, the medical and scientific community are now better prepared to address the more important problems of early detection and prevention of kidney disease. We are committed to the wise utilization of the moral and financial support provided by the Congress on behalf of the public at large.

I. Nature of the Problem

From a health care standpoint, and with respect to the needs for funding, we wish to call to the attention of the subcommittee recommendations and suggestions in three primary areas:

A. The necessity for expanded research activities, basic and applied, in the renal and genito-urinary disease field.

B. The need for increased efforts in health manpower training and development to provide physicians, surgeons and allied health individuals to deliver medical care in the kidney problem areas now recognized with increasing frequency.

C. The need to develop programs for the early detection and prevention of kidney disease in order to avoid complications today recognized as ESRD.

II. Needs and Priorities in Research in Renal and Genitourinary Diseases

Nephrology and urology, as is the instance in many of the clinical sciences of medicine and surgery, require strong support in the fundamental scientific disciplines. Advances in the clinical management of individuals with ESRD have resulted from close coordination with these disciplines and treatment results from kidney dialysis and transplantation are profoundly improved. There are a number of survivors for more than 10 years on dialysis or after transplantation. The delivery system can be improved with respect to making this lifesaving treatment available to larger numbers of our citizens and through research we anticipate some improvement in the techniques and technology of dialysis and transplantation. However, the major goal and primary priority of early detection and prevention of disease must come through fundamental breakthroughs in the basic clinical sciences closely related to nephrology and urology. For illustration purposes the following examples are cited:

A. IMMUNOLOGY

Glomerulonephritis, a destructive process of the filtering system of the kidney, is one of the most common, if not the most common cause of ESRD. This process not uncommonly results in early death or requires renal dialysis or transplantation. The problem occurs especially in children and young adults. Improved understanding of the body's immune system and fundamental developments in the field of immunology have increased our knowledge of the disease process to a considerable degree. However, much more is required in terms of basic research to better define the fundamental process in order that we might address the problems of early detection and prevention. It is only during recent years that we have determined that there are a variety of types of glomerulonephritis and the current evidence would suggest that there probably are a variety of causes.

Public suffering from the various glomerular disease processes and the enormous cost of catastrophic illness coverage associated with kidney dialysis and transplantation treatment of ESRD can be reduced only through the development of new and fundamental knowledge in the immunology of renal disease.

B. BIOCHEMISTRY AND PHYSIOLOGY

Disorders of electrolyte and mineral metabolism result in a wide variety of kidney disease processes. An excellent example is kidney stone disease, urolithiasis, which has plagued man throughout recorded medical history. During recent years, improved understanding of the biochemistry of calcium metabolism as related to the formation of kidney stones has been effected despite the low level of financial commitment to research programs in this area. Indeed research as recently re-

ported and currently underway has demonstrated a number of endocrine organ functions of the kidney and further have proved that there is a variety of close interrelationships between the kidney and other endocrine organs in the control of various metabolic functions of the body. Disorders of these functions can lead to medical problems such as the formation of kidney stones.

Support for research, basic and applied, through the National Institute of Arthritis, Metabolism and Digestive Diseases—NIAMDD—has been grossly inadequate during recent years. Current priorities for suggested funding do not include any major increase. Detection of abnormalities which might lead to problems such as kidney stone formation and the prevention of crisis problems in medicine clearly is within the realm of feasibility; however, we must have increased support for research in the mineral metabolism if such is to be accomplished. For much more remains to be discovered if we are to develop effective treatment programs for individuals with biochemical and physiologic abnormalities in kidney function.

C. MICROBIOLOGY

Urinary tract infection represents the single most common cause of disability and morbidity from renal and genito-urinary disease. Yet, our understanding of the cause of urinary tract infection, particularly in women, has not advanced strikingly during the past decade. Communications between the microbiologist and the urology and nephrology medical communities have been disrupted as a result of inadequate support from a financial standpoint to a new and ongoing research programs in this field. Epidemiologists have long recognized the major health care need in terms of early detection and treatment in order to prevent permanent kidney damage from infection. Yet, the practicing physician today has little in the way of expertise in the management of renal and genitourinary infection. Clearly, major commitments must be made to research and research funding in the field of renal microbiology if we are to develop a better understanding and improved management programs for the care of large numbers of people with urinary tract infection problems.

D. EPIDEMIOLOGY

It would be inappropriate to restrict the contributions of epidemiology to the disciplines of Nephrology and Urology, for indeed contributions from scientists in this field have been increasingly important in recent years in the improved health care and medical care available to the public today. However, scientists in epidemiology have close kindred relationships with a number of disciplines in medicine and institutes such as the National Heart and Lung Institute—NHLI—and NIAMDD with conjoined activities such as in the field of high blood pressure—hypertension.

High blood pressure is one of the single most common health problems which the physician sees in his practice today. Estimates from the National Institutes of Health are that more than 20 million adult Americans have hypertension. A wide variety of diseases of the kidney, renal circulation, and genitourinary system are known to be etiologically responsible for high blood pressure.

Much has been learned from medical research as to the causes of renal hypertension and additional support for research programs in this field should pay rewarding dividends with respect to improved health care. However, much more must be accomplished in terms of epidemiological studies as to the natural history of high blood pressure, its early detection and approprite management in the community setting. For indeed, the public is as yet not appropriately aware of the catastrophic results from undetected and inappropriately or inadequately treated hypertension. Indeed, the single most common cause of ESRD in the black population is chronic sustained hypertension.

Summary

Mr. Chairman, in my experience as a practicing physician, I am involved daily in the management of individuals with complex illnesses that are caused by renal and genito-urinary problems of the type described as examples above. My personal experiences and those of my clinical colleagues have convinced me of the absolute necessity of increased funding commitments for medical research in the fundamental sciences and in the development of new applied science research programs as I have described above. There are, of course, many other kidney and genito-urinaty problems such as prostatic disease, congential, and

inherited renal disease, cancer of the urinary tract and other problems for which we must have increased fundamental knowledge if we are to provide more effective health care and medical care. My primary purpose in the above description has been to call attention to those areas desperately in need of additional funding support and most likely to yield striking rewards in terms of improved public health in the near future.

III. Health manpower training and development

Congress has generously supported education in the health care professions for a number of years. Emphasis has been placed on the development of physician, dentist, nursing, and allied health manpower. As a result, many individuals can and do enjoy improved opportunities for better medical care. Accordingly, demands for health services have increased. This, to a considerable degree, has resulted from an increased physician recognition of disease processes, a greater public awareness of the availability of improved health care and the development of a motivation to health maintenance and disease prevention. The public has become increasingly conscious of the necessity of developing a more effective access to the health care system, strongly desirous of improving quality of medical care and health care and extremely concerned with the enormous costs of medical care, particularly when disease processes through late detection have resulted in extensive complications to organs and organ systems. This, in part, has resulted from a striking shortage of physicians in the United States. The shortage remains despite the importation of large numbers of foreign medical graduates. With increased graduation of additional physicians from our medical schools, the medical profession still is simply not able to meet and fulfill the health care needs of the public today. Accordingly, our suggestions to the subcommittee are:

A. HEALTH CARE PROFESSIONALS

For many years the Congress has provided funding for clinical investigational and research training programs which have helped the health care professionals attract outstanding young individuals to a career in the medical sciences. The Congress is well aware of the extended training programs necessary to develop leadership individuals in the health sciences—sometimes extending through 12 or more years after graduation from high school. The current administration is not in sympathy with the judgment of the National Institutes of Health concerning utilization of moneys appropriated by the Congress for the health manpower education. Accordingly, there is a planned "phase-out" of clinical and research training programs to be replaced by a limited number of the so-called "Weinberger Fellowship." Despite the enormous complexities of the writing research protocols in order to compete for these fellowships, the need of the medical community is so great that much time has been consumed by senior faculty members on behalf of trainees in order to attempt to secure at least some semblance of funding.

A shortage of medical school faculty and investigators trained in the scientific method would result in less effective schooling and training of individuals in the science of medicine and health care. Accordingly, support for training programs for physicians, other medical scientists, and allied health individuals is desperately needed if we are to continue to provide academic faculty for educational programs and research. Should the Congress permit the administration to phase out or otherwise discontinue support for research training, it will be increasingly difficult to motivate young physicians and scientists to enter academic careers and accept educational activities in the health sciences.

Mr. Chairman, we strongly support the continuation and expansion of career development awards for individuals wishing to prepare for and to enter a career in medical education and research. We particularly ask the good offices and support of the members of this subcommittee in expanding financial support and funding for career educators and scientists in renal and genitourinary disease. For indeed, the recent development of this field has resulted in its being deprived of any sizable number of such individuals through reduced funding and realtered priorities at the very time when we are becoming aware of the extreme needs for new fundamental knowledge in order to improve public health. The public is aware, the Congress is aware but apparently the administration is unaware that physicians and other providers of medical and health care trained more than 10 years ago generally have little expertise in the modern management of a broad variety of diseases of the kidney and genitourinary system. Not only must the medical student of today be better informed concerning these

problems but we must also find means of providing the continuing education opportunities for the current practicing physician in order that he might improve his expertise.

B. ALLIED HEALTH MANPOWER NEEDS

A number of surveys in disease detection and epidemiology have demonstrated that kidney diseases, particularly renal hypertension, urinary tract infection, kidney stones, nephritis, and prostatic disease, among others, occur far more commonly in the population at large than was appreciated a few years ago. Further, the development of demonstration programs and clinics in community hospitals has illustrated that many allied health individuals, such as nurse practitioners, not only provide competence in the detection of the disease processes, but in many instances "physician extenders can provide superior health care to afflicted individuals. Highly specialized short supply medical manpower accordingly can oftentime be more effectively utilized. This is especially applicable with respect to kidney and genitourinary diseases as has been described above.

New programs must be developed to provide access to health care, care of reasonable quality and care at a reasonable cost for our total population. Our judgment is that much broader utilization of allied health manpower can be accomplished and that clinical research in the adaptation of the appropriate use of such manpower deserves a high priority. We strongly recommend to the Congress that funding commitments with appropriate instructions be made to assure the training of a variety of allied health individuals to assist physicians in detection and treatment of recognized and unrecognized disease processes in the communities.

C. CONTINUING EDUCATION

The current shortage of medical manpower is compounded by a number of factors. There has been a virtual explosion of medical knowledge and scientific information since World War II. This has resulted in a larger and larger number of recent graduates of our medical schools entering into specialty and subspecialty medical and scientific disciplines.

Physicians highly skilled and trained in the specialties and subspecialties of medicine and surgery commonly gravitate to high population density areas with a resultant shortage of medical manpower in the rural and sparsely populated areas. The family practitioner in the smaller towns and cities in this country might be compared to the "family farmer." He is an aging specimen trained and experienced in a different environment from the modern scientific world. Inadequate staffing and long working hours has commonly resulted in less than satisfactory medical practice customs and habits in continuing education for the physicians left in the environment of which I have described. The physician in the inner city is not immune to similar problems.

The latest developments in the science of medicine and disease prevention quite often escape physicians working under circumstances such as those described above. Accordingly, we wish to suggest to the subcommittee that continuing education for the health care team deserves a high priority and that much research and development should be accomplished in the effective delivery of new knowledge to the practicing physician. A number of efforts of this type are underway. We are convinced that improved opportunities in terms of professional capabilities and professional satisfaction will result in the training and development of more primary care physicians for we must encourage young health care professionals to enter the primary care specialties of family practice, community pediatrics, community obstetrics and gynecology and general internal medicine. Active programs in health care research and health manpower training will strongly support continued educational activities of the type described above. These needs are especially acute in the newly developing fields of renal and genitourinary disease.

IV. Kidney Disease Prevention

Many breakthroughs in engineering and technology during the past 10 to 15 years have made possible improved medical care for individuals with ESRD through kidney dialysis. This enormously complex and expensive means of therapy was largely responsible for provision by the Congress of a prototype catastrophic illness national health insurance through the renal provision of Public Law 92-603. Advances have also been made in the science and technology of kidney transplantation; however, effective treatment of afflicted individuals

can in no way lead to a more appropriate and less costly disease prevention. A major reason for ESRD is the late detection of renal-disease processes and our heretofore lack of basic information concerning the epidemiology and natural history of a variety of kidney diseases. Accordingly, we would hope that this subcommittee will direct financial support to recognize the needs for programs which should include:

A. PROGRAMS FOR THE EARLY RECOGNITION AND DETECTION OF KIDNEY DISEASE

Community and community based detection programs are currently under development on a national scale as an approach to the high blood pressure problem. This effort is being coordinated through the national high blood pressure program. This concept might be effectively applied to a number of additional problem areas with involvement of the Federal Government, the private sector, the industry and other involved groups and agencies. Real problems such as urinary tract infections, kidneystone disease, and other chronic renal and genitourinary problems might effectively be approached in this fashion.

B. PROGRAMS FOR APPROPRIATE DIAGNOSIS INVESTIGATION OF KIDNEY PROBLEMS

Many individuals with renal disorders are totally unaware of their kidney disease problem. Indeed kidney diseases often times are asymptomatic until extensive damage has occurred.

Early recognition and detection of kidney disease however, does not always result in appropriate diagnostic investigation. The necessary facilities for the modern techniques and technologies associated with nephrology have not reached many community hospitals some of which may even stand in the shadows of the medical schools. Physician education, particularly continuing education, with emphasis on the importance and cost-effectiveness of undertaking adequate investigation early in the natural history of a disease process must be improved. Indeed, the evidence at hand strongly suggests that health care costs, morbidity and mortality may be strikingly reduced with adequate early clinical and laboratory assessment of many medical problems.

C. PUBLIC INFORMATION AND EDUCATION CONCERNING RENAL DISEASE

Commonly, individuals with untreated or inadequately treated renal diseases have long been aware of their problems. However, in most instances the significance and magnitude of the problem has not been fully appreciated by the individual. Accordingly, intensive efforts in a broad vein of education must be accomplished to make provision for an informed judgment by the individual as to the significance of renal and genitourinary disease. An excellent example of an effective public education campaign again is the national high blood pressure education program which shows increasing evidence of being successful at the community level.

D. PROGRAMS FOR THE TREATMENT OF RENAL DISEASE

The early detection of many renal problems can result in the prevention of ESRD. Twenty-five years ago the most common cause of death in the hypertensive individual was renal failure—it is probable that more than 95 percent of individuals with severe hypertension at this time die of renal failure, heart failure, or stroke. Today, there has been a striking reduction of deaths from renal failure, heart failure, and stroke when effective antihypertensive treatment programs are constituted and maintained.

The provision of new knowledge with respect to the glomerulopathies renal stone disease, renal hypertension and other common problems will require new treatment regiments for practicing physicians in order to prevent ESRD. Transfer of new and fundamental knowledge from the research laboratory to the academic medical center to the community hospital and to the benefit of the patient clearly requires close coordinaion of the members of the health care team in the fashion described above.

E. PATIENT COMPLIANCE AND PHYSICIAN FOLLOWUP

Many individuals with renal and renal related illnesses at the present time have only a meager understanding of the natural history of the disease process. They do not appreciate the necessity of long-term treatment and accordingly,

compliance is often times at a low level. This in part is a result of the inadequate understanding and knowledge of basic disease mechanisms and the natural history process by the supervising physician. Indeed the asymptomatic nature of many renal and genitourinary disease process results in a false sense of security for the patient and physician and thus inappropriate treatment.

Follow-up observation of the individual with kindey disease also is commonly inadequate. Simple and readily available laboratory procedures such as the routine urinalysis and serum creatinine also determinations of effectiveness of treatment programs such as blood pressure determinations in the office would do much to assure better patient compliance. Nurses and allied health individuals from our experience profoundly improve treatment results in many instances. They should be incorporated to a large extent in the health care team whenever possible. Motivational studies and other investigations as to new approaches and techniques for patient compliance are strongly recommended for increased support and funding.

Summary

Mr. Chairman, on behalf of the National Kidney Foundation, we wish to suggest to the subcommittee that it is important to consider increased funding of research in the field of renal and genitourinary disease. We believe it highly desireable to provide funding particularly for the investigator initiated research project. We believe that there should be a proper balance between basic reserach and applied research. There is a need to continue the search for the cause of a variety of kidney diseases many of which can result in ESRD.

The development of new knowledge will not benefit the public at large unless provision is made for adequate training of health manpower to bring this new knowledge to the benefit of the public. The training of young physicians as providers of primary care cannot be effective without adequate faculty. Physicians can be more effective in their health care delivery activities if the training programs are broadened to include the entire health care communty. Current practicing physicians can be more effective and health care improved if provision is made for the funding of continuing education programs.

It is highly desireable that our total efforts stress disease prevention through early detection and management programs. For indeed, health maintenance is the long-term objective of society and the medical profession. Accordingly, programs for early detection, appropriate investigation, adequate treatment, and improved patient compliance through public information and education are strongly urged.

For many reasons cited above we urge the subcommittee to approve significant amounts of funding for new work proposed by the scientific and educational communities with respect to kidney disease. Expanded and new programs in this field will further cement the important partnership between the public and private segments of our society. We are especially concerned that emphasis be placed on the development of new and fundamental knowledge, the development of necessary manpower capabilities to apply at this new knowledge and to teach the practitioners currently in training and in practice and to emphasize to the public the necessity that the individual become involved in his own medical care, health care and health maintenance.

Again, our sincere appreciation for the privilege of expressing the views of the National Kidney Foundation before this distinguished body. We respectfully request your help in obtaining increased funding to the National Institutes of Health especially to the NHLI and the NIAMDD because of their involvement in the kidney disease and kidney disease related fields.

Mr. Chairman, the Coalition for Health Funding has recommended a funding level of $175,392 million for the National Institute of Arthritis, Metabolic, and Digestive Diseases. We believe this is a realistic figure from which the various programs outlined in our statement can be adequately supported. We also believe the figure of $365 million established for the National Heart Lung Institute by the American Heart Association is appropriate.

Thank you.

Dr. HUNT. Mr. Chairman, it is important that the American people have an opportunity to bring their case to the Congress. As the testimony just before indicated, the people do not have an opportunity really to present their case to this current administration, and I think this is especially true in health care because the health care system in this country is at risk and the record will indicate such.

I am the president of the National Kidney Foundation and chairman of medicine at the Mayo Clinic, as introduced.

We are concerned that the current administration is not sympathetic. Indeed, if the budgets as proposed are adopted we would be in a position in medicine and in health care of being cut off at the knees.

The consumer is concerned that the family practitioner in this country is dying out, he is not being replaced. He is like the family farm and the family farmer—in jeopardy.

The consumer desires access to a health care system. He desires reasonable quality in his health care and he desires it at a reasonable cost, and the current trend certainly is not going to provide that. The provider of health care is concerned to develop a product which will fulfill the need just identified on behalf of the consumer. However, this means that we need tools with which to work, and these tools really are an increase in health manpower. An increase in health manpower requires faculty. The faculty that we need now simply can't be replaced at our medical schools now under current funding levels.

Dr. Becker was telling me this morning that the faculty who leave Cornell University won't be replaced because there are no identifiable funds to replace them as a result of decreased support for the medical schools.

The providers need to build a better delivery system. We know the present delivery system isn't good and we know it is getting worse, Mr. Chairman, not better. There simply is not a commitment to long-range support of the necessary programs.

Now the National Kidney Foundation, the consumers and providers seek the help of Congress particularly to emphasize in the kidney disease field that the problems here are extremely complex. They result in much suffering, they result in untimely deaths, particularly in the young.

What are some of the problems? The genito-urinary kidney infection is the single most common cause of loss of time, particularly in young women, from work today.

Genito-urinary infection and kidney stones are an uncommon problem in terms of the total health care problem in this country, particularly an extremely common one in terms of loss of man-hours.

Specifically in terms of kidney and genito-urinary disease, we have a major problem that there are few symptoms. When they appear they occur very late in the natural history of the problem, and oftentimes it is too late to do anything curative about kidney and genito-urinary diseases by the time symptoms have occurred. Further, if something can be done late in the natural history, it usually means surgery rather than conservative or medical cure of the problem when early detection could make all the difference.

What are some of the problems we need specifically to call to the committee's attention? First, nephrology, the medical specialty in kidney disease, is a new specialty, just over a decade old.

The activities until recently that we have undertaken in the kidney disease field have been to respond to an emergency, to respond to catastrophic illness, and the Congress has responded in a magnificent fashion through the enactment of H.R. 1. But this is catastrophic illness insurance on medicare. We are dealing with end-stage renal disease. We are trying to put out fires. Disease prevention is

really the only effective approach, and this is where the medical profession would like to orient itself and this is where the consumer would like us to orient ourselves.

What we need is increased health manpower. We need to replace the family practitioner in the small cities and smaller towns in this country but we need to put him there as a well-trained individual. This means we must have more faculty. Cornell University and the Mayo Medical School and Mayo Clinic can't function without staff, and we can't acquire staff unless we have funding.

We need an improved health care delivery system, Mr. Chairman, and that means we have to develop a means of orienting the people to help take care of themselves.

Let me close by saying that the Coalition for Health Funding has recommended that the NIAMDD be increased in funding beyond what the administration is recommending to approximately $175 million total. We think that this will help, indeed will enable the Institute to do its business as it should be done.

Further, we would concur with the American Heart Association that $365 million for the National Heart and Lung Institute will enable this Institute to get the job done.

Mr. Chairman, thank you very much.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 8, 1974.

MATERNAL AND CHILD HEALTH PROGRAMS

WITNESS

HON. EDWARD I. KOCH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. FLOOD. Now we have the Honorable Edward Koch of New York on maternal and child health programs.

Mr. KOCH. Mr. Chairman, I do appreciate this opportunity to testify before you today in support of additional funds for maternal and child health programs. I am urging that there be full and sufficient funding in the fiscal year 1975 appropriations bill to implement title V of the Social Security Act, Public Law 93–53, and particularly the hold-harmless provisions of that maternal and child health program. This program which provides comprehensive health care is of vital concern to more than a million mothers and children across the country and is in danger of having its funding severely reduced by HEW in fiscal year 1975.

In 1972 and again in 1973 the Congress had to take the initiative to assure the continuation of the maternal and child health projects because the Department of HEW had not taken the appropriate steps to assure a smooth transition for funding of maternal and child health services from project grants to formula grants.

Section 516 adopted by the Congress last year provided supplemental authority for increased funding for maternal and child health so that States which were planning to begin to develop their program of projects and expand their basic maternal and child health activity might do so, while at the same time project grants could continue to provide

service in areas where other health resources are not available. Congress had to provide the leadership in securing a supplemental appropriation under the authority of section 516 for fiscal year 1974 last year—an appropriation which HEW refused to request.

Now HEW has estimated that for fiscal year 1975, $36,203,000 will be needed to implement section 516 of Public Law 93–53. This section mandates that no State shall receive less in funds for fiscal year 1975 and in subsequent years than it did in fiscal year 1973 for both projects and formula funds and also assures that States maintain services to populations already receiving services under the project grants.

I understand that HEW has requested in the budget for section 516 $7 million to alleviate the shortfalls experienced by some States; $10.4 million will be available for this section from released impounded funds. In addition—and most important to note—HEW plans to transfer $18 million from the basic maternal and child health allotment authorized by section 503 to section 516. Such action is in direct violation of the intent and spirit of the law. Secretary Weinberger should be requesting $18 million from the Appropriations Committee—instead of transferring this money from one section of title V to another section.

With 42 other Members of the House, I have sent the attached letter to HEW Secretary Weinberger to indicate the strong commitment of the Congress to full funding of maternal and child health services and to voice our strong opposition to any plans by HEW to cut this money from these programs in violation of the law.

That letter uses the figure of $18 million which is being transferred from section 503 to section 516. To fully implement section 516, $19 million would be needed (in addition to the $7 million requested and the $10.4 million in released funds) to reach the $36 million figure.

As you know, in July 1974, each State health department will be required to have:

—a program of maternity and infant care projects,
—a program of children and youth projects,
—a program of family planning projects,
—a program of dental care projects,
—a program of newborn care projects.

No State has all of these. There are only 8 newborn care projects and 17 dental.

It is estimated that 162 new projects will be needed to meet this mandate. At an approximate initial cost of $500,000 each, $81 million will be needed—in addition to what HEW has requested for section 503. Another $10 million will be needed for Section 504, Crippled Children's Services.

Last year we fought the successful fight to keep the existing children and youth and maternal and infant care programs. That fight will be lost through an administrative device if we don't provide the full funding for these programs.

Over 1 million mothers and children from low-income families—and others who have not yet been reached by these projects but will be with adequate funding—look to you and your subcommittee to have these comprehensive care programs which with a team of trained professionals have prevented illnesses, increased well-child visits, re-

duced hospitalization, reduced infant mortality, and assured a large population of needy persons that someone does care and will help.

Last year when some directors of these programs visited Dr. Cavanaugh at the White House to plead with the administration for support, Dr. Cavanaugh reportedly said that in the history of the country the Federal dollar has never been so well spent in health care as it has been with the title V programs—but, he said, nonetheless the administration will refuse to support direct Federal funding of the projects in needy areas.

The administration has done more than refuse to support the projects—it has done much to reorganize the maternal and child health service out of existence. It is of utmost importance that your subcommittee have some oversight of HEW action in this area and assure that sufficient funds be appropriated and then used as they should be so that the poor in cities and rural areas will not have to rely on the already overcrowded hospital outpatient departments—which deliver treatment that is light-years away from what we have seen can be done in total health care delivery given by these title V programs.

[The attachments follow:]

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D.C., May 7, 1974.

Secretary CASPAR WEINBERGER,
Department of Health, Education, and Welfare,
Washington, D.C.

DEAR MR. SECRETARY: In 1973 the Congress enacted section 516 to title V of the Social Security Act (Public Law 93–53) to insure a smooth transition for funding of maternal and child health services from project grants to formula grants.

HEW has recently calculated that approximately $36 million will be needed to implement section 516 in fiscal year 1975. It is our understanding that in addition to earmarking $7 million for section 516 in the budget for fiscal year 1975, HEW is committing $18 million from section 503 of title V to section 516.

We are most distressed that you are planning to transfer $18 million from section 503—which earmarks 90 percent of the fiscal year 1975 funds for maternal and child health services—to section 516. This is not only robbing Peter to pay Paul, but a clear violation of the intent and spirit of the law as enacted by the Congress.

The undersigned urge that the full appropriation authorized under Public Law 93–53 be requested by the administration so that existing maternal and child health programs can be maintained. Because this program is of vital concern to over a million mothers and children across the country, we would appreciate your letting us know as soon as possible the Department's intention regarding fiscal year 1975 funding for section 516.

The following Members have authorized us to append their names to this letter.

Sincerely,

Elizabeth Holtzman, Joseph Addabbo, Herman Badillo, Mario Biaggi, John Conyers, Frank Denholm, Charles Diggs, Don Edwards (Calif), Joshua Eilberg, Dante Fascell, Don Fraser, Richard Fulton, Henry Gonzalez, Gilbert Gude, Michael Harrington, Ken Hechler, Henry Helstoski, Jack Kemp, William Lehman, Mike McCormick, Parren Mitchell, Edward Koch, George Brown (Calif), Hugh Carey, William Clay, Joe Moakley, John Murphy, Morgan Murphy, Wayne Owens, Claude Pepper, Bertram Podell, Don Riegle, Robert Roe, Benjamin Rosenthal, Edward Roybal, Paul Sarbanes, Pat Schroeder, James Stanton, Fortney H. Stark, Gerry Studds, Robert Tiernan, Antonio Won Pat, and Andrew Young.

Mr. FLOOD. Thank you very much, Mr. Koch.

WEDNESDAY, MAY 8, 1974.

NATIONAL INSTITUTES OF HEALTH BUDGET

WITNESS

DR. ELLIOT S. VESELL, PROFESSOR AND CHAIRMAN, DEPARTMENT OF PHARMACOLOGY, PROFESSOR OF MEDICINE AND PROFESSOR OF GENETICS, DEAN OF GRADUATE STUDIES, THE PENNSYLVANIA STATE UNIVERSITY; COLLEGE OF MEDICINE, THE MILTON S. HERSHEY MEDICAL CENTER, HERSHEY, PA.

Mr. FLOOD. Now we have Dr. Elliot S. Vesell, professor and chairman, department of pharmacology, professor of medicine and professor of genetics, dean of graduate studies, the Pennsylvania State University; College of Medicine, the Milton S. Hershey Medical Center, Hershey, Pa.

Dr. Vesell.

Dr. VESELL. Mr. Flood and members of the committee, thank you for the opportunity to present my thoughts about the 1974 appropriations in support of medical research and health professional education. I speak as an individual citizen and as a member of the American Society for Pharmacology and Experimental Therapeutics, although my views do not necessarily represent the view of that organization.

Let me begin by thanking each of you for the great interest and support you have extended to medical research over the past decades. Without that support and encouragement, few, if any, of the modern medical miracles could have been achieved. I join with you in pointing with pride to the control of so many formerly disorders, to the prevention of hemolytic disease of the newborn, to the treatment and prevention of various nutritional disorders, to the treatment of certain formerly fatal malignancies, to the increased longevity after acute myocardial infarctions, to the better understanding and better management of Parkinsonism and sickle cell anemia, and finally to the vast reductions in populations of mental institutions. These achievements mean that for each dollar spent on medical research, many, many dollars have been and are being saved through improved health.

However, medical research continues to hold great potential for further improvements in public health. Cancer and heart disease take many lives today; in years to come, we will be able to prevent this. The productivity of medical research which has achieved improved public health by eliminating frequently occurring diseases of the past can now be directed to the control of cancer, heart disease, chronic degenerative diseases and many genetically transmitted disorders.

What lines should medical research follow in order to achieve these public health goals in the shortest possible time and in the most efficient manner? Some believe that a scientist in his laboratory can find a cure for cancer or heart disease through treatment programs designed to deal with the end result of these diseases. The history of biomedical science proves, however, that such approaches have been fruitless. Only through a better understanding of the normal condition and of the underlying disease mechanism can we hope to design effective therapy. This has been illustrated repeatedly with the treatment of such infectious diseases as tuberculosis, poliomyelitis, yellow fever,

gonorrhea and syphilis. Technological advances may help improve longevity, but since they do not remove the cause of the disease, they cannot eliminate the disease itself.

Furthermore, these treatment programs, while not entirely satisfactory, are exceedingly costly. On the other hand, when definitive, curative therapy becomes available, its distribution to the public is generally exceedingly inexpensive. Examples are poliomyelitis vaccine and penicillin for pneumonia.

This afternoon Dr. Lowell Greenbaum will present in detail the problems confronting pharmacology today and the problems of pharmacology in addressing many of the public health problems that face the Nation today. It will clearly be through pharmacological research that answers to, for example, major problems of drug addiction and alcohol addiction will come.

If much Federal funding is spent on medical research solely on the initiative and whim of nonscientists administrators, as is currently contemplated, great financial waste will surely ensue. It is generally conceded that the present system of peer review by leading scientists provides the greatest objectivity in assessing the worthiness of biomedical projects for funding. By this method the public health is best served. Certainly if seemingly practical ends alone were sought by individuals without broad scientific perspective, we would still be building bigger and better iron lungs for polio victims.

Nonscience trained administrators are simply not equipped to judiciously evaluate the merits of the various biomedical research proposals coming before them. In all too many instances low grade science will be funded; high quality science will not be funded, and the eventual cures for our current medical problems will be delayed endlessly.

I have faith in this committee to do the right thing for biomedical research, because you have supported it so generously in the past. This committee and other Members of Congress take great pride in the accomplishments of our scientists at the National Institutes of Health and of the scientists throughout the United States who have been supported by NIH grants. May I join with Dr. Daniel C. Tosteson—who testified before you last year—in recommending to you for 1975 certain changes in the health research and education appropriations. The suggestions of Dr. Tosteson and mine fall into the following three areas:

1. BIOMEDICAL RESEARCH

The administration recommends substantial reductions from 1973 in the 1975 support of regular research grants in most Institutes of NIH except the National Cancer Institute and the National Heart and Lung Institute.

I recommend that appropriations for regular research grants in all institutes be maintained at the level authorized by Congress in fiscal year 1972. This will require a minimum 12 percent increase in these items to offset the effects of inflation and increased costs of research.

2. BIOMEDICAL RESEARCH TRAINING

The administration recommends drastic reductions and ultimate elimination of support for these activities in 1975.

I recommend that support for biomedical research training in all institutes be maintained at the level authorized by Congress for fiscal year 1972. This will require a 12-percent increase in this category to compensate for the increased costs of training.

3. INSTITUTIONAL SUPPORT

The administration recommends that capitation grants to schools of medical osteopathy and dentistry be reduced substantially from the entitlement under the Comprehensive Health Manpower Trainee Act of 1971. Furthermore, the administration recommends a very substantial reduction in general research support grants to institutions.

I recommend that capitation grants be funded in 1975 at the fiscal 1972 level of 70-percent entitlement and that the general research support grants be restored to the level enacted by Congress for fiscal year 1972.

In this connection, please do not reduce to zero, as the administration requests, the general research support grant to medical schools. This general research support is used mainly by deans of medical schools to fund basic research projects of scientists too young to receive their own grants.

This is another aspect to what the dean of the pharmacy school told you earlier in his testimony. He talked about certain items of equipment. Actually this area provides amazing flexibility to support at all levels.

I do not wish to repeat the thoughtful and incisive testimony of Dr. Tosteson in support of the changes in the budget, but I wish to stress the disastrous effect on biomedical research of the drastic reductions in support of research training grants and fellowships recommended by the administration. The administration declares its intentions to phase out support for these activities as soon as possible, but in my view this is tantamount to destruction of biomedical science in this country. Biomedical research can be no better or worse than its practitioners. The quality of those in research is determined almost entirely by the quality of their training. To eliminate training support is equivalent to eliminating the researchers themselves, because this will reduce the flow of the best minds into science in subsequent generations.

We have already seen a switch of people who ordinarily go into basic research going into other areas of more immediate monetary return and gratification to them. It would be far wiser to encourage fine minds to enter biomedical science as a career than to spend huge sums on treatment programs for diseases whose causes are unknown and whose current treatments are unsatisfactory at best. It is exceedingly frustrating to realize that history is pointing one way to go to cure cancer and heart disease and to see the administration proceeding in an opposite, unproductive direction. After these huge sums are expended and we are no closer to a solution of the basic problems of disease, your subcommittee and others may well ask "What was the cause of this failure?" The answer will be "Expenditure of huge sums on misconceived programs that address themselves to secondary and tertiary phenomena, rather than to the basic causes of disease." Therefore, I urge you to strongly support basic biomedical research into the

underlying causes of disease. History has shown such support to be most efficient in its applications to improve public health.

Thank you.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 8, 1974.

ALLERGY AND INFECTIOUS DISEASES

WITNESS

DR. IRWIN LEPOW, PROFESSOR AND CHAIRMAN, DEPARTMENT OF MEDICINE, UNIVERSITY OF CONNECTICUT

Mr. FLOOD. Dr. Irwin Lepow, professor and chairman, Department of Medicine, University of Connecticut.

Dr. LEPOW. Mr. Chairman and members of the committee, it is a privilege to appear before this distinguished committee. Although I am a member of the American Association of Immunologists and shall direct most of my testimony to the affairs of the National Institute of Allergy and Infectious Diseases, my role is that of a citizen witness.

Immunology from its earliest beginnings has been a science which bridges the laboratory bench and the bedside. Basic observations are frequently amenable to rapid application to patient care and the problems of patients frequently provide the stimulus for new conceptual insights. It was the scourge of diphtheria that led, before the turn of the century, to identification of the causative micro-organism, the demonstration that it produces a powerful toxin, and the key discovery that antibodies directed to this toxin could prevent or favorably influence the disease. Almost without lag, the era of antitoxin treatment of diphtheria began, an early triumph of immunotherapy. With further research, the principle was established that longer lasting immunity to a wide variety of infectious diseases could be conferred on otherwise susceptible individuals by immunizing them with vaccines; that is, safe preparations of the responsible micro-organisms or appropriate products or constituents of the micro-organism. The application of this basic information to preventive medicine and public health has provided the armamentarium for the prevention, for example, of diphtheria, tetanus, whooping cough, poliomyelitis, measles, German measles, and mumps.

This chapter of preventive immunology, however, is hardly closed. There is need for further research before improvements can be expected in such existing vaccines as those for influenza, typhoid fever, cholera, and plague. Recent advances are permitting current testing of new approaches to influenza and cholera immunization and of chemically defined vaccines against meningococcal meningitis, pneumococcal pneumonia, and Hemophilus influenzae, an important cause of mental retardation in the first year of life. Emerging basic research is providing the tools which should make possible vaccines against viral hepatitis. The challenges to preventive immunology of venereal diseases, parasitic diseases, and cancer lie ahead. It is only through continued basic research that the biological feasibility of meeting such challenges can be assessed.

There is a second cutting edge to the powerful weapon of immunology that is at least of equal importance to our health and well being. The same fundamental immunological mechanisms which are responsible for preventing or modifying infectious diseases may be directed against cells and tissues of the host and cause a wide range of illnesses which may be collectively designated as immunological diseases. The most common of these are the allergies, such as "hay fever," bronchial asthma, and problems of skin and mucous membranes resulting from sensitivity to foods, drugs, and other substances. It is estimated that there are over 30 million Americans with significant allergies, more than 8 million of whom are asthmatics. There have been major inroads in the past few years into our understanding of these common causes of human suffering and personal and national economic loss. We now know the particular kind of antibody that is responsible for allergies, how it attaches to the patient's cells, and many of the events which follow its combination with the offending agent. Although important gaps in our basic knowledge still exist, we are already at the point of knowing some of the critical steps that can be effectively attacked in the quest for prevention or control. There is cause for some optimism that new drugs and treatment methods will be forthcoming from this rational approach to an important set of health problems.

In a broader sense, the term immunological diseases encompasses aspects of the totality of medicine. Immunology is a scientific and clinical discipline, not a disease, but the principles and mechanisms of immunology are central to many categorical diseases. An immune response in the form of circulating antibodies or specifically programed lymphocytes may cause injury to the cells and tissues of a patient which we recognize as rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus, certain kinds of kidney disease, or thyroiditis. Indeed, current textboods and journals devoted to clinical immunology contain extensive material on diseases of every organ system of the body. In addition, it is immunological mechanisms that underlie blood transfusion, organ transplantation, and prevention of Rh disease of the newborn and offer promise for new approaches to cancer.

Since immunological reactions are characterized by extraordinary specificity and sensitivity, they have been increasingly employed in clinical laboratiries for the diagnosis and management of patients whose problems may themselves not be immunolgical in nature. Immunological methods have revolutionized clinical endocrinology, making possible the measurement of circulating hormones at concentrations approaching the picagram—one trillionth of a gram. They are being used to measure actual concentration of drugs in the blood of patients to insure that therapeutic but not toxic levels are present. An outstanding example is the measurement of digitalis derivatives in patients with heart disease. In this area, as well as in the immunological diseases, immunology is directly relevant to a wide array of categorical diseases.

In my view, the National Institute of Allergy and Infectious Diseases (NIAID) is the "mother institute" of immunology. In discharging its categorical missions in allergy and infectious diseases, it has recognized the need for fundamental understanding of immunological mechanisms and has wisely allocated a portion of its intramural and extramural resources to such basic research. This policy has not

only resulted in major advances in the prevention or control of allergies and infectious diseases but has also produced information which is critically important to the missions of every other categorical Institute of the National Institutes of Health. Although other Institutes properly support immunological research, it is from the programs of NIAID that much of our newer knowledge of basic immunology has come and to the programs of NIAID that basic immunologists, as well as allergists and those concerned with specific infectious diseases, look for much of their current and future research support. The impressive practical accomplishments of immunology have followed rapidly after the requisite basic information was discovered. The unfulfilled potential of immunology lies far less in the arena of clinical application of available information than in the domain of new principles and key facts yet to be discovered. It is against this total background that I respectfully request your consideration of increased funding for NIAID in the following specific areas of my own general expertise:

1. Research grants.—The wellspring of new principles and facts is the investigator—initiated research grant, providing the individual scientist or a small group of collaborators the opportunity to pursue ideas which have been evaluated for merit by peer review. Fundamental, as opposed to applied advances cannot be made by directed programs or responses to requests for proposals. It is therefore most disturbing that the OMB budget request for research grants for NIAID for fiscal year 1975 is only $56.69 million, as compared with approximately $63 million, including impounded funds, for fiscal year 1974. If implemented, this would entail a reduction of total supported grants from 1,135 to 926, most of which would be accomplished by a 42 percent decrease in funding of competing grant applications. I strongly urge the committee to recommend an appropriation for fiscal year 1975 that will permit funding of about 50 percent of approved grants. This relatively stringent, austere goal can be achieved by addition of an estimated $12 million to the OMB request, for a total allocation to research grants of $68.7 million for fiscal year 1975.

2. Training funds.—The continued productivity of American biomedical research depends on a continuous, even flow of the most capable, highly trained young men and women into research careers. This principle has been recognized since 1946 through NIH support of various fellowships, awards, and training grants. Although the actual cessation of training grants has been forestalled and a new fellowship program has been initiated on a crash basis, we do not yet have a coherent training policy and the funds requested by OMB for NIAID for fiscal year 1975 are only $9.2 million. I strongly urge the committee to recommend an appropriation that will approximate the 1972 level of funding for training, corrected for inflation and overdue adjustments in training stipends. An estimated additional $4 million will be requested.

3. Intramural research.—In common with other institutes, an essential portion of the research mission of NIAID is implemented through a strong intramural program, as well as through extramural grants and contracts. The contraction of funds and positions for the intramural program has had a well-publicized negative effect on morale, has led to the departure of very able scientists, and threatens the continued

excellence of in-house research activities. The NIAID position ceiling for fiscal year 1973 of 635 was reduced to 590 for fiscal year 1974. Although NIH as a whole is apparently being given new authority to increase its total position count to a level approximately equal to that in 1973, the distribution of positions is not known. The dollars available for intramural programs have been further compromised by HEW assessments against NIH appropriations for department activities. Accordingly, I strongly urge the committee to recommend an increase of $2 million in the OMB request of $21.6 million for intramural programs for NIAID for fiscal year 1975 and an increase in the position ceiling for NIAID of 30 positions.

In making these recommendations to the committee, I am keenly aware of the problems of competing priorities and finite resources and the dangers of special pleading. I wish to assure you that I am unsympathetic to increases in any institute programs that are implemented at the expense of the valid, important activities of other institutes. I have testified as an immunologist in behalf of NIAID. Science and medicine do indeed constitute a unity of thought and endeavor. The relatively modest requests for additional funds that I have made and are being made by others for other Institutes are consistent with well-placed priorities and our national resources.

I very much appreciate the opportunity to express these views to you.

WEDNESDAY, MAY 8, 1974.

NATIONAL INSTITUTES OF HEALTH BUDGET

WITNESSES

DR. GEORGE K. DAVIS, DIRECTOR, DIVISION OF SPONSORED RESEARCH, UNIVERSITY OF FLORIDA, AND MEMBER OF THE PUBLIC AFFAIRS COMMITTEE OF THE FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

HON. DON FUQUA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. FLOOD. Dr. George K. Davis, director of the Division of Sponsored Research, University of Florida, on NIH.

Dr. DAVIS. Mr. Chairman and members of the subcommittee, I have presented you with a written statement which I should appreciate including in the record. If I might, I would just speak to you informally.

Mr. FLOOD. Yes.

[The statement follows:]

STATEMENT BY DR. GEORGE K. DAVIS

Mr. Chairman and members of the Subcommittee on Appropriations for Labor, Health, and Welfare, I appreciate very much this opportunity to appear before you today and to share with you my concerns and the concerns of the public affairs committee members, related to the fiscal year 1975 budget proposed for NIH as submitted by the administration.

Basically, our concern is with attaining and maintaining the best possible health status of our citizens. With such a goal and also faced with limited resources and funds, some priorities must be established in order that we may have prospects of reaching our stated goal as expeditiously as possible.

When priorities are set—and they must be—emergencies tend to take precedence. If I am sick with cancer, my first priority is action to remove that

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cancer. But if, for a population, this takes priority to the exclusion of basic research into the cause and therefore means of prevention, then we will be on the road to bankruptcy.

Perhaps I can illustrate from another health-related field where emotion does not play such an important role as in the broad area of cancer as a part of health. Some of you know that the poultry industry has progressed to the point of producing one of our most economical animal protein foods.

As the industry moved toward large numbers of birds in facilities where mechanization of feeding and handling resulted in reduced labor costs, disease problems began to be a real drain on returns. Naturally, the poultry men started treating the diseases with this drug and that drug to the point where the cost was forcing many into insolvency.

At this point, the investigators in universities, industries, U.S.D.A., and private agencies stepped up basic research into cause and prevention with the result that an industry that was fast going into bankruptcy again became profitable and we as consumers benefit from economical chicken.

On a much larger scale and much closer to each of us individually, the same principle applies in the human health field. We as individuals are unwilling to accept the inevitability of disease but too often we do not distinguish between activities that cure, activities that relieve or anesthetize the pain, or activities that simply make us feel that action is being taken. As patients, we demand action and often it doesn't matter what.

Recognizing this, I am asking you to give high priority to the basic research that leads to cure and prevention—the kind of technology, if you will, that has led to the treatment and prevention of nutritional disorders, the research that has made diphtheria and whooping cough almost rare and inexcusable, the research on antibiotics that has made control of bacterial infections the rule instead of the exception.

I am suggesting, of course, that, although you cannot disregard the support needed for cancer cure, stroke, heart disease, liver cirrhosis, and many other diseases, priority must be given to the basic research areas, whether they occur in general medical sciences; the eye institute; arthritis, metabolism and digestive diseases; allergy and infectious diseases, child health and human development; dental research; or any of the agencies represented in the Federal health budget.

What I'm about to say about another priority—training and manpower—is not new. I am more than ever aware that the staff joining the faculty look awfully young these days. Or put another way, the ideas, the new technology and development of the next 20–30 years are going to come from the young people who are being trained today.

If we are so shortsighted as to cut off our training grants now and break the chain of trained investigators, then a future generation will certainly condemn us for our lack of vision.

Sometimes I feel that our administration, in its zeal to save money, is a little like Sam Smith and his mule in North Florida. Sam noticed that the mule ate a good deal of corn and, since corn cost money and sawdust was cheap, he decided to wean the mule to a diet of sawdust. So Sam started replacing a little more corn with sawdust each day until one day all the mule got was sawdust. The venture was a success but the mule died, the cotton couldn't be plowed, and Sam lost his farm, but he did save money on corn purchases.

We can save money by cutting out training grants and fellowships but we also risk the future of our health programs.

A similar statement can be made regarding the general research support grants. These are the funds that often make the difference between make-do and real advances. The amounts may not be large in proportion to the total health budget but they are often critical.

I am sure that you will have received many detailed evaluations of the individual budgets. I would like to briefly emphasize just a few specific areas.

Nutrition underlies so much of our health maintenance that high priority should be given to this field. Support comes from many of the Institutes. Arthritis, metabolism and digestive diseases; heart anl lung; child health and human development; and dental research are Institutes that need special mention with respect to nutrition research.

It is often overlooked that the most widespread health disorders in humans are those of the oral cavity. The need for dental research was never greater and the budget for this Insitute should be given special support.

Finally, allergy and infectious diseases is an area where potential return is tremendous and the budget of this Institute should be given much more attention than proposed because the returns will be so great.

I've tried to emphasize the need for support of fundamental research and that means extra support for general medical sciences and for training and manpower support. When priorities are set, these are the kinds of expenditures that bring us closer to our health goals.

SUBCOMMITTEE ON APPROPRIATIONS FOR LABOR, HEALTH, AND WELFARE

Comments on the NIH budget request addressed to specific actions

I should like to call attention to the figures on page 396 of the budget of the U.S. Government, fiscal year 1975, appendix. The National Institute of Dental Research, which has been addressing those problems that affect more individuals than any other in the health field—mainly caries and periodontal or soft tissue diseases—has had its 1975 estimated budget for caries work reduced from $9,223,000 in 1973 to $8,995,000 in 1975—this, in spite of the inflationary factors, which would further reduce these resources. A similar situation exists with respect to periodontal and soft tissue diseases, which in 1973 was $7,843,000 and in 1975, $7,281,000. Here is an Institute being severely restricted which, by all logical evaluations, should be given additional support because of the widespread beneficial effect which its action can have upon our people.

I would also call attention to the budget on page 397 for the National Institute of Arthritis, Metabolism, and Digestive Diseases. We have pointed out repeatedly that nutrition research is probably one of the most basic areas in terms of our Nation's health and protection from disease. This Institute, which has traditionally been a leading supporter of nutrition research, is having funding in 1974 reduced in 1975 and, at a time when not only this Nation but the whole world needs to be intensifying our efforts in this vital area.

When I examine the fiscal year 1975 NIGMS budget on page 400 of the appendix to the budget. I realize that the undergirding of basic medical research, from which we must get the answers that will help us make progress toward the long-range goals, is being severely cut when this should be our top priority area.

In NIGMS, NIAMD, NIAID, NICHD, and NINDS, basic research and training is being restricted, and increases—if they occur—are in the areas of what Dr. Lewis Thomas (Bioscience, vol. 24, pp. 99–105, February 1974) has described as pseudotechnology which has become so unbelievably expensive in its modern forms. Some of these examples of halfway technology includes organ transplants, artificial organs, and many strong drugs. These are the things we demand and must do until there is a genuine understanding of the mechanisms of the disease. I would repeat, however, that this is the route to bankruptcy in the health field. We must, and the urgency was never greater, put our priorities into the search for causes and prevention research.

Dr. DAVIS. I do appreciate very much this opportunity to appear before you and to share with you some of our concerns about the funding of the NIH budget. Our goal, and I am sure your goal, is the matter of the best possible health status we can develop for our people in this country. This means we have to set priorities in terms of our limited resources, and the question I would like to address is how do we set these priorities.

If I am sick with cancer or have heart disease, certainly the first concern I have is this emergency, I have got to get some help. But in terms of long-range health goals of our people we are faced with the problems of preventing these emergencies, in other words the fundamental research, and unless we learn to prevent these diseases, we are actually heading toward bankruptcy. I look at the cost for instance of treating kidney disease, and it floors me.

I see figures like $40,000 a year just to have the kidney treated. If we don't solve some of these basic problems of why do we have this kidney problem, how do we prevent it, then we are just going to have

more and more sophisticated treatment and this of course won't help us out very much.

I went to Florida in 1942, and at that time I worked with the poultry people in some of their nutrition problems. At that time the poultry industry felt they were doing very well if they produced fryers or broilers at about 27 cents a pound. They developed better nutrition and management methods and instead of having something like 1,000 birds, they had 100,000 birds.

With this concentration they began to get problems of disease. For the poultryman that is an emergency, and he starts treating disease. The poultry were given drugs and this and that, and the poultry industry practically went broke because of the expense of this treatment.

Since this was the case the poultrymen came to the scientists in the USDA, the people in the university and in industry requesting them to develop preventive methods. Fundamental research went into the problems, and today they are producing birds at a cost of, last year 12 cents, and now somewhere around 15 because of the increased cost of feed. But we as a nation are presented with an economical protein source.

We, as people, face somewhat the same situation as the poultrymen, but we tend to confuse the cure and the activities that go on in what we call palliative treatment, the practice of treating the disease after it occurs. When sick we simply want action, and as an individual you don't want to take time for this research, but if we as scientists don't do the research health care is going to cost us more and more. So we have to give highest priority, it seems to me, to the fundamental research, the kind of research that developed a prevention of diphtheria and whooping cough, which today we consider practically inexcusable if they occur.

As another example we have developed antibiotics for treating many of the bacterial diseases.

While you cannot ignore the emergency treatment needed for cancer or heart disease or kidney problems, still in appropriations for general medical sciences, the Eye Institute, Arthritis, Metabolism and Digestive Diseases, Allergy and Infectious Diseases, in Child Health, and in Dental Research the priority needs to be given to the basic research both intramural and extramural, and I would urge you to give top priority to this aspect of their budgets.

I would like to speak to the subject of the manpower training and training grants. I suppose all of us feel, I know I do, when I look at our staff and say "My, they are so much younger than they used to be." I have the feeling, "Where do these neophytes come from." It is another way of saying our new information is going to come from the young people, the people that we are training today.

And the administration budget reminds me of a story—actually this is true except I have changed the names a little bit—about Sam Smith and his mule.

Sam was over in North Florida, he had a small cotton farm, and he noticed that the big expense he had was buying corn to feed his mule. He got the idea, "Now if I could just wean him away from expensive corn I'd save a lot of money. I have all kinds of sawdust here, why don't I just cut down and wean him away from the corn and substi-

tute sawdust". So he put in a little more sawdust each day and one day it got to the point where the mule had nothing but sawdust. His experiment was a success and he saved money; the only problem was the mule dies and of course he lost his farm because he did not have a mule to plow the cotton.

It seems to me the administration is doing the same thing with us, only in a much more serious area, and this is the matter of health. If we stop training our young people we are risking the future of our whole health program.

I would like to plead also for what we call general research support in the universities. I come from a university. I know we tend to get locked into firm budgets, and when something unusual develops, when we have an exciting new breakthrough, we need what we call flexible funds. And certainly the general support has provided flexible funds and probably have been more useful to our colleges of medicine, certainly to our general education programs in the health sciences, than any other funds.

I have made some specific notes about the budget in my prepared statement. You have had a great many budget analyses, so I will not speak about them now, but I would like to mention just a few areas of fundamental research.

My own particular interest is in nutrition. Nutrition undergirds all of our health programs. Nutrition is supported in the National Institute of Arthritis, Metabolism, and Digestive Diseases, it is supported in heart and lung and in child health and human development and in the dental research institute. This is a particularly important area that should be supported in these institutes and I would like to plead for this.

I would like to make a special note about the dental research institute. It looked like, several years ago, that this institute was going to get additional support from the administration. I notice this year it has been cut back.

I have the feeling that not very many of you have escaped having some dental problems. Nationwide the most common diseases are the diseases of the oral cavity, whether it be caries in your teeth or periodontal problems. Yet the NIDR budget gives so little support in terms of fundamental research and how to prevent caries and periodontal diseases. We talk about fluorine as a means for preventing caries, but this amounts to so little in terms of the total that is needed. So I would mention that NIDR is an area that needs very particular attention, especially in the fundamental research area.

I could mention allergy and infectious diseases. If we are going to get a breakthrough in prevention of such things as influenza it is going to come through our study in allergy and infectious diseases and immunology.

Finally I would like to mention that the National Institute of General Medical Sciences is where we must give particular attention given to the fundamental research work. I would like to urge that this Institute not be cut in order to support some of the other areas.

Gentlemen, I appreciate this opportunity to talk to you about the NIH budget and appropriations and want to assure you that our particular concern, the concern of the Federation of American Societies

for Experimental Biology, is that we provide the best, and the long range best, health for our Nation and our people.

Thank you very much.

Mr. FLOOD. We are glad to see that Representative Fuqua from Florida is here giving support to the witness.

Mr. FUQUA. Dr. Davis is well respected throughout the Nation in his work in research. We have discussed this many times and I am sure his testimony will be very valuable to you when it comes from someone who has considerable experience in the field.

Thank you very much.

WEDNESDAY, MAY 8, 1974.

NATIONAL INSTITUTES OF HEALTH BUDGET

WITNESS

DR. SIDNEY UDENFRIEND, DIRECTOR, ROCHE INSTITUTE OF MOLECULAR BIOLOGY, NEW JERSEY

Mr. FLOOD. Dr. Sidney Udenfriend, director, Roche Institute of Molecular Biology, N.J.

Mr. PATTEN. Dr. Udenfriend was at NIH for over 20 years. So he is an old customer.

Dr. UDENFRIEND. I appreciate your permitting me to be here. I want to point out that my Congressman from my district, Mr. Minish, isn't here with me but some of his staff are. And just to show New Jersey is also interested I had breakfast with him and was with him until just now. So he supports me too.

Mr. Flood, members of the subcommittee, I am grateful for the opportunity to appear before you and present some of my thoughts about support of biomedical science and the NIH. I am a member of the American Society of Biological Chemists and appear before you at the request of the officers of the society. However, I speak to you as an individual, not as a representative of the society. I also wish to point out that the Institute, of which I am director, receives no support from the NIH or from any other government source.

I am one of those individuals whose scientific career bridged two periods in biomedical science in the United States. As an undergraduate in the late thirties my dream was to do graduate training in Europe. In the early forties, I was one of four graduate students in a Department of Biochemistry which had $700 per year for one teaching fellowship. Some of us were supported by our families, others worked at menial part-time jobs—at the expense of scientific contributions—to make ends meet. In those days few science majors at college went on to earn a living in scientific research and most abandoned their aspirations, turning to shopkeeping, medical practice, and careers in business or as full time teachers. A paying career in science was a rarity and so the number of career scientists was limited. Europe was the center and focus of scientific achievement, whether in medicine, chemistry or nuclear physics. After the Second World War we found ourselves enriched with new talent, great scientists and teachers who had come to our shores. The Second World War also demonstrated the vital role of science for national defense and security. As a result, opportunities for

young scientists improved, and with the advent of the modern NIH, in about 1950, the increase in the number of biomedical scientists in the United States became significant.

In 1950 I joined the staff at NIH as a young investigator. I was privileged to see at close hand the development of two important systems, the NIH Intramural Program at Bethesda and the development of the system of research grants and fellowships that provide NIH funds for support of research for universities and other institutions. I would like to discuss both of these systems which are distinct and yet interdependent.

The NIH Intramural Program at Bethesda, which represents less than 10 percent of the total NIH budget, is a most remarkable center for biomedical research.

My assessment of this program, to which I have given considerable thought, is expressed in excerpts of a letter which I sent to an administration advisor last year:

JANUARY 30, 1973.

DEAR DR.:

I am delighted to have this opportunity to present my feelings about the NIH Intramural program.

In our conversation the other day I pointed out one feature of the NIH intramural program which should be considered under the heading of delivery of health services. This is its training of medical research and medical administrative personnel. There have been two outstanding centers of biomedical research in modern times. The first was the Kaiser-Wilhelm Institute in Germany which between the two world wars produced the leaders and teachers who made modern biochemistry and physiology what it is today. The second center is the National Institutes of Health. Since 1950 the NIH has become the major center for training of biomedical investigators in the entire world. From its inception the NIH has taken young people and trained them to become its own leaders. Unlike other institutions NIH was never in a position to hire established investigators. A large number of the NIH trained people have, in turn, moved on to become leaders of other institutions, medical schools, hospitals, and research centers.

In my travels throughout the world I am continually struck by the number of NIH intramural alumini who are in responsible positions. In the east NIH alumni play key roles in the medical centers at Harvard, MIT and Columbia where they are deans and professors of medicine, psychiatry, and nutrition. In the south at Duke, University of Florida, Baylor, Southwestern, North Carolina, and Vanderbilt, they are also professors of medicine, psychiatry, pharmacology, and biochemistry. In the midwest, at Washington University, alumni are professors of biochemistry and psychiatry. On the west coast, the Universities of California, particularly at La Jolla and San Francisco, have many outstanding NIH alumni on their faculties.

In Japan, Professor Osamu Hayaishi, their most distinguished biochemist is an NIH alumnus. In Sweden, Professor Arvid Carlsson and in England Professor R. T. Williams are NIH alumni. Both are outstanding medical investigators.

Hoffmann La Roche in Nutley has approximately 30 NIH alumni on its staff. In addition to myself these include John Burns, Vice President for Research and Development, biochemists, virologists and even science administrators. It is of interest that Dr. Alfred Pletscher, Vice President for Research and Development of Hoffman La Roche, Switzerland, is also an NIH alumnus.

Dr. Albert Sjoerdsma, director of the Richardson Merrell International Research Center in France is also an NIH alumnus. While Chief of Clinical Pharmacology at NIH he trained most of today's clinical pharmacologists.

Dr. Richard Crout, Medical Director at the FDA is also an NIH alumnus. The above are but a few of the NIH alumni, whom I know personally, who currently play key roles here and abroad and in clinical investigation, both basic and applied.

There are many areas where leaders have come from NIH to go to the States represented here. I think, as Mr. Conte knows, the Dean of Harvard Medical School, Dean Hyatt, is an alumnus of NIH. Dr. Richard Workman, whose name gets into the paper every other day in Boston, I believe, doing some very interesting work in MIT, comes from there.

I think in terms of the pharmaceuticul industry in New Jersey, as I said, Hoffman-LaRoche wouldn't be what it is today without about 30 alumni of NIH. Merck has several vice presidents of NIH.

In the Chicago area at the University of Illinois Dr. David Freedman in psychiatry, NIH staffs much of his department. I couldn't come up with any in Kansas. I do know of Dr. Walejer and his work there.

Intramural NIH scientists and alumni have of course made many outstanding contributions. As few that came from the Heart Institute alone or from its alumni are:

(1) Introduction of the important antihypertensive drug Aldomet (Merck).

(2) Treatment of Parkinsonism with DOPA. Professor Carlsson, an alumnus in Sweden, made the basic discovery that led other scientists to try it. Dr. John Burns then persuaded Hoffman-La Roche to carry out the necessary and costly studies that allowed the FDA to approve it for use.

(3) Development of a key test to detect heroin and morphine in the urine and blood of addicts.

(4) Development of the test for enzymes in blood which are diagnostic of myocardial infarction.

(5) Diagnosis and localization of hypertension-producing tumors for surgical removal.

These few representative examples are of interest because all the investigators received their formative training at the National Heart Institute.

The NIH has attracted young people of two different backgrounds. Ph. D.'s who want postdoctoral training and M.D.'s who are interested in biomedical research. The former group are supported by NIH stipends. The latter group are employed as clinical associates and research associates. Clinical associates have clinical responsibilities at the Clinical Center as well as research programs. Research associates devote their time entirely to research. These programs have led to the development of all the distinguished alumni, a few of whom I have listed above.

I would like to point out that delivery of the applications of medical research, whether in the form of contracts or otherwise, requires large numbers of skilled clinical investigators. It is very important that the production of highly qualified clinical investigators be continued. Intramural NIH has with out a doubt been responsible for a large proportion of such training. It must therefore be encouraged in this role. To do so it will be necessary to encourage senior staff at NIH to stay on. It will also be necessary to make certain that the Clinical Associate and Research Associate programs are continued.

As an NIH alumnus myself, I may perhaps be accused of bias in its favor. On the other hand as a member of industry I can view the NIH in a manner which may be more meaningful to the nonscientist. It is this latter view that I would like to emphasize. Training of medical investigators and administrators has been a major function of intramural NIH. This achievement must be weighed in the balance in considering the practical contribution of the intramural NIH program. Without it our medical schools and hospitals would not be what they are today nor would we have sufficient clinical investigators to take on whatever contracts we may have in mind for them in cancer or heart disease.

I hope that this letter will be of some help to you.

With kindest regards.

Sincerely yours,

I address myself to the intramural program because most witnesses who come before you consider the NIH only as a source of extramural grants and contracts. The intramural program has become our most important center for training in the biomedical sciences. I am afraid, however, that as a result of economies and shifting goals its role as a

training center is endangered. A training center requires a staff of excellent scientists as well as a high turnover of young scientists to be training and visiting senior scientists to instill new ideas.

Although many senior scientists have left Bethesda in recent years, it still has an outstanding staff. However, because of the decrease in funds available for visiting scientists, both at the trainee and advanced level, the senior staff finds its role as a training center decreasing. That and the diminution in other services, including even secretarial help and maintenance, is eroding this great center.

The stature of the NIH intramural program must be maintained because it is a prerequisite for the vital research grants program of the NIH. The scientific staff which administers these research grants is largely drawn from intramural scientists and also interacts with them in many ways. The intramural program sets the scientific tone of the entire extramural program and provides if with trained personnel for carrying out grant and contract supported research. Should the intramural program in Bethesda be allowed to deteriorate the whole NIH effort will suffer.

Let us now look at the extramural program of NIH. For almost 25 years the NIH has provided the bulk of support for biomedical research institutions and their staffs. It has also supported the training of most of our present biomedical scientists. Although the total NIH budget appears to increase year by year the amounts available for nonmission oriented research and for training do not increase and in many areas they have decreased substantially.

Let us first consider the area of training. I believe that scientists may have damaged their case by emphasizing the training aspects of predoctoral and postdoctoral scientists. I consider those young individuals the most important members of a research team. The most sterile scientific setting I can imagine is one composed only of senior scientists and technical assistants. As a head of a laboratory I consider the predoctoral and postdoctoral fellow vital to carrying out successful and imaginative research. The predoctoral fellow is uniquely suited to taking an assignment and exploring it, under supervision, in the depth which can only be achieved by such a scholarly approach. The postdoctoral fellow is one who adds his own expertise and interests to the team effort and thereby leads to new and unexpected findings. Looking over the products of my own research I can safely say that most of it would have never seen the light of day but for the trained and inquisitive eye of the predoctoral or postdoctoral fellows who worked with me. To the extent that these individuals participate in the overall research effort they must be paid. The training they receive in the process is what any young professional obtains while engaged in his professional activities. Cutbacks in fellowship support are not only decreasing the number of trained scientists, they are also diminishing the quantity and quality of the research performed. In simple terms, the money spent on these predoctoral and postdoctoral fellows buys high quality research at a ridiculously low price.

The next point I would like to consider concerns mission oriented versus nonmission oriented research. In the case of the NIH we have recently seen a huge proportion of its funding going to cancer and heart research and much of it diverted to contracts rather than to re-

search projects. A large proportion of the budget is thus earmarked for applying yesterday's knowledge to tomorrow's technology and medical treatment. These are undertakings which are hard to criticize except that they diminish the funds available to basic research. Many of my colleagues have said this, probably in a more elegant fashion, but we do not yet possess the information needed to apply meaningful technology to the cure or prevention of cancer, heart disease, mental disease or to many other chronic illnesses. The disproportionate use of NIH funds for the application of current knowledge should not be allowed to jeopardize the acquisition of essential new scientific findings without which these diseases cannot be conquered.

We should not be faced with an either-or situation. What is at stake is the possible prolongation of our ignorance and the concomitant expenditure of huge sums of money to treat diseases which we might, with new knowledge, prevent. Going back over two decades it is as though the Polio Foundation (March of Dimes) in the late forties had had to choose between funds for setting up the many centers for treating polio victims or for basic research in the biology of viruses. Had such a choice been necessary and had the Polio Foundation been forced to cut its support of basic viral research the country would have paid an enormous price in both expense and suffering. At the time no one knew that the studies of Dr. Enders and his colleagues at Harvard on viral biology would lead directly to the Salk and Sabin vaccines. Fortunately, the Polio Foundation did not make the wrong choice.

Today scientists are working at every frontier of biology, and information is being obtained much more rapidly than in the days of Dr. Enders. However, the chronic illnesses that head today's list of killers and debilitators require far more knowledge for their understanding than do the infectious diseases. We still have much to learn. What's more we cannot even tell people where to look or what to look for. We are fortunate in that we have thus far been able to train many scientists to do the looking. Each with his own peculiar training and thinking breaks new ground. The synthesis of all this work will assuredly lead to new significant developments.

I know that you have been told many times about what our investment in basic research has in the offing. Let me list some of its already recognized achievements. Before doing so I must point out that biomedical research is a continuum, from the investigator who studies the most esoteric natural phenomena, to the clinical investigators, and then to the qualified technological group that can translate these findings and deliver the diagnosis or therapy to the patient in a professionally acceptable form. In this country, except for surgery and psychoanalysis, the latter requires private enterprise such as diagnostic, pharmaceutical or instrument companies. Encouragement of the interplay between basic and clinical investigation and private technology could speed up the translation process. In any event to measure the effectiveness of our past support of basic research we must also look at the achievements of biomedical industry.

Two major developments have taken place in somewhat different fields. In the field of hypertension most of the significant antihypertensive agents that were introduced in the late fifties were direct outgrowths of the vast amount of NIH supported research in catecholamines. This same research also led to the use of DOPA in Parkinson-

ism. While we do not yet understand either disease one can safely say that the dollars spent on the biochemistry and physiology of catecholamines have led to drugs which have resulted in great savings in and improvement of life. The savings in hospital costs alone are far greater than the original cost of the basic research.

The science of endocrinology has recently taken a great spurt. Many laboratories have been supported in elucidating the structures of hormones and in their biochemical pathways. This information will lead to many great advances in the future. However, we already have endocrine drugs for treating diseases, for birth control and for diagnosis.

Immunology has also been well-supported by NIH. One day the knowledge gained in this field will answer many questions concerning chronic disease. For the present it has made possible many new vaccines (measles, flu, hepatitis). It has revolutionized the field of diagnostics. Immunoassays have been introduced for measuring blood levels of insulin, other hormones and drugs and even for detecting cancer. With immunoassays we can detect many diseases at an earlier stage and even determine their cause. Diabetes is now known to arise in several different ways, as a result of immunoassay. Control and treatment will surely follow. A large number of diagnostic procedures are now commercially available. All of these have been a direct pay off of the very large investment in basic immunological research.

The argument that we have enough knowledge for the present and that we should now invest mainly in consolidating and applying this knowledge is based on fallacious reasoning. Applications are costly and, unless they are based on firm factual knowledge, can become obsolete with the next experiment. As I pointed out earlier we do not have adequate knowledge of the cause, prevention, or treatment of most chronic diseases. If applied research on these chronic diseases is supported at the expense of basic research this will surely delay the acquisition of new information which is needed for continued advances in the prevention and cure of disease. There is no substitute for the type of research which is carried out at centers of excellence by well-trained independent professional investigators with the assistance of professional trainees—predoctoral and postdoctoral—and funded by a system that utilizes the peer review mechanism. If we curtail such activities or even make their funding uncertain and variable we shall prolong human suffering and the economic expense of chronic disease. We now have the same type of choice that the Polio Foundation had about 25 years ago. Do we want to learn how to prevent cancer or arthritis or mental disease or do we want to limit ourselves to setting up hundreds of cancer or other chronic disease clinics to diagnose, and care for millions of victims of these diseases each year and treat them with empirical and uncertain therapies. Obviously both approaches are needed, but only basic research offers the hope of eradicating these deadly diseases.

In conclusion, I recomend increases in the budgets of the institutes for the support of intramural research and for extramural research grants. Fundamental to this recommendatiton is the need for additional personnel, particularly in the intramural research activities.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 8, 1974.

VENEREAL DISEASE

WITNESS

BRUCE P. WEBSTER, PAST PRESIDENT, AMERICAN SOCIAL HEALTH ASSOCIATION

Mr. FLOOD. American Social Health Association, Dr. Bruce P. Webster.

Dr. WEBSTER. Congressman Flood and members of the committee. I am Bruce P. Webster, M.D., clinical professor of medicine at Cornell University Medical College, past president of the American Social Health Association, and Chairman of the National Commission on Venereal Disease at the Department of Health, Education, and Welfare 1971–72.

Conservative estimates indicate that there were 2½ million cases of gonorrhea in the United States during the past year. In addition to this, there were probably 100,000 cases in infectious syphilis. Why is this happening? We know the etiological factor for both of these diseases, and we have a potent therapeutic agent with which to cure them. Further, a few years ago we apparently had these diseases almost under control, with rapidly declining rates.

Many factors play a role in what is happening. Important among these is the fact that a recent survey showed that 80 percent of the cases of venereal disease, in this country, were treated by private practicing physicians and that of these, they reported to local health authorities only approximately 10 percent. It is thus apparent that the practicing physician is a key factor in the control of these diseases. This is in sharp contrast to the situation 15 years ago, when the majority of cases were treated in Federal- or State-controlled public clinics. It is noteworthy that the highest percentage of these cases occurs among teenagers.

Many reasons have been given to account for what is happening. The so-called sexual revolution, changing moral codes, and the pill have all been blamed, and unquestionably play a part. However, there are many other factors which must be taken into account. In the United States, we have been sorely remiss in our education of the general public in regard to these diseases. Venereal disease education in our schools is well below the standards set in many other countries. Recent surveys have shown that individuals of all age groups are lacking in the fundamental knowledge which will enable them to protect themselves against these diseases, or to recognize the signs and symptoms when they become infected.

We, in the medical profession, must assume some responsibility for our present dilemma. A world health survey has shown that the teaching of the diagnosis and management of the venereal diseases is minimal, in most of the medical schools throughout the world, including the United States, and yet the practicing physician is treating 80 percent of these cases. A recent study carried out by the Surgeon General of the Army's office, among physicians entering the Army Medical Corps at Fort Sam Houston, indicated that 80 percent of these doctors failed a rather simple examination on the management of the venereal

diseases. Facilities for the treatment of low-income groups are not readily available in many areas.

The American Social Health Association has for 21 years published, with the help of several cosponsoring organizations, an annual joint statement of the status of venereal disease control. The last issue of this "Today's VD Control Problem, 1974" was published in March 1974. This publication indicates that venereal disease control is at a critical juncture. It is essential, if mistakes of the past are not to be repeated, that appropriations be increased now to insure that we do not again have an inverse ratio between the VD problem and appropriations.

In 1971, the Secretary of Health, Education, and Welfare appointed a National Commission on Venereal Disease. This commission was charged with making recommendations for the control of the venereal disease epidemic. The report was submitted in February 1972. Many of these recommendations are still unfulfilled.

In 1972 the World Health Organization sent to the United States a group of experts from various parts of the world who traveled throughout this country and evaluated our venereal disease control program. The report of this has just been published by the Pan American Health Organization. Essentially it is in agreement with the recommendations of the National Commission.

There are apparently three major problem areas.

Research in the venereal diseases in the United States has for some years been grossly inadequate and long-range solutions and permanent controls are dependent on this research giving us better understanding of the biology of the causative organisms and the diseases they produce. Such fundamental research should be able to provide a better diagnostic test for gonorrhea and probably a vaccine. Microbiologists and immunologists in medical schools throughout the country must be stimulated to undertake this problem. The National Institute of Allergy and Infectious Diseases is making this approach at the present time, but there is still an inadequacy of funds.

Improvement in the training of physicians in medical schools and in schools of public health, and in continuing education for practicing physicians is badly needed. The National Commission recommended that fellowships be made available to medical schools and schools of public health to promote the undergraduate teaching in the control of these diseases. This would seem to be a long-range essential. Action is needed to insure that categorical control of such grants is adequate. The lack of trained medical manpower in the venereal disease field was emphasized in the report of the World Health Organization traveling seminar.

Lastly, it is important that legislative technicalities do not preclude the participation of Federal project grant venereal disease control funds in obtaining drugs for treatment and in supporting proper venereal disease clinics.

We should like to submit recommendations concerning appropriation of funds for venereal disease control under section 318 of the Public Health Service Act, Public Law 92-449.

Section 318—subsection (b). This section authorizes annual appropriation of funds up to $7.5 million for "research, demonstration, and training." We urge that $5 million be appropriated with half of it

made available for CDC for support of *extramural* venereal disease research. Of the remaining $2.5 million, we urge that $625,000 be made available through an appropriate Federal agency for a $25,000 annual fellowship grant to a faculty member made responsible for VD education in each of 20 medical schools and in each of five schools of public health; that $375,000 be made available through an appropriate Federal agency for continuing education in the venereal diseases for practicing physicians and that $1.5 million be made available to CDC for public education in the venereal diseases.

Section 318—subsection (d). This subsection authorizes up to $30 million in project grant funds for venereal disease control. The President's budget suggests funding of this section of $24.8 million, the level of Federal VD project grant funds for the past 2 fiscal years. A narrow interpretation of the purposes listed for project grants in this section might inhibit their use in assisting with the purchase of drugs and in assisting with expenses of VD clinics. The problem of the interpretation of the purposes of this section had not been realized because funding has been by congressional continuing resolution for the past 2 years. We urge that the subcommittee recommend the appropriation of the maximum of $30 million in project grant funds and stipulate that the language of the authorization not be interpreted so narrowly as to preclude project grant funds being used for purchase of drugs and for assisting with the expenses of VD clinics.

Section 318—subsection (c). This subsection authorizes the appropriation of up to $25 million in formula grant funds to States for venereal disease control. There could be real advantages in at least partial funding of this subsection. This would be particularly necessary if it cannot be stipulated that project grant funds under subsection (d) can be used for drugs and support of VD clinics. Minimal funding of $75,000 for each of the 56 States and other units mentioned would amount to $4.2 million so a minimal appropriation of $10 million would be necessary so that formula grants to States could be made at least partially proportionate to needs and opportunities.

Mr. Chairman, with these modest adjustments in the fiscal 1975 appropriations, we believe that the Nation's VD prevention and control program can move forward constructively, not only to stem the rising tide of these infections, but to lay the basis for long-term control measures which should eventually prove more effective than any of those which we have used in the past.

(The attachment follows:)

REFERENCES

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Mr. FLOOD. Thank you very much.

Mr. MICHEL. Mr. Chairman, I want to make a comment here for the record very quickly. I have never met Dr. Webster, but I want to thank him for taking the time to come here to discuss this sub-

ject, which is a serious one. It is difficult to get enough people interested in the subject to really treat it properly.

I want to commend you for taking it upon yourself to present your testimony here today. I personally appreciate it because I know what a difficult problem it is, and it deserves very serious attention.

Dr. WEBSTER. We believe this manpower situation is a vital thing. It is also of interest that the 1975 World Health Assembly has just announced they are going to tackle the problem of manpower in venereal diseases as one of their major projects.

Mr. MICHEL. I am glad to hear that.

Thank you.

WEDNESDAY, MAY 8, 1974.

VENEREAL DISEASE

WITNESSES

JACKIE KILGORE, EXECUTIVE DIRECTOR, SOCIAL HYGIENE SOCIETY OF METROPOLITAN WASHINGTON
LILLIAN ANN DATCHER, HEALTH EDUCATION ASSISTANT, SOCIAL HYGIENE SOCIETY OF METROPOLITAN WASHINGTON
DR. RICHARD NEEDLE, ADVISER, SOCIAL HYGIENE SOCIETY OF METROPOLITAN WASHINGTON

Mr. FLOOD. Social Hygiene Society of Metropolitan Washington, Jack Kilgore, executive director.

Mr. KILGORE. I am Jackie Kilgore, executive director for the Social Hygiene Society of Metropolitan Washington, a volunteer agency since 1918, whose major goal is to assist public agencies in the prevention and control of venereal disease, by providing lecture, consultant, and leadership training services in the field of social health and venereal disease.

My testimony as a public witness today reflects my concern with the Communicable Disease Control Amendments Act of 1972 and the appropriations requested for fiscal year 1975 for the Center for Disease Control specifically for venereal disease. A report I picked up from HEW appears to indicate that the appropriation requested is just over $34 million for VD control efforts.

While I speak of my own situation, for that is what I know best, our experience in the Nation's Capitol is paralleled in many of our urban complexes. So while I draw on my experience, my experience is indicative of the national problem faced by a small social health agency—starved for funds, and finding none at the Federal level and dwindling support from United Way type campaigns. The VD appropriations to date have largely been used to fund research in the basic bacteriology and immunology of venereal disease, screening programs of high risk populations and the application of the epidemiologic process to VD. Success has resulted from these efforts, but Federal support with strict medical orientation to a social problem that has public health consequences and a public health problem that has social consequences is a clearly inadequate approach to solving the problem.

As we understand the budget, moneys for prevention and control of venereal disease are directed to public authorities and scientific institu-

tions, for research and training and little if any for public educational aspects in community-type settings as provisioned by section 318b(1). We understand that the reason why the administration does not seek funds to implement section 318b(1) of the Public Health Service Act, which authorizes appropriations for projects conducted under grants from HEW to States, political subdivisions of States, and any other public or nonprofit private entity for the conduct of research, demonstrations, and training for the prevention and control of venereal disease is that the Department of HEW does not wish to fund educational programs for specific diseases. It is said that the costs are too high and success cannot be demonstrated.

We have indications that United Way type of programs look to sizable governmental VD outlays as reason for curtailing private VD efforts. The fallacy of such curtailment is that Federal governmental efforts are centered on research and treatment, but do not get into public educational aspects in the community-type settings. The reason that is assigned for United Way type withdrawal from support of VD educational-type agencies such as ours, is that the Government's efforts are adequate.

Thus, unless Congress earmarks and recognizes the need to conduct educational-type demonstrations for agencies of which we are typical, there is little likelihood that educational-type awareness at the community level can be continued. When the majority of moneys are appropriated to public health departments of States through CDC for control of VD, then priorities are established which reflect the importance of medical research, clinic management and treatment of patients, which of course are quite necessary.

Our agency feels that little attention has been paid to educational programs. Locally our observations indicate that the VD Division of the Department of Human Resources has a coordinator of information and public relations who serves as the VD educator. In our estimation a majority of his time is provided on the professional level, which we recognize as being vital to a good program of prevention and control. We also recognize that the majority of our population are not professionals in the health field. In the District of Columbia we have made use of long waiting times in VD clinics through use of a paraprofessional who presents in terms the patient understand specific information about VD infections. Such advice probably has effects in reducing reinfection rates.

Mrs. Datcher is here with me today and is one of the paraprofessionals who serve at the clinics, and while they are waiting gives them specific information about venereal diseases that we feel assist greatly in eliminating the possibility of these persons becoming reinfected.

The prevention of VD cannot be disassociated from the broader subject of sexual behavior and the statistical base pertinent thereto. In your report is a copy of the research that was looked up on sexual behavior of adolescent teenagers in particular. I will not get into that in my testimony here. Our focus is section 318b(1) which authorizes funds for demonstrations for the prevention of VD.

Dr. Harry Pariser, director of the Norfolk, Va., venereal disease control program, guest speaker at our annual meeting in March, stated that there is a need to help the public understand the difference between programs of sex education and venereal disease education.

This is especially true with teachers in many school systems around the country. While the District Public School System has in its curriculum venereal disease education, the extent to which it is utilized for numerous reasons is suspect. When no single agency has responsibility for educational programs, then the likelihood no systematic eduactional programs will occur.

Mr. Chairman, we would encourage you and the committee to consider section 318b(1) of Public Law 92–449; 86 Stat. 748 which reads, "The Secretary is authorized to make grants to States, political subdivisions of States, and any other public or nonprofit private entity for projects for the conduct of research, demonstrations, and training for the prevention and control of venereal disease" for which no appropriations have been made. The data on sexual and contraceptive behavior and the relationship to venereal disease warrants consideration by your committee of the value of educational grants to nonmedically oriented agencies.

Societal assumptions that the adolescents should not have sexual relations and that sex information encourages sexual activity have not altered the sexual behavior of adolescents [Gordon 1973]. Yet these same societal assumptions that have not altered the sexual activity of adolescents, have effectively restricted the information and services they want.

In summary, our agency believes that (1) social factors play a role in the etiology of venereal disease, (2) social factors greatly determine the health conditions that are considered public health problems and the actions to be carried out to meet these problems. We encourage you to make appropriations available under section 318b(1).

As Dr. Webster mentioned, I think $5 million would be appropriate for agencies that could share in these Federal funds that could be provided under the section 318b(1). This could help establish the importance of educational programs as a compliment to the medical programs for the control of VD.

[The attachment follows:]

SEXUAL BEHAVIOR AMONG TEENAGERS

Substantial data on the sexual attitudes and behavior of the American population have accumulated in the last 30 years. Recent research indicates that the incidence of teenage intercourse has increased in recent years, Bell (1970), Kantner and Zelnik (1973). Kantner and Zelnik report that the likelihood that a younger never married woman has experienced coitus rises from 14 percent at age 15, to 21 percent at age 16, to 27 percent at age 17, to 37 percent at age 18, and to 46 percent by age 19. The proportion of teenagers who have premarital intercourse is higher, since some 60 percent report they have had intercourse prior to marriage. There is evidence from the Kantner and Zelnik study that premarital intercourse is beginning at younger ages. Kantner and Zelnik reported that roughly twice the proportion of 15–19-year-old blacks than whites have had sexual intercourse—54 percent compared to 23 percent. Blacks also initiate sexual intercourse earlier than whites. Differences by race cannot be explained alone by socioeconomic status. The explanation will be sociological in nature, but at this point, Kantner and Zelnik are unable to explain differences.

Most studies agree that about 60 percent of sexually active girls do not use contraception, Bauman (1971), Kantner and Zelnik (1973). Having use of contraception increases with age, but there is a tendency of those who used contraception, and for those who did not use contraception on first intercourse to sometime use contraception. Occasional use is the norm. Contraceptive failure is related to age—the younger, the less likely to use contraceptives. Frequency of intercourse is related to contraceptive use—the more regular the sex-

ual experience the more likely to use contraception. Those more convinced that they can get pregnant are more likely to use contraception. With age the number of methods used increases and a tendency toward using more effective contraceptives. Importantly, on last sexual intercourse, of the sexually active female population 15–19, 53 percent failed to use any kind of contraception at last sexual intercourse, Kantner and Zelnik (1973).

Data reveal that many who ask for contraception at a specific time have been sexually active for more than a year, few were using any contraceptives and fewer than that were using reliable methods, Settlage, 1973. Around 1955, 193,500 or 4.6 percent of live births were illegitimate. It is not surprising then to find unwanted pregnancies, illegitimacy, abortion, forced marriage and interrupted education in this population, Menken, 1973. Today, 10 percent of all babies born are illegitimate, 350,000. Seventeen percent of babies born in this country are delivered to mothers aged 19 or less. Currently 40 percent of brides at first marriage are in their teens and 42 percent of these women deliver a baby within 8 months of their wedding day. Thus it can be calculated that up to 320,000 additional babies born each year to married women aged 19 or less were conceived premaritaliy. The divorce rate for those married in their teens is double that of the total population. From the obstetrical standpoint the young mother has a remarkably increased risk of complications of pregnancy. Her own risks of dying, the fetal death rate and neonatal death rates are all significantly higher for women of optimal reproductive age. Obstetric problems such as anemia, toxemia, inadequate diet, long labor and prematurity are among those common in young gravida. Ten and one-half percent of teenage mothers have premature infants compared to 7 percent of older women. These infants have 20 times greater risk of neonatal death, fivefold increased risk of cerebral palsy, a doubled risk of blindness, mental retardation, epilepsy and others. An immediate consequence for pregnant adolescents is the often permanent disruption of schooling. Only one-third of the schools made any provision for the education of pregnant girls. In 1966, 64 percent of white infants born out of wedlock and 6.4 percent nonwhite infants were adopted. Less than 10 percent were legitimized by later marriage. One-half of all illegitimate births are to teenage mothers. The implications are clear that contraception must be encouraged and that the delay between the onset of coital activity and asking for contraception must be reduced.

Discussion to this point indicated that an increased adolescent sexual activity and little use of condoms as birth control are among the factors accounting for increased VD in adolescents. As infectious diseases, gonorrhea and syphilis together are exceeded in incidence only by the common cold. Actual incidence of new cases of gonorrhea is more than 2 million per year. An estimated half million people in the United States suffer from untreated syphilis, and over 85,000 new cases are being added each year. VD is not restricted by class, race, sex, or age. The National Committee on Venereal Disease points out that it does not believe they have accurate data on whether reported figures indicate a higher incidence of nonwhites than in whites. Great concern about the 15-to-24-year-olds, and women who are asymptomatic in 80 percent of the cases, in particular, and low income population who do not have access and do not utilize health services is warranted.

In 1972, more than 500,000 VD victims were younger than 21, and a great number were 11 to 14. VD incidence among adolescents warrants a venereal disease education program.

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Mr. KILGORE. Thank you, Mr. Chairman.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 8, 1974.

CHILDHOOD LEAD POISONING

WITNESSES

HON. WILLIAM A. BARRETT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA
MRS. VERONICA SINGLETON, COCHAIRWOMAN, CITYWIDE COALITION AGAINST CHILDHOOD LEAD POISONING, PHILADELPHIA, PA.
JONATHAN STEIN, COUNSEL

Mr. FLOOD. Next is Mrs. Veronica Singleton, cochairwoman, Citywide Coalition Against Childhood Lead Poisoning, Philadelphia, Pa., and Mr. Jonathan Stein, counsel.

STATEMENT OF MRS. VERONICA SINGLETON

Mrs. SINGLETON. Mr. Chairman, we were expecting Congressman Barrett any minute. He is my Congressman. I am in his area.

Mr. Flood and members of the subcommittee. I am Mrs. Veronica Singleton and I am speaking on behalf of the Citywide Coalition Against Childhood Lead Poisoning in Philadelphia. I speak from the firsthand experience of a grandmother of four lead-poisoned children. I say thank God I caught it in time. I didn't know at the time what it was but I did in later years.

The coalition, one of the first organizations of its kind in the Nation, is comprised of community organizations, civic associations, and professional health groups in southeastern Pennsylvania dedicated to eradicating the epidemic of childhood lead poisoning from our cities.

We are here to seek an increase in the $6½ million in HEW funds that has been frozen at that level since the Lead Based Poisoning Prevention Act of 1971 became law. Congress reaffirmed this act in 1973 amendments authorizing over $60 million, yet still only $6½ million is being sought to eradicate this epidemic.

There are now about 45 lead poisoning prevention projects across the Nation many of which, like Philadelphia's, are clearly insufficient to do the job required and many of which will die a slow death with the denial of model cities funding that has supplemented the inadequate HEW funding.

We do not want to belabor the facts about the epidemic which you are undoubtedly familiar, such as the HEW estimate of 400,000 children nationwide suffering from lead poisoning and the thousands of

children suffering brain damage and hundreds requiring permanent institutionalization in mental hospitals.

I do want to say it would cost less to really treat these children outside than to put them in the hospital. Hospitals cost a lot of money, and it would cost the Government more to keep them confined in the hospitals than to try to eradicate it from the outside.

Recent statistics under federally funded programs show the magnitude of the problem.

In Philadelphia, where 89 children have died in the past from lead poisoning, Federal funds from HEW and model cities permitted the testing of 17–18,000 children in 1973, and it was found that 26 percent had dangerous levels of lead in their bodies. In 1972, 5,600 dwellings were inspected with 72 percent, 4,000, showing high lead paint levels, and with accessible lead paint removed in over 3,000 dwellings.

I want to say here I sort of get emotional when I talk about lead poisoning because it affects children who can't help themselves.

Lead poisoning is a problem that stretches well beyond cities of the Northeast. A recent Washington Post story reported that in Milwaukee 35 percent of children tested had dangerous blood lead levels. In Massachusetts, among the first 30,000 children tested, 8 percent had some poisoning and 600 children required immediate treatment. In Savannah, Ga. Federal funds permitted the screening of 5,000 children there in 1973 which revealed 1,000 children with dangerous levels of lead in their bodies.

I sort of get emotional, and I don't know how to put it, but I feel sorry for the children because they are in an environment where they can't be helped and can't help themselves. Houses are lead because our former Commissioner of Health stated 85 percent of the houses in Philadelphia had lead in them. I will never forget it.

So there is lead in these houses, and money that HEW is going to allocate or money that we have they say is only for treatment. I think it should be allocated so they can go in and see every house not only in Philadelphia but everywhere else, because the landlords are not taking the lead off. This I know. The children go right back in the same environment after being treated in the hospital, the same house where landlords have not removed the lead and they are doubly poisoned. It is a serious matter.

Given these high incidences of lead poisoning in the country the HEW appropriation of $6.5 million is clearly inadequate.

Additionally, the demise of model cities funds for lead poisoning prevention has created a crisis in many programs. In Philadelphia one-half the program's funding, $600,000 is being cut out resulting in a substantial cut in children screened; no abatement of the lead hazard in homes where the owner is too poor to remove the paint; and serious lags in abatement and enforcement work. There are a lot of people outside of the model cities needing clean houses, but they don't have the money to go out in other sections that we found in Philadelphia. The absentee landlords are down in Florida or somewhere else and don't care about the lead being in the house and do not respond, and the health department does not have the money to test all of these houses. That is why we are for more money, so they can go in the house and protect the little children. They are our tomorrow.

Mobile units won't be able to be utilized to increase the access to testing facilities and to make for more efficient operations. They need mobiles. The reason I say that is because they need it so the people can be educated. They can be educated what will happen to the children. They will know what to do and where to turn. Right now they don't know. A lot didn't know because I went on the television and told of one mother who took her child to the hospital and found the child had a high content of lead poisoning from being on the local radio station. So it is important that we get this money to help these children.

Philadelphia has gotten $621,000 in HEW funds in the past but must seek now $1.2 million to make up for the loss of model cities funds, just to keep its program from diminishing in scope.

Congress did authorize $60 million in the 1973 amendments to Public Law 91–695 for both medical screening and treatment and lead paint abatement in homes and the amount sought by HEW, about one-tenth of this figure indicates that HEW failed to reflect the needs established by Congress.

Finally, this subcommittee should expressly clarify in its appropriation for lead poisoning programs that funds may be spent equally under titles I and II of the Lead-Based Paint Poisoning Prevention Act for detection and treatment of poisoning—title I—and elimination of sources poisoning in homes—title II. Congress in its 1973 amendments reaffirmed the sound health policy principles of equal funding for both as sole emphasis on screening and treatment wherein children are returned to lead painted environments to be poisoned again makes no sense in public health terms and is wasteful of Federal program dollars.

HEW's program "Guidelines for Grant Applications for Childhood Lead Poisoning Control—HEW, Public Health Service, Center for Disease Control, December 1973"—at pages 21–22 place as conditions on lead hazard reduction of residential dwellings use of funds here only in special circumstances where there is an imminent danger to the health of a resident. This limitation simply is not one contemplated by Congress which legislated that the local program carry out a "comprehensive program requiring the prompt elimination of lead-based paints from all interior surfaces . . . to which children may be commonly exposed . . . on which lead-based paints have been used. . . . " Sec. 201(a)(2).

Section 101(c)(3) likewise provides for intensive followup to insure against further exposure to lead paint in the living environment. Likewise, there are limitations in the same guidelines to use funds for medical treatment only under special circumstances on an emergency basis. Again there is no basis in the act to so limit the funds. The act calls for insuring prompt medical treatment to victims with no limitation for emergency cases.

Consequently, this subcommittee should reaffirm the original language in the act calling for equal funding allocations for medical treatment and screening and environmental lead reduction.

In sum, the epidemic of lead poisoning needs a much greater priority than is indicated by HEW's request to this committee. The full $60 million authorized by Congress and signed into law by the President should be approved by this subcommittee. Thank you on behalf of

hundreds of thousands of children who are not physically before you for your consideration of our request.

Mrs. SINGLETON. I appreciate being here, Senator Flood, because I myself have been fighting this lead poisoning and I will keep on until something is done because these little children need our help, they can't help themselves.

Mr. FLOOD. You are very fortunate to come from Philadelphia, and especially that part of Philadelphia where you are represented by our very good friend, Congressman William Barrett.

Congressman Barrett.

STATEMENT OF REPRESENTATIVE WILLIAM A. BARRETT

Mr. BARRETT. Thank you, Mr. Chairman.

I knew you moved very expeditiously but I didn't realize you moved as fast as you have done this morning. I intended to be here and certainly want to thank you for the opportunity to present to you the two very fine persons from Philadelphia.

As you just heard, Mrs. Veronica Singleton is here certainly on behalf of the Citywide Coalition Against Childhood Lead Poisoning in Philadelphia. With her is the very able, very highly recognized and distinguished counsel to the coalition. Of course they are here on behalf, as you have just heard, of a very most worthy cause to request the committee to fully fund the Lead Poisoning Prevention Act.

The program has received, as you probably know, and I don't think, Mr. Chairman, anybody in this country is more flexible in his thinking in the care and prevention of harmful things to these children. And the program has received most miserly support from the administration over the years.

I have been the advocate of this. I sponsored the bill, was able to get it through. And we have been pleading with a heart-bleeding plea to get more money for this very, very worthy-type cause.

While the program is referred to, and it is really, as a silent epidemic, it has continued unabated and spread.

I would like to throw in here what Mrs. Singleton just pointed out because of my personal experience.

In the street right behind my office in my district we had a child taken to the Graduate Hospital as an emergency case and they performed surgery on it and took out of its intestines a piece of lead, a lead ball as they claim, about the diameter of a golf ball. These are the conditions.

I don't think she emphasized the need great enough in spite of the very fine presentation she made, or the need of substantial financing of this most worthy program.

I earnestly request that the committee approve full funding of this very worthwhile program.

Mr. Chairman, this is without a doubt the most humane program that has ever been voted out of the Congress, and I hope the committee can see its way clear to increase the funds necessary to do an adequate job to protect these children in Philadelphia.

Mr. FLOOD. Knowing you as we do and knowing your position in Philadelphia for so many years representing not only your district but the city at large, and knowing something about the situation myself

and you as well, there is no doubt that the presentation comes from knowledge and personal awareness down through the years of the lead posioning problem.

Thank you very much.

Mr. STEIN. We would like to supplement the record with some new articles which indicate the national scope of the problem. One indicates the Milwaukee rate of 35 percent of all children tested there have dangerous lead levels. A letter to Representative Conte from the Massachusetts director indicating the extent of the problem in Massachusetts. The Baltimore health director. And interestingly a rural program in Rockford, Ill., which stresses the need for expanding the program to get into rural areas since there is a recognition that this is not an epidemic confined to cities but is a nationwide problem affecting both city and rural areas.

Mr. FLOOD. Without objection they will be included in the record.

Mr. STEIN. Thank you.

[The attachments follow:]

LEAD-POISON RATE HIGH IN MILWAUKEE

(By Neil Rosenberg)

MILWAUKEE, January 9.—More than a third of about 6,000 youngsters living in a 25-square-block area of the inner city here have been found to be suffering from some degree of lead poisoning.

Of 6,626 children under the age of 6 tested between July 1972 and September of last year, 2,343 children, or 35 percent, were found to have potentially dangerous levels of lead in their body.

Almost all the children had to undergo immediate treatment, taking medication that caused them to excrete the excess lead.

About a dozen of the children had to be hospitalized for treatment. There were no deaths.

The 35-percent figure is one of the highest found in the United States.

A U.S. Public Health Service survey in 72 cities in 1971 found an average rate of lead poisoning among inner-city youngsters to be 21 percent.

The Milwaukee results came from the first year of a 3-year, $230,000 federally funded city campaign against lead poisoning.

A total of $15 million was requested for the Public Health Service (PHS) for lead-poisoning campaigns in cities in the six-State Midwest region of Wisconsin, Illinois, Ohio, Indiana, Michigan, and Minnesota. However, PHS allotted only $1.5 million to such campaigns.

Roughly 60 percent of the youngsters found with lead poisoning having at least 40 micrograms of lead per milliliter of blood or higher, were less than 3½ years old.

City health officials surmised that the most frequent cause of the poisoning was from eating paint chips or plaster containing lead. Poisoning was more frequent in the poor area, it was felt, because more homes were dilapidated with peeling paint and plaster.

It was further compounded among the young, officials said, by a malady of unknown cause called pica, a compulsion among some children to eat nonfood items such as paint, plaster, rags, newspapers, magazines, or dirt.

When not treated in its earliest stages, lead poisoning can cause damage to the brain and nervous system, resulting in permanent loss of muscle control, mental retardation, or blindness.

In 1971, the year before the project began, only 166 cases of lead poisoning were recorded in Milwaukee.

Health officials said those cases came to light only because they were the most severe and required hospitalization.

The target area, which is predominantly black, has about 80,000 residents. Milwaukee's population is about 717,000.

In addition to testing the children, the program makes efforts to eradicate problems wherever found. This includes compelling landlords of slum dwellings to take corrective action.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH,
CHILDHOOD LEAD POISONING PREVENTION DIVISION,
Boston, Mass., May 1, 1974.

Representative SILVIO CONTE,
House Office Building,
Washington, D.C.

DEAR REPRESENTATIVE CONTE: I write to restore the funds provided for in the original Lead Paint Poisoning Prevention bill. Lead poisoning affects mostly poor children who might not have a very high priority with the administration, but $7½ million is a pitiful sum asked for the prevention of this man-made scourge.

An estimate of the situation in Massachusetts may be of some value to you. Of the first 30,000 children, ages 1 through 5 who were screened for lead poisoning in the city of Boston, 8 percent had some degree of lead poisoning, and just under 2 percent required immediate treatment. Our statewide program so far indicates that the incidence will be close to this, between 5 and 8 percent in all the large cities and towns, with the incidence falling off in the more affluent suburbs and smaller communities to less than 1 percent. One child has been known to have died of lead poisoning in the State in the last year, and other deaths may have been unrecognized. Most of the programs throughout the State have utilized volunteers to obtain blood specimens in screening children, but even so, at the present time an estimated $750,000 is being spent in searching for the 20,000 children estimated to have lead poisoning in the State and in following up those who are affected. This does not include the cost of treatment. This is an estimate since it is difficult to know how much of the total amount of Federal and State funds are being spent in screening and how much in ascertaining lead paint hazards in dwelling units, etc. At present, no major efforts are being made to remove lead paint hazards until after a child has been poisoned. This is obviously asinine. The best conservatie estimate I can make is that it will take $2 million a year over a 10-year period to eliminate the lead paint hazards from the homes of small children. Although I think that the best programs are locally funded and locally administered, it is obvious from these sketchy figures that some Federal help is necessary if lead poisoning in children is to be eliminated. The Massachusetts Statewide program is unique in this country to the best of my knowledge, but it will have to have help to eliminate this social crime. I will be glad to give more details of this situation in Massachusetts if this would be of value to you. Thank you for your consideration.

Sincerely yours,

ROBERT KLEIN, M.D.

CITY OF BALTIMORE,
HEALTH DEPARTMENT,
May 6, 1974.

HON. DANIEL FLOOD,
Chairman, Labor-HEW Appropriations Subcommittee, U.S. House of Representatives, Cannon House Office Building, Washington, D.C.

DEAR MR. FLOOD: It is our understanding that $7.5 million have been requested for all federally assisted lead paint poisoning programs in the coming fiscal year. As you know, this is about the same level as funding for previous years. I am sure you recognize the fact that this level of funding will allow little or no growth or expansion for programs which were generally underfunded in the beginning.

The information which follows is submitted to support our conviction that funding should be substantially increased for these vitally important programs.

Baltimore's initial application continued a request for $329,403 for our project here. This amount was reduced to $150,000 in the grant which was finally approved. Subsequent funding has been at about the same level, except for adjustments required for salary increments and increases. Obviously, this reduced level of funding has seriously limited the scope of our program in all areas, despite local efforts to maintain and sustain an effective program here. Vital screening and inspection levels have been sustained only by personnel adjustments, which have seriously reduced staff and efficiency in other components of the project, such as education. In addition, growth or expansion of our project has been severely restricted or eliminated.

In spite of these handicaps, we believe a comparison of statistics for the year 1973, our first full year of federally assisted mass screening with the previous

year, is significantly encouraging. The number of children tested increased from 1,037 to 6,190 in 1973. The number of children found with above normal blood lead levels was 765 in 1973 and 229 in 1972. Diagnosed cases of lead poisoning increased dramatically from 8 in 1972 to 55 in 1973. In addition, dwellings of all children with above normal blood lead levels are inspected and detoxified. Projections for 1974 indicate that these totals will be exceeded during this year. We can assume that because of our mass screening efforts, hundreds of children discovered with above normal blood lead levels might otherwise have gone undetected and untreated. These children could have suffered much more serious illnesses, including mental retardation or even death. We suspect that many more children have been exposed to lead paint, but remain unscreened and untreated because of the limited budget of our project.

It is our feeling that the problem of lead paint and lead paint poisoning remains a serious health menace to far too many of our young children. This is especially true in older cities and communities, such as Baltimore. We believe that this problem can be controlled or even eliminated provided our efforts receive adequate support.

It is respectively requested that you consider and support substantial increase in funding for these vital programs.

Thank you for your continued interest in the health and welfare of our young children.

Very truly yours,

ROBERT E. FARBER, M.D.,
Commissioner of Health.

DEPARTMENT OF PUBLIC HEALTH,
WINNEBAGO COUNTY,
Rockford, Ill., May 6, 1974.

JUDY ASSMUS,
Washington Research Project, Action Council,
Washington, D.C.

DEAR MS. ASSMUS: The childhood lead poisoning control project operating from the Winnebago County Department of Public Health, Rockford, Ill., would like their concern known to you regarding the need for additional funds for expansion of lead base paint poison prevention acts on the Federal basis.

Since we are operating under a Federal HEW grant, our program here in Rockford has dealt with all facits of lead poisoning control, screening, medical followup, environmental followup, educational efforts, laboratory techniques and definitely feel that greater research is needed in all facits of lead poisoning control.

Recently it has been felt that research into adults having elevated blood leads or screening adults dealing or working with lead articles, such as in factories or with welding is greatly needed.

Because our project is one out of three in the State of Illinois it is felt that expansion for these services of screening for lead poisoning to rural residents and citizens living in other counties throughout Illinois is also needed. Through increasing appropriations for lead poisoning control additional staff and services could be rendered to other counties surrounding Winnebago County and the State of Illinois.

Expansion of moneys for medical followup and treatment of children having elevated blood lead levels is definitely a need here in the Rockford lead program. Along with expansion of research into pica and causes for this problem, other sources of lead within our environment, such as paper, newsprint, colored magazines, et cetera, could be expanded on. We also have felt a need for further referrals and psychological testing of children possibly having brain damage or problems occurring due to elevated blood lead levels.

We hope you will sight our needs and pass our interest in continuing lead paint poisoning control on to the Philadelphia group who will be speaking to the Appropriations Committee later in May. We thank you for informing our project of these Federal programs and will be in touch withour own Congressman and Senators along with House and Senate subcommittees, regarding additional funds for expansion of lead paint poisoning control programs throughout the country. Thank you again for your time and consideration.

Respectfully,

PAT KANE, R.N.,
Project Supervisor, Lead Control Project.

WEDNESDAY, MAY 8, 1974.

FEDERAL HEALTH PROGRAMS

WITNESSES

JONAS V. MORRIS, PRESIDENT, COALITION FOR HEALTH FUNDING
WILLIAM SKINNER, VICE PRESIDENT
STEVE THOMAS, STAFF MEMBER

Mr. FLOOD. The committee will come to order.

Now we have the Coalition for Health Funding, Mr. Jonas V. Morris, president.

Mr. MORRIS. My name is Jonas Morris. I am president of the Coalition for Health Funding whose membership consists of some 43 national health groups. I have a statement I would like to have inserted in the record.

[The statement follows:]

STATEMENT BY COALITION FOR HEALTH FUNDING, JONAS V. MORRIS, PRESIDENT, ON FISCAL YEAR 1975 BUDGET FOR FEDERAL HEALTH PROGRAMS

This statement is presented on behalf of the Coalition for Health Funding, whose membership consists of 43 nonprofit national organizations diversely concerned with the Nation's health. Attached to this statement is a list of all the organizations who participate in the coalition, and the committee will see that our constituency extends from the Citizen's Committee for the Conquest of Cancer to the National Council of Senior Citizens, from the Association of American Medical Colleges to the American Public Health Association, from the American Speech and Hearing Association to the United Steelworkers of America, from Planned Parenthood/World Population to the American Nurses' Association.

For the committee's information, let us offer a brief description of the nature and activities of the Coalition for Health Funding. We have been in existence since 1970, with the single goal of working for adequate financing of existing Federal health programs. Focusing our endeavors on the annual Federal budget and the congressional appropriations processes, we have met each year to:

1. Identify inadequacies in existing and proposed levels of support for all Federal health programs administered by the Department of Health, Education, and Welfare.
2. Establish priorities for increased funding of the various health programs.
3. Prepare and present documentation of the financial needs of each of the Federal health programs involved, stressing what could be accomplished if appropriate funding were made available.

With our combined knowledge of and experience with Federal health programs and the awareness of national health needs which our involvement requires of us, we have committed ourselves to communicating our findings and determinations to the Congress, the administration, the public, and the press. We work from a unique, comprehensive overview of the Federal involvement in national health that is reforged and adjusted each year through the participation and cooperation of our broad membership.

Each year we prepare a program-by-program analysis of the the President's budget for Federal health programs; namely, for the Food and Drug Administration; the Health Services Administration; the Center for Disease Control; the National Institutes of Health; the Alcohol Drug Abuse, and Mental Health Administration; and the Health Resources Administration. In addition, we propose minimum appropriation levels for each program in these agencies, at which, in our judgment, that program must be maintained if it is not to deteriorate. This year's volume, entitled "An Analysis of the President's 1975 Budget and Preliminary Minimum Appropriation Recommendations for Federal Health Programs," has been given to each member of the committee,

and a copy is also attached to this statement, which we would like entered in the record.

We will try to summarize for the committee our major reflections on the administration's fiscal year 1975 budget for authorized programs in these six, controllable expenditure agencies. That budget falls short of what we perceive to be the best interests of the American people in the area of health.

While it is true that the President's budget projects an increase in expenditures for fiscal year 1975 for Federal health programs, it is, of course, necessary to remember that this increase comes primarily in the projected noncontrollable commitments for the medicare and medicaid programs. While outlays for medicaid and medicare will soar, this budget would decrease budget authority for other Federal health agencies from $5.3 to $4.75 billion, a cutback of over a half-million dollars. In addition, we have become increasingly concerned about the Department's accountability for what money is to be appropriated: the problem is symbolized in the fact that traditional "direct operations" line items, in the past calculated and listed for each program, and through which the administration and activities of every program could be properly monitored, are deleted in the President's budget this year. In their place appears a single "program direction" line item for an agency. This shift has already produced notable problems: in maternal and child health we have this year a situation where MCH professional staff are forced to carry responsibility for migrant health, family planning, and neighborhood health centers as well. In order to insure adequate professional staffing and appropriate staffing, we ask that the committee appropriate funds in the past manner, at the program level.

We were not surprised to find, in the President's verbal presentation of his budget—in the "Special Analyses" and "The Budget in Brief" as well as the February 2 HEW press release on the budget—an emphasis on outlays rather than on budget authority. For it is true that fiscal year 1975 outlays in health would climb to $26.3 billion, and outlays for public health agency programs would climb from $5.3 to $5.6 billion. But in the six health service agency programs which we wish to emphasize before the committee today, this apparent gain is possible only because of the influx of fiscal year 1973 funds, illegally impounded, and released through the pressure of Congress and through various court suits brought by members of the coalition. The outlay figures camouflage the less hardy commitment to Federal health programs which is shown by the budget authority figures.

Similarly, we were not surprised to find a great emphasis on national health insurance, one which also veils a lack of commitment to Federal health service programs. But it is our concern that the six agencies which are our special interest be seen in a more concrete perspective than is offered by the highly controversial and ethereal matters of outlays and national health insurance. They lie behind the discussion of these two issues, but they must be accorded attention in their own right. These are the programs which provide the essential services such as family planning and aid to medical schools. These are the programs which will advance our understanding of disease and propose new methods of treatment and cure. These are the programs through which national health policy is monitored and directed. These are the programs which insure the nation an adequate professional community to deal with the pressing problems and issues of the health of its citizens. In short, these six agencies are a vital Federal investment in the national health. Let us proceed to a more substantive, if summary discussion of the programs in question.

For purposes of brevity, we will divide our discussion among three major areas of the Federal commitment to health, bearing in mind that nothing here need be said in reference to unauthorized programs. Those three major areas are manpower, research, and services.

While authorizing legislation for the major Health Resources Administration manpower programs expires on June 30 of this year, there are two manpower programs in the Alcohol, Drug Abuse and Mental Health Administration that are severely threatened by the President's budget. An unbelievably low $1.9 million is asked for alcoholism training at a time when alcoholism has been singled out in the President's own study as an increasingly devastating national health problem. Seven million dollars was appropriated for this purpose last year. Mental health training funds are scheduled to be cut by $40 million, to $65 million, with the aim of gradually phasing this support out entirely. These are, through, areas where the manpower pool is notably shorthanded, and the coalition regrets the administration's unwillingness to invest in them. Estimates are that mental illness afflicts as many as 20 million Americans, and that alcoholism

afflicts 9 million Americans, yet the administration balks at expending funds to train those who could restore those afflicted to more productive lives.

In the research area, the administration's budget is only sparingly generous to two institutes at the National Institutes of Health, the National Cancer Institute and the National Heart and Lung Institute. Yet its $600 million request for the National Cancer Institute falls short of what would be required to effectively insure that the national initiative to conquer cancer, so highly lauded by the Congress and administration in 1971, would be honored. And the $309 million requested for NHLI barely offsets the toll of inflation.

Under the administration's budget the 10 other research components of the NIH would be increased by a total of only $1 million. The general research support program of the Division of Research Resources, which is so vitally necessary to provide the flexibility and latitude for other research activities, would be slashed by $44 million. In effect, because inflation has cut into the capabilities of these institutes by at least the 7 percent figure which Secretary Weinberger cited at the HEW press conference on February 2, their productivity cannot help but be diminished. It has been said many times, but it bears saying again: research is the backbone of medical progress. And the coalition therefore urges that all institutes be funded at levels which would at least offset losses due to inflation, in order that they may maintain their current levels of investigation.

The administration would also reduce vital research training programs at NIH. The predoctoral and postdoctoral research training programs have assured in the past a constant flow of young individuals with new ideas and advanced training in the latest, most sophisticated research methods, to replenish, enlarge and upgrade the Nation's pool of medical scientists. Reducing research training programs now may result in a serious shortage of bioscientists by the 1980's as well as a serious drop in lifesaving medical research.

In the services area, no program under this committee's jurisdiction is proposed for an increase in funding. In the administration's own words, as written in its "Special Analyses of the Budget," Federal funding for HSA and ADAMHA service programs "will remain at approximately the current levels pending the establishment of national health insurance." We agree with the principle expressed here—that in the face of national health insurance, service programs should at least be maintained at current levels. But in fact, the administration's budget does not provide for this: given the erosion of program capacities caused by inflation, maternal and child health, and public health service hospitals cannot be expected to sustain their efforts on last year's allowances. We believe that our minimum recommendations are more responsive to the aim of sustaining service programs than the administration's proposals, and urge that the committee examine them.

In conclusion, the coalition would like to commend the committee for its tradition of support for vital health programs. The 43 member organizations of the coalition are aware and appreciative of this committee's expertise and attention, which have saved many programs and strengthened many others. We have omitted from our summary observations the discouraging catalogues of diseases which oppress the American people, and distressing lists of numbers of Americans afflicted by those diseases. The committee is all too aware of them. But they are also all too real to ignore: to dispel them is the sole object of the public health service programs which are our mutual concern, and we ask that the committee examine the minimum appropriation recommendations which we have made for these programs. The levels we recommend will insure that these programs can sustain their current, already constrained levels of service to the American people. And we urge also that the committee explore higher funding levels than those we propose as minimum levels: our figures aim at expressing an amount at which programs will not deteriorate; but given more support, these same programs would have the capacity to contribute more vitally and decisively to the improvement of the Nation's health.

Thank you.

PUBLIC MEMBERS OF THE COALITION FOR HEALTH FUNDING: 1974

American Academy for Cerebral Palsy
Amerdican Academy of Child Psychiatry
American Academy of Pediatrics

American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Colleges of Podiatric Medicine
American Association of Dental Schools
American Digestive Disease Society
American Federation of State, County & Municipal Employees, AFL–CIO
American Heart Association
American Nurses' Association
American Occupational Therapy Association
American Optometric Association
American Psychiatric Association
American Public Health Association
American Society for Medical Technology
American Speech & Hearing Association
Arthritis Foundation
Association of Academic Health Centers
Association of American Medical Colleges
Association of Independent Research Institutes
Association of Pediatric Pulmonary Centers
Association of Schools & Colleges of Optometry
Association of Schools of the Allied Health Professions
Association of Schools of Public Health
Association of University Programs in Hospital Administration
Citizen's Committee for the Conquest of Cancer
Council for the Advancement of the Psychological Professions & Sciences
Federation of Associations & Schools of the Health Professions
Friends of Regional Medical Programs
Group Health Association of America
Human Growth Foundation
National Association of Social Workers
National Committee Against Mental Illness
National Council of Community Mental Health Centers
National Council of Senior Citizens
National Health Education Committee, Inc.
National League for Nursing
National Student Nurses' Association
Planned Parenthood/World Population
State University of New York, Washington office
United Steelworkers of America

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Vice President, William Skinner, American Association of Colleges of Pharmacy
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Member, Harry Doyle, American Optometric Association
Member, Constance Holleran, American Nurses' Association
Member, George Degnon, American Academy of Petdiatrics

Mr. MORRIS. I would also like to insert the coalition's booklet which contains recommendations for the fiscal year 1975 health appropriations.

[The information follows:]

INTRODUCTION TO THE ANALYSIS TABLES

The comparative budget authority figures for these charts were compounded from House and Senate reports, HEW charts, and conversations with HEW personnel. Because of minor authority transfers and minor and major reorganizations within HEW health programs, figures for fiscal year 1973 and fiscal year 1974 may differ slightly from those listed in various other reports. Our tables are broken down further than the preceding statements, in order to show what has been appropriated and what we recommend for divisions within the larger programs. Footnotes are at the end of the tables.

FY 1975 PRELIMINARY MINIMUM RECOMMENDATIONS

(fiscal years) (in thousands $)

FOOD AND DRUG ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION [1]	Preliminary 1975 Coalition Minimum
Food, Drug, Product Safety	150,123	165,960	200,056	Open	210,056

THE HEALTH SERVICES ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION [1]	Preliminary 1975 Coalition Minimum
1. Community Health Services					
a. project grants: community health centers	116,200	206,100	200,400	*	226,710
b. grants to states	90,000	90,000	90,000	*	99,000
c. migrant health	23,750	25,000	24,000	*	27,500 [2]
d. direct operations	19,662	22,133	-----		-----
Subtotal Community Health Services	249,612	343,233	314,400		353,210
2. Maternal and Child Health					
a. grants to states	125,678	132,678	243,951		268,345
b. project grants	98,496	111,273	-----		-----
c. research and training	21,917	21,917	21,917		24,110
d. direct operations	4,325	4,340	----- [2]		-----
Subtotal Maternal and Child Health	250,416	270,208	265,868	380,100	292,455
3. Family Planning [3]					
a. grants and contracts	135,024	100,615	100,615 [2]	*	135,000 [2]
b. direct operations	2,065	2,610	-----		-----
4. Health Maintenance Organizations	-----	65,000	60,000	90,000	80,000
5. National Health Service Corps.	10,558	13,000	9,255	*	14,300
6. Quality Assurance	-----	-----	5,774	*	5,774

Footnotes at end of table.

(fiscal years) (in thousands $)

THE HEALTH SERVICES ADMINISTRATION (Continued)

7. Patient Care & Special Health Servs.	95,821	116,961	109,184	*	128,657
8. Indian Health Service					
a. health services	172,748	184,283	222,896		226,896
b. health facilities	44,549	49,927	54,956		80,956
c. program direction	-----	-----	3,147		3,147
Subtotal Indian Health Service	217,297	234,210	280,999	Open	310,999
9. Buildings & Facilities	-----	21,000	1,300	*	1,000
10. Regional Office, Central Staff	5,630	5,602	-----	*	-----
11. Program Direction	6,258	5,470	35,783[2]	*	35,783
(Less Trust Fund Transfer)	(-4,719)	(-5,419)	(-5,774)		(-5,774)
TOTAL, HEALTH SERVICES ADMINISTRATION	967,962	1,170,087	1,177,404		1,351,404

CENTER FOR DISEASE CONTROL

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
1. Disease Control					
a. research	2,215	-----	-----		
b. project grants	65,300	52,385	50,600		57,623
c. disease investigations, surveillance & control	38,661	36,667	40,049		40,334
d. laboratory improvement	9,359	8,092	8,227		8,901
e. health education	5,761	900	3,471		3,471
Subtotal Disease Control	121,296	98,744	102,347		110,329
2. Occupational Health					
a. grants	4,414	2,252	2,252		2,477
b. direct operations	24,428	28,348	23,596		30,182
Subtotal, Occupational Health	28,842	30,600	25,848		32,659
3. Buildings & Facilities	-----	-----	964		964

Footnotes at end of table.

(fiscal years) (in thousands $)

CENTER FOR DISEASE CONTROL (Continued)

4. Program Management					
a. program direction	4,385	3,921	7,319		7,319
b. regional offices	5,229	2,300	2,300		2,300
Subtotal, Program Management	9,614	6,221	9,619		9,619
Less Unobligated Balance, Start of year			- 964		- 964
TOTAL, CENTER FOR DISEASE CONTROL	159,752	134,865	137,814	*	152,607

NATIONAL INSTITUTES OF HEALTH

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
National Cancer Institute	485,317	551,191	600,000	*	660,000
National Heart and Lung Institute	290,728	302,915	309,299	520,000	360,000
National Institute of Dental Research	45,797	45,565	43,959	Open	50,121
National Institute of Arthritis, Metabolism and Digestive Diseases	158,082	159,447	152,961	Open	175,392
National Institute of Neurological Diseases and Stroke	124,434	125,000	119,958	Open	137,500
National Institute of Allergy and Infectious Diseases	107,640	114,000	110,404	Open	125,400
National Institute of General Medical Sciences	175,281	176,778	168,329	Open	194,455
National Institute of Child Health and Human Development	125,949	130,254	124,897	Open	143,279
National Eye Institute	36,792	41,631	39,947	Open	45,794
National Institute of Environmental Health Sciences	30,364	28,879	28,684	Open	31,767
Research Resources	136,791	133,472	82,700	Open	146,819
Fogarty Institute	4,666	4,767	4,784	Open	5,262
Subtotal, Research	1,721,841	1,813,900	1,785,922		2,075,779

Footnotes at end of table.

NATIONAL INSTITUTES OF HEALTH (Continued)

National Library of Medicine	28,488	25,871	27,738	Open	28,467
Buildings & Facilities	8,500	8,000	3,000	Open	22,500[4]
Office of the Director	12,618	12,000	18,124	Open	18,124
TOTAL, NATIONAL INSTITUTES OF HEALTH	1,771,447	1,859,771	1,834,784		2,148,870

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
1. Mental Health (NIMH)					
a. research	90,676	89,289	84,468	Open	98,218
b. training	110,009	110,000	65,101	Open	121,000
c. community mental health centers				*	
1. construction	20,000	15,000	-----		-----
2. new staffing	49,130	30,300	-----		33,330
3. continued staffing	115,970	133,398	172,053		172,053
4. new children	16,500	7,400	-----		8,140
5. continued children	3,500	12,600	26,844		26,844
d. management and information	20,800	21,335	16,753		23,400
Subtotal NIMH	426,585	419,342	365,219		482,985
2. Drug Abuse (NIDA)					
a. research (NIDA)	35,528	36,739	34,000	Open	34,000
b. training	12,582	15,182	9,969	Open	9,969
c. community programs				*	
1. project grants	152,302	160,777	122,000		122,000
2. grants to states	15,000	15,000	35,000		35,000
d. management & information	14,907	15,578	15,646		15,646
Subtotal NIDA	230,319	243,269	216,615		216,615[5]
3. Alcoholism (NIAAA)					
a. research	11,582	8,901	10,405	Open	12,486
b. training	8,946	7,263	1,947	Open	8,280
c. community program				*	
1. grants to states	60,000	48,000	45,600		52,800
2. project grants	83,736	75,322	32,051		82,083
d. management & information	6,524	5,435	9,863		9,863
Subtotal NIAAA	170,778	144,921	99,366		166,281

Footnotes at end of table.

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(fiscal years) (in thousands $)

ALCOHOL, DRUG ABUSE & MENTAL HEALTH ADMINISTRATION (Continued)

4. St. Elizabeth's Hospital	36,941	38,000	42,340	Open	42,340
5. Program Director	8,532	8,443	10,462		10,462
TOTAL, ADAMHA	863,165	853,985	734,502		918,683

HEALTH RESOURCES ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
Health Resources Planning[6]	-----	-----	75,000	*[6]	132,348[6]
Regional Medical Programs	134,625	81,625	-----		
Comprehensive Health Planning	41,713	38,327	-----		
Health Statistics	19,335	19,335	24,000	*	24,000
Health Services Research & Development	78,554	81,778	69,000	*	89,950
Medical Facilities Construction	197,200	197,200	2,000	*	197,200
Health Manpower					
1. health professions					
a. institutional assistance					
1. capitation grants					
a. MOD		152,500			175,000
b. VOPP		34,777			41,000
Subtotal, Capitation Grants	165,900	187,277	150,000		216,000
2. start-up assistance	11,700	6,000	4,700		6,600
3. financial distress grants	15,000	10,000	5,000		11,000
4. special programs	63,000	53,500	37,583		58,850
b. student assistance	53,500	53,900	60,000		60,000
c. construction assistance	101,000	101,000	-----		101,000
d. dental health activities (special projects)	14,979	14,979	7,842		16,300
e. educational assistance	19,954	14,320	-----[2]		15,754[2]
f. direct operations	4,214	3,313	-----		-----
Subtotal, Health Professions	448,362	439,969	265,125	*	485,504

Footnotes at end of table.

(fiscal years) (in thousands $)

HEALTH RESOURCES ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
2. Nursing Support					
a. institutional support					
1. capitation grants	38,500	36,150	-----		41,850
2. start-up assistance	2,000	-----	-----		----- [7]
3. financial distress grants	10,000	5,000	-----		5,500
4. special projects	22,600	20,000	20,000		22,000
b. student assistance	61,400	59,800	25,600		65,920
c. construction assistance	21,000	21,000	-----		21,000
d. educational assistance	9,720	7,569	----- [2]		8,326 [2]
e. direct operations	4,214	4,119	-----		-----
Subtotal, Nursing	169,434	153,638	45,600	*	164,596
3. Public Health Support					
a. institutional assistance	12,000	12,000	-----		13,200
b. student assistance	9,600	9,600	-----		10,560 [2]
c. direct operations	1,031	631	----- [2]		-----
Subtotal, Public Health	22,631	22,231	-0-	*	23,760
4. Allied Health Support					
a. institutional assistance	31,714	31,745	-----		34,919
b. student assistance	3,091	3,750	-----		4,125
c. educational assistance	1,359	1,359	----- [2]		1,495 [2]
d. direct operations	2,543	1,851	-----		-----
Subtotal, Allied Health	38,707	38,705	-0-	*	40,539
5. Special Educational Projects					
a. education initiative awards	42,000	46,500			51,150
b. computer technology	6,000	3,000			3,300
c. direct operations	3,298	2,752			-----
Subtotal, Special Education Projects	51,298	52,252	54,575	*	54,450
Sales Insufficiencies	4,000	4,000	4,000		4,000
SUBTOTAL MANPOWER	741,582	710,795	369,300		790,027
Program Management	14,140	6,990	43,200		43,200
Less Trust Fund Transfer	-----	-----	(- 8,620)		(- 8,620)
TOTAL, HEALTH RESOURCES ADMINISTRATION	1,227,149	1,136,378	573,880		1,250,927

Footnotes at end of table.

(fiscal year) (thousands of $)

ASSISTANT SECRETARY

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
Regional Office Central Staff Program and Direction	12,628	12,000	14,146		14,146
Professional Standards Review Organizations	-----	-----	30,900		30,900
Retirement Program Medical Benefits -- Commissioned Officers	28,106	34,103	43,422		43,422
Scientific activities overseas	25,619	1,312	-----		
PHS Trust Funds	1,557	1,583	1,621	___	1,621
TOTAL, ASSISTANT SECRETARY	67,910	49,598	97,342	Open	97,342

(fiscal years) (in thousands $)

REHABILITATION SERVICES ADMINISTRATION

	1973 APPROPRIATION	1974 APPROPRIATION	Administration 1975 Budget	1975 AUTHORIZATION[1]	Preliminary 1975 Coalition Minimum
1. Rehabilitation Services and Facilities					
a. basic state grants	560,000	630,000	670,000	680,000	680,000
b. service projects	49,786	52,600	13,900	open	55,000
c. research and evaulation	23,441	20,596	20,000	25,000	25,000
d. training	27,700	15,572	11,500	27,700	27,700
2. Grants for the developmentally disabled					
a. state grants	21,715	32,500	30,875	*	32,500
b. service projects	18,500	18,500	18,500	*	18,500
c. university affiliated facilities	4,250	4,250	4,250	*	4,250
3. Research	14,417	15,467	-----	*	-----
4. Training	8,900	8,900	-----	*	-----
TOTAL, REHABILITATION SERVICES ADMINISTRATION	728,709	798,385	769,025		842,950

Footnotes at end of table.

(fiscal year) (thousands of $)

SUMMARY: HEALTH BUDGET

	1974 APPROPRIATION	PRESIDENT'S REQUEST	COALITION MINIMUM
Food and Drug Administration	165,960	200,056	210,056
Health Services Administration	1,170,087	1,177,404	1,351,404
Center for Disease Control	134,865	137,814	152,607
National Institutes of Health	1,859,771	1,834,784	2,148,870
Alcohol, Drug Abuse and Mental Health Administration	853,983	734,502	918,683
Health Resources Administration	1,136,378	573,880	1,250,927
Office of the Assistant Secretary	49,598	97,342	97,342
TOTAL, PUBLIC HEALTH SERVICE AGENCIES	5,370,644	4,755,782	6,129,889
Rehabilitation Services Administration	798,385	769,025	842,950

Footnotes:

1. Authorization expires June 30, 1974, where an asterisk appears.
2. The Coalition views with caution the consolidation of direct operations, which heretofore have been given separate line itemizations, together with other administrative costs in the "program direction" line item. Such a bulking together of small costs has a tendency to result in reduced accountability, and may lead to inefficient, "management from the top." We urge that the Congress, if it agrees to this decreased itemization, continue to demand full accounting of how this "program direction" money is being spent. We are also aware that in many instances the "program direction" money is being spent. We are also aware that in many instances the "program direction" line now entails monies to be used to pay rent on facilities: thus are concealed upwards of $50,000,000 in "new funds" which have until now been paid out in rent by GSA.
3. The Coaliton believes that Family Planning Services must be restored to its FY 1973 funding level. In view of pending authorizing legislation, we think our minimum recommendation is warranted by sufficient legislative base.
4. $19,500,000 of this amount is for the long-postponed construction of the Lister Hill Center building.
5. Having examined changing priorities, the Coalition concurs with the President's request for Drug Abuse, but may at a future time recommend additional funds for training and education.
6. Whatever health planning authority is finally established, it seems certain to be compounded of the functions of the old RMPs and CHP. Thus the Coalition makes its recommendation by anticipating the new authority in this way, and considers the three together.
7. It is anticipated that "start-up assistance" will be available under new authority together with "financial distress grants" and "special projects".

Mr. MORRIS. I have the coalition vice president, Mr. William Skinner, and its staff person, Mr. Steve Thomas, with me.

First of all, Mr. Chairman, I would like to compliment you and your colleagues on the committee for the great support you have shown for health programs in the past. It has been, frankly, your work that has kept these programs going. You are to be commended for it.

The coalition's recommendations for fiscal year 1975 are substantially above the administration's proposals, but they are modest compared to what is needed. They are minimum recommendations. They refer only to the amount that is actually needed to keep the programs from deteriorating. They are preliminary recommendations because so many of the programs, as you know, for fiscal year 1975 don't have authorizations. They are expiring. When there are authorizations for fiscal year 1975, we will be coming back to you with revised recommendations.

Many of the member organizations will be appearing before you, stating to you what their needs will be for fiscal 1975, and therefore their recommendations will be somewhat higher than our preliminary, minimum recommendations presented here. We hope that the committee will give the coalition's recommendations very careful examination, because in our best judgment it's what is needed in order to keep the health programs of America going. This is a very important program, as you know.

Mr. Skinner has a few comments he would like to make to you.

Mr. SKINNER. We also thank you, Mr. Chairman, for the opportunity to present the case for these 43 organizations, one of whom I was representing this morning here. That group, indeed, does support these coalition recommendations as a minimum.

We appreciate your consideration of the fine lines and details of our report here. Thank you.

Mr. FLOOD. Thank you.

Mr. MORRIS. Again, Mr. Chairman, we would like to thank you for your dedication to the health programs of this country. You are to be commended for your hard work.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 8, 1974.

RHEUMATIC DISEASES

WITNESSES

HON. GILBERT GUDE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

DR. LAWRENCE E. SHULMAN, DIRECTOR, CONNECTIVE TISSUE DIVISION, JOHNS HOPKINS UNIVERSITY ON NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES

Mr. FLOOD. Now we have our colleague, Representative Gude of Maryland.

STATEMENT OF HON. GILBERT GUDE

Mr. GUDE. Mr. Chairman, Dr. Shulman really needs no introduction. Dr. Lawrence E. Shulman is not a constituent of mine—but I wanted to drop by to introduce and commend him to you because of his ex

tensive background, which should serve you well in your consideration of the budget for the National Institute of Arthritis, Metabolism, and Digestive Diseases. Dr. Shulman is both president-elect of the American Rheumatism Association and chairman of the committee to evaluate the medical programs of the Arthritis Foundation. He is chairman, too, of the scientific group on the diffuse connective tissue diseases of the World Health Organization, and is a consultant for the rheumatic diseases at the famed Clinical Center of the National Institutes of Health.

A product of Harvard, Yale, and the Johns Hopkins Hospital, he was the physician-in-charge of the Arthritis Clinic at the Johns Hopkins from 1960 to 1966. He is currently both a physician at Good Samaritan Hospital in Baltimore and associate professor of medical care and hospitals at the Johns Hopkins University. His work has earned the Senior Investigator Award of the Arthritis Foundation.

I commend his testimony to you, Mr. Chairman. Thank you very much, Mr. Flood.

Statement of Dr. Lawrence Shulman

Dr. Shulman. Mr. Chairman, it's a great pleasure to be with you today. Thank you very much for this opportunity. I have prepared written testimony that I would like to submit for the record, please.

[The statement follows:]

Mr. Chairman, members of the committee: It is a great privilege for me to discuss with you my great concern and interest in the many research programs of the National Institute of Arthritis, Metabolism, and Digestive Diseases; and to request your continued and enhanced support at appropriate levels of these levels of these highly important activities. My name is Lawrence E. Shulman, M.D., Ph. D. I am director of the Connective Tissue Division (rheumatology programs) at the Johns Hopkins University School of Medicine in nearby Baltimore. I am well acquainted with the vital activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases, having served on the Arthritis Research Training Grant Committee as both member and chairman in the 1960's. Moreover, for the past 3 years I have been consultant for rheumatic diseases for the Clinical Center of the NIH. For 5 years I was the recipient of the Senior Investigator Award of the Arthritis Foundation. I have served on many committees of our professional society, the American Rheumatism Association; and have been chairman of its program, membership, and conferences committees. I am now the persident-elect of the American Rheumatism Association. I have also been on the Research Committee of the Arthritis Foundation; and for the past 2 years chairman of the Committee To Evaluate the Medical (and Scientific) Programs of the Arthritic Foundation. Moreover, just last month I had the privilege of chairing a workshop on Arthritis Centers, sponsored by the NIAMDD, American Academy of Orthopedic Surgeons, and the Arthritis Foundation, in Chicago. I have also been chairman of the Scientific Group on the Diffuse Connective Tissue Diseases of the World Health Organization in Geneva. I am a fellow of the American College of Physicians, and a member of several scientific societies.

I appreciate very much the opportunity to testify before you this afternoon on behalf of the activities of both the intramural and extramural programs of the NIAMDD, and for the many scientists in the Institute and across the Nation who do receive, or should receive, research grant support from this Institute. As you well know, the NIAMDD is the fiscally "crowded" Institute, being responsible for 10 different major fields of medicine; yet, it now receives less than one-third of the support given for cancer research, and less than half of that provided for research in heart and lung disease. I am particularly familiar with the scientific work of the NIAMDD in the field of rheumatic diseases, which constitute my own area of research and academic interest.

Rheumatic diseases constitute a major public health program. According to the 1969 National Health Interview Survey, more than 20 million people in the United States were suffering from one or another of the rheumatic diseases in that year. Also, the overall prevalence of the rheumatic diseases had increased progressively in the previous decade from 6.4 to 10.3 percent. Almost half of the people with arthritis are in the 45–64-age group, a time in life when their incomes tend to become fixed, and their abilities to accommodate to the consequences of disabling illness become constricted. Patients with arthritis suffer not only pain, but also restriction of their activities; and some become confined to bed. The 1969 survey estimated that 1,200,000 people had to change their jobs because of arthritis, and even more reported a decrease in income attributed to their arthritis.

According to a cost-benefit analysis prepared 2 years ago by a group of experts and consultants for the Arthritis Foundation, the total cost to the U.S. economy, including health services and lost work productivity, from arthritis and related diseases amounts to $9 billion each year.

The rheumatic diseases comprise a major field of medicine—not a single disease. Included within it are all forms of arthritis which in strict professional terms means inflammation of joints, although it is often used more generally to indicate any joint disorder. "Rheumatic disease," "rheumatism," and connective tissue disease are broader terms, indicating disease in joints and/or other elements of the musculoskeletal system; some rheumatic diseases are confined to joints others are systemic diseases. Ten years ago, a committee of the American Rheumatism Association constructed and published a classification of rheumatic diseases; it contained 84 different rheumatic disorders, grouped into 13 categories. Since that time, as a consequence of research productivity, several other new diseases have been discovered and added to this list. The distinctions between these diseases are important not only conceptually, but also for the prognosis and optimal treatment to be given to the individual patient.

Yesterday, Dr. Roland Moskowitz of Case-Western University in Cleveland, as a witness for the Arthritis Foundation, discussed with you the problem of osteoarthritis, a degenerative disorder which affects some 9 million people in the Nation. Although these are now promising research tools with which to study this disease, the number of research grants and laboratories devoted to this problem is pitifully small; this must be corrected.

Rheumatologists and the NIAMDD can and do take great pride in the almost complete conquest of gout. Both basic and applied research into the mechanisms of this ancient and honorable disease have yielded more information in the past 15 years than in all the preceding centuries. Gout is caused by a buildup of uric acid in the blood and in certain tissues of the body. It is now clear that hyperuricemia is caused by abnormalities of purine metabolism due to the absence of critical enzymes genetically determined; or by metabolic effects on the kidney tubules by certain common drugs and conditions such as alcoholism or starvation. The acute inflammation in the joints of the great toe and other areas, which cause such excruciating pain, is now known to be caused by the precipitation out of solution of sodium urate crystals, which incite in the synovium a severe self-perpeuating inflammatory reaction. This concept of crystal-induced synovitis, formulated and substantiated by Institute researchers, has fostered the discovery and understanding of another entity, "pseudogout," manifested by both chondrocalcinosis and an acute arthritis caused by the precipitation of calcium pryophosphate crystals in the synovial fluid. The basic metabolic derangements in this disease, pseudogout, remain to be elucidated. For both gout and pseudogout, drugs are available to combat the acute arthritis; and for gout, new drugs have been developed to eliminate the overproduction of uric acid—allopurinol—or to enhance uric acid excretion— probenecid and others. For the almost 1 million people reported to have gout, according to the 1969 survey, the main challenges now are those of public and professional education. The disease is now manageable.

Reumatoid arthritis, one of the major crippling conditions among the rheumatic diseases, affects some 2 million women and men, usually in middle life, annually. Although the primary causes of the disease remain unknown, research has yielded some understanding of the inflammatory reaction and some new leads as to the mechanisms of tissue injury to joint cartilage. In the joints of rheumatoid arthritis, antigens combine with antibodies to form immune complexes which by activating the complement system evoke mediators which attract into the

joint neutrophilic leucocytes—white blood cells—that ingest the immune complexes. After this phagocytosis, the lysozomes rupture and release hydrolytic enzymes which, in some manner as yet to be determined, cause the joint destruction. Recent research has also revealed that rheumatoid synovial cells grown in tissue culture can produce an enzyme, collagenase, which has the capacity to destroy the cartilage of joints and thus induce deformities. At present drugs are available to block the immune response and the inflammatory reaction in rheumatoid arthritis, but each of the potent agents has serious toxic reactions. Greatly needed are safer effective agents, some of which are under investigation. The big question in rheumatoid arthritis is what is the antigen or antigens that initiate the immune response. Most investigators think that these stimuli are propably exogenous and of infectious origin. There are suggestive findings in rheumatoid arthritis, implicating organisms such as mycoplasma, diphtheroids and viruses; nothing is proven. Research at the Institute on mycoplasma in swine is highly instructive: the immunopathologic reaction resembling rheumatoid arthritis persists for months after the organisms are no longer identifiable in the synovial tissues.

Juvenile arthritis, which affects at least 250,000 children, was previously considered to be one disease. Recent research has shown clearly that there are several arthritic diseases in children; one of these, for example, is associated with antinuclear antibodies and chronic inflammation of the eyes. The opportunity for early detection and the prevention of blindness by early treatment is apparent.

Much of the research effort in rheumatology concerns the pathogenesis and treatment of the "collagen diseases" or diffuse connective tissue diseases, a series of potentially serious, at times life-threatening, diseases which affect many organs of the body, most often in young people. Systemic lupus erythematosus, SLE, is an immunologic disorder, with lesions in joints, skin, kidney, brain, and other organs, mostly in young women. A major advance has been the clear demonstration that immune complexes cause tissue injury; that is, DNA-anti-DNA antibody complexes are responsible for the kidney lesions of SLE; other complexes have been identified. Recent investigations have shown that cell-mediated immunity is also disturbed in SLE. High levels of antibodies to several virsuses have been found in SLE; and tuboreticular, viruslike, structures have been detected in the lesions of SLE by electron microscopy. Lupus tends to run in families, and the recent demonstration of a preponderance of certain histocompatibility antigens in patients with SLE seems particularly significant. Fortunately, experimental models of SLE are available in certain inbred stains, NZB/NZW, of New Zealand mice, which spontaneously develop a disease that mimics human SLE, and in certain dogs studied in Boston.

Research data obtained from the NZB/NZW mouse model have generated new concepts that combine genetics with viral and immunologic factors in the pathogenesis of SLE. The experimental model has accelerated the development of new methods for the treatment of this serious disease. Important new information has begun to appear from research into the other "collagen diseases": (1) immune complexes of Australia antigen (from hepatitis virus) and its antibody in some patients with polyarteritis (inflammation of arteries in many organs). (2) the efficacy of cyclophosphamide in the treatment of Wegener's granulomatosis; (3) abnormalities of the microvasculature and autonomic nervous system in systemic sclerosis, or scleroderma; (4) the discovery that lymphokines, derived from the lymphocytes of patients with polymyositis (inflammatory destruction of muscles), can injure muscle cells grown in tissue culture.

A very exciting research finding appeared in 1973 concerning the pathogenesis of the spondylitic groups of rheumatic diseases. Investigators in London and Los Angeles reported that 80 to 95 percent of patients with ankylosing spondylitis, (articular inflammation of the vertebral column producing a fixed spine) had a certain histocompatibility antigen (HL-A) W27, as compared to 5 to 6 percent in control populations. A number of disorders have been associated clinically to varying degrees with ankylosing spondylitis; and in several of them high frequencies of the W27 antigen have been reported this year; 76 to 96 percent in Reiter's disease (arthritis, urethritis and conjunctivitis); 55 percent in acute anterior uveitis (eye inflammation); high percentages in small series of ulcerative colitis or psoriasis with spondylitis; and most recently, 42 percent in juvenile arthritis. Not only does this provide us with an important clue to the pathjogenesis of these various disorders, but the opportunity is provided for early detection and to identify susceptible persons even before the disease appears.

The progress of orthopedic surgery in the treatment of arthritis has been astounding. Total replacement of the arthritic hip has been an unqualified success; it has been made possible by research on new plastics for embedding the prosthesis and the optimal design and materials of the prosthesis itself. Thousands of patients with drastic restriction of activity have been restored to comfortable and normal lives. The bioengineers continue to search for the most functional and durable materials; and have made significant progress in the design of total knee replacements; hundreds of artificial knees have been placed in arthritic patients. New designs are being developed for artificial shoulders, elbows and wrists. Silicone implants are being tested widely in the surgical treatment of hands deformed by arthritis. Orthopedic research into the biochemistry and biophysics of cartilage and bone shows promise of generating data important for our understanding of selected rheumatic diseases.

My intent in reviewing the research accomplishments and activities in the rheumatic disease field with you today is to share with you the excitement and optimism that my colleagues in rheumatologic research around the Nation and I experience as we view the opportunities for research accomplishments in furthering knowledge in several areas of rheumatic disease. A productive momentum has been created, but it is now seriously endangered. Support for research and research training in arthritis and related diseases has remained static or decreased slightly from fiscal year 1972 to fiscal year 1975 in specific dollar amounts. With the tragic reduction in purchasing power by inflation, there is a drastic reduction in support for research in the rheumatic disease. The President's budget for fiscal year 1975 allots only $13,860,000 for all NIAMDD activities in the arthritis field.

This is intolerable. Biomedical research is such that it requires an 8- to 15-percent yearly increase to keep it moving. I support the citizen's budget proposal for fiscal year 1975 to be presented to you this afternoon by Dr. E. Lovell Becker of The New York Hospital-Cornell Medical Center. This amounts to $196,000,000 for NIAMDD, as compared to $152,961,000 in the President's budget.

Mr. Chairman and members of the committee, I earnestly solicit your help in two highly important matters. The first is to provide within the NIAMDD the necessary support for adequate staff to administer and promote the resarch programs in the field of rheumatic diseases. We urge you to specify the creation of the office of an Associate Director for Arthritis and Related Musculoskeletal Diseases, so that the Institute may formulate plans and programs, utilizing both the grant and contract mechanisms, for mounting the appropriate research effort which is so clearly indicated by the unmet research needs in this field. The Institute already has an Associate Director for Digestive Diseases and Nutrition, created by independent legislation. Similar offices and positions are being planned for the areas of diabetes and kidney disease. The case for an Associate Director for Arthritis is at least as compelling as those for these other areas. The Institute must have the necessary number of budgeted positions in order to meet its responsibilities to the millions of patients suffering from arthritis and related diseases in the United States.

Equally urgent is the great need for the restoration of funds for research training. The rheumatic disease field with its fascinating immunologic and other research opportunities has become a very attractive area for talented young investigators. The number and quality of our applicants for research fellowships in rheumatology have never been higher. We now lack the financial support to provide them with the research training that they seek. The research training grants of the 1960's constituted a major mechanism by which the productive research in rheumatology during that decade was accomplished. The restoration of research training grants in this field is essential to maintaining the momentum of research accomplishments described above. As one applicant for a fellowship in rheumatology told me last week: "I want to enter this field because there are so many important and interesting questions yet to be answered."

Mr. Chairman and members of the committee, I am most grateful to you for your continued interest and support, and thank you very much for the privilege of appearing before you today.

Mr. SHULMAN. I am here to support the research programs of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) and to specifically discuss with you the problems of rheumatic diseases, which is my area of special interest.

It's clear that the NIAMDD is crowded. You know better than I do how crowded the NIAMDD is. We would hope that you would give us the greatest support possible to meet out commitments.

In terms of the rheumatic diseases, we usually speak of arthritis in this Institute as if it is one disease. But it isn't. Arthritis is best expressed in terms of the term "rheumatic diseases." They constitute a major health problem in the United States. The 1969 national health survey indicated that over 20 million people that year were suffering from arthritis and related diseases. Almost half of these are in the 45 to 64 year old group—the time when incomes become fixed and it's hard to find a job. In fact, in that year 1,200,000 arthritics had to change their jobs and 1,400,000 people had a reduction of income, who had arthritis.

The second point is that the rheumatic diseases constitute a major field of medicine. As I said, it isn't a single disease that we are dealing with. In fact, 10 years ago a committee of the American Rheumatism Association formulated a classification of rheumatic diseases which comprised some 84 different diseases grouped into 13 different categories. Since that time, as a result of research productivity in the field, new diseases have been added and there are almost 100 diseases today.

The detailed testimony outlines some of the research progress made in this field. I am not going to go into that but just to give you the highlights of it.

Yesterday, Dr. Moskowitz, in testifying in behalf of the Arthritis Foundation, already outlined the problems of osteoarthritis with you. We take great pride in what has been achieved in gout. As a result of research in the NIH, and outside of it with your support, this disease has virtually been conquered. We understand the mechanisms. We now have the treatment. The big problem now is to educate both the profession and the public that we have the material with which to completely manage this disease. It's an example of research productivity.

In rheumatoid arthritis, the great crippler, we are now understanding the new mechanisms that are responsible for the inflammation. We know something about how the cartilage is damaged and the deformities developed. But we don't know what sets off this immune response. There is a suspicion we are dealing with some infectious agent, but a lot needs to be done to find out what these stimuli for this immune response are. Arthritis in children affects at least a quarter of a million people in the United States.

It used to be thought to be one disease. Research has shown we are dealing with a number of different diseases and the treatment is different.

The collagen diseases have had little publicity. These are areas of my own special interest. Much time is devoted to them. There is a lot of research activity. The reason for that is that these are very serious, potentially life-threatening diseases. One of them is systemic lupus erythematosus and it affects young women. It distorts their lives. It affects not only the joints but the kidneys, the brain, and other parts of the body.

A lot of research, as I say, is going on in the field. We even have experimental models in New Zealand mice and Boston dogs in this area. This research has shown that we are dealing with an abnormal

immune response. We are dealing with genetic factors and we have some lead as to the stimulus in this disease. Actually, at the clinical research meetings in Atlantic City just this week, there was evidence for virus as the case of this disease.

Even more exciting is what is going on in the spondylitis area. Spondylitis is characterized by a fixed spine that affects young men due to the inflammation of the joints in that area. It has been found that a certain histocompatibility antigen is found in 90 percent of those with spondylitis compared with 5 percent in the general population—a very important new lead.

There are relatives of this disease and this particular antigen, HL–A W27, has been found in these disorders.

Yesterday, Dr. Wilson discussed the role of orthopedics in arthritis with you. We have the great success of the total hip replacement. A lot of action has taken place in terms of the development of artificial knees, and we look forward to even artificial shoulders, elbows, and wrists.

The reason for going through all this is to share with you the excitement and optimism that my colleagues and I have throughout the Nation in terms of this field as a productive momentum. This momentum is now endangered. This momentum occurred in the research grants and training grants which you gave.

The type of research going on now has reached a high level of sophistication. There is much to do. There are new methods and important leads. Certain investigators have been developed, but we need more support. We need new young investigators. We have many suitable candidates. We have many more candidates than we can accommodate, candidates of high quality.

But the problem is we don't have the support for arthritis research and research training that we need. As you know, arthritis research support has remained static or has actually decreased a little bit since 1972. That is in dollar amounts. Counting inflation, the decrease is even greater.

I therefore propose three things to you, Mr. Chairman. No. 1, we support the citizens' budget which Dr. Becker will present to you at 3:30 this afternoon of $196 million for the Institute.

Secondly, we earnestly solicit your specifying that there be an Associate Director for arthritis and related diseases within the Institute and the appropriate staff for this function. There is by independent legislation an Associate Director for digestive diseases and nutrition and two others are planned, one for diabetes and one for kidney. But the Institute does not have the staff positions to create the Associate Director for arthritis and related diseases and his staff. For that reason, insufficient attention is being paid to this very important group of diseases.

My last point is to ask that there be restoration of the research training grants in arthritis-related diseases. This was the mechanism by which many of our young investigators were grown and developed. In order to keep this momentum going, we need a restoration of that.

We implore that you be kind enough to support these recommendations. Thank you very much.

Mr. FLOOD. Thank you, Doctor.

WEDNESDAY, MAY 8, 1974.

GENERAL MEDICAL SCIENCES

WITNESS

DR. ALBERT LEHNINGER, DeLAMAR PROFESSOR AND DIRECTOR, CHEMICAL DEPARTMENT, JOHNS HOPKINS UNIVERSITY, ON NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Mr. FLOOD. Now we have Dr. Albert Lehninger, DeLamar professor and director, Department of Chemistry of the Johns Hopkins University.

Dr. LEHNINGER. Mr. Chairman and members of the subcommittee, I thank you for allowing me to speak to you as a citizen in support of the 1975 budget of the National Institute of General Medical Sciences. My credentials are being entered in full in the record, but allow me to say briefly that I am a biochemist and cell biologist. I serve as professor and director of the Department of Physiological Chemistry at the Johns Hopkins University School of Medicine and I also served recently as president of the American Society of Biological Chemists. I have spent nearly all of my scientific career of some 30 years carrying out basic research on the structure and function of cells, especially how they transform, regulate, and utilize energy to carry out their normal activities. However, my research has also led me, often unexpectedly, into research on various diseases, into the study of cancer, of heart disease, and some other medical problems, like the hardening of the arteries and kidney stones. I believe this background qualifies me to support the work of the National Institute of General Medical Sciences, particularly its newly developed and important program "The Cellular and Molecular Basis of Disease."

As you all know, the Institute of General Medical Sciences is the only 1 of the 11 institutes of the National Institutes of Health that is not specifically mission-oriented to study some disease, and thus differs from the National Cancer Institute and the National Heart and Lung Institute, for example. Rather, it is the primary mission of the Institute of General Medical Sciences to support fundamental and basic research on cells, tissues, and organs—their structure, composition, and function—without immediate day-to-day intent to study or cure a specific disease problem. The mission of NIGMS is based on the principle that if we know exactly and precisely how cells and tissues function in their normal activities we will be better able to understand in what ways basic cell activities go wrong in the hundreds of different diseases man is heir to. It is my purpose here to attest to the long-range importance of this approach and to emphasize the leading role of NIGMS in this effort.

I shall take as keystone of my statement the example of my own field of cell research, which happens to deal with an aspect of the fundamental biology of living cells that is readily understood by every citizen and which at the same time has turned out, rather unexpectedly, to have immediate and direct relevance to several human diseases. The theme of my research over many years, reflected in several books and over 250 research papers from our laboratory, is the flow of energy in cells, a field of research called bioenergetics. It is a new field and it

involves the approaches of the biochemist, the biophysicist, and the cell biologist. Its objective is to determine how cells extract energy from their nutrients or foodstuffs and how cells distribute and use this energy to do work, such as the work of muscular contraction, the work of brain function, and the work of growth and repair.

Every American citizen has recently and painfully learned some lessons about energy and its fundamental importance in the national economy and world economy. We have all seen that energy is vital to our national life and that interruptions in the supply or flow of energy can cause serious dislocations in our productivity and economy. And most of us have become aware that virtually all the energy utilized in manmade factories and machines and automobiles is ultimately biological in origin, since coal and oil and natural gas are the products of prehistoric plant and animal cells. But most citizens do not yet appreciate that the flow of energy in all plant and animal life is many times greater than the flow of energy in all the manmade devices on the face of the Earth, perhaps 25 times greater. Moreover, not many citizens are aware that living cells are far more efficient in harnessing and transferring energy than man-made machines; indeed, living cells are the envy of engineers. For example, if we knew exactly how green leaves transform solar energy so efficiently during photosynthesis, we might be able to build cheap, efficient solar batteries. If we knew exactly how a muscle works so efficiently, we could build much better machines for doing mechanical work. If we knew how kidney cells function we might be able to desalinate sea water more efficiently and cheaply.

But more important and more relevant to everyone concerned with human health and disease is the fact that energy is also crucial for the structure and function of living cells, which we may be regarded as minute factories. Like manmade factories, living cells require energy to do work and carry out their activities. Just as an interruption in the flow of energy can have serious effects on our national economy, so can interruptions or failures in energy flow cause serious disturbances in the economy of living cells in the body. Many diseases of man, such as diabetes, cancer, thyroid disease, heart attacks, and strokes are ultimately the reflection of a shift, interruption, or malfunction of energy flow in certain cells in the body.

For many years my students and I have carried out research on the power plants of living cells, the mitochondria. The mitochondria are very small granular bodies in the cytoplasm of the cell, outside of the cell nucleus. They are only barely visible in an ordinary microscope; a teaspoon would hold 5,000 billion mitochondria. In a single liver cell there are about 700 mitochondria, which must furnish the energy for all of its functions and activities. To study the structure of mitochondria we must use the electron microscope, to isolate them from cells we use high-speed centrifuges, and to measure their performance in converting energy we use various spectrophotometric and electronic instruments.

Mitochondria function as the powerplants of cells because they are the centers where the foodstuffs we consume for energy, such as carbohydrates and fats, are burned. The energy in these foodstuffs is set free by the mitochondria and converted by them into the chemical energy of a substance known to every high school student today as ATP. When I went to school and when most of you went to school we were

not taught about ATP simply because its function in cells had not yet been discovered. ATP, together with that other substance schoolboys learn about today, DNA, are truly what makes cells function. ATP is a "chemical transmitter" that carries energy from the power plants to other parts of the cell to be used for such activities as muscle contraction, for brain function, for growth and repair, and for division of cells and the preservation of genetic continuity.

For many years I and many other American biochemists and cell biologists have been carrying out research on how mitochondria concert the energy of our foodstuffs into ATP energy, how this energy is distributed to other parts of the cell, and how the normal flow of energy in the cell is regulated. It is a problem that has not yet been solved. The difficulty is that to solve the mechanism of energy transformation in the cell we must take cells apart systematically, isolate the mitochondria, examine their structure with the electron microscope, extract and purify the very fragile molecular components of their membranes, and then try to reassemble them to see if the system will work. Only then can we really understand how specialized protein and lipid molecules in the mitochondria work together to transform the energy of our foods.

You may well ask, What is the bearing of such pure research on cells and mitochondria and on bioenergetics on the problems of medicine today? What is the dollar and cents value of it? Why should Federal funds support such research? To explain I shall use a watch as a more easily understood model of a cell. A watch has over 100 moving parts and each 1 of these moving parts can fair or be damaged in any one of several different ways. In short, there are probably several hundred different things that can go wrong in your watch. Now, when your watch doesn't work you bring it to a watchmaker and, although it seems to cost a lot of money these days, he can fix it for you. He can do this very easily, simply because he knows all about the insides of a watch, what each part is there for and how it works. But if you don't know how a watch runs your chances of curing your watch of going too fast, too slow, or not going at all, are very small. All you can do is shake it, poke around in it, or bang it on something. Sometimes the watch will run again after such treatments, more often it will not; indeed, you may ruin the watch beyond repair. This is the very problem we have with many human diseases. We can do relatively little for a number of major diseases today because we don't know what goes on inside normal cells nor how they go wrong. We can't treat cancer more effectively today because we don't know how normal cells function and in what ways cancer cells are different. So we use relatively drastic and crude methods which are akin to shaking or banging a watch, methods such as surgery, irradiation, or certain powerful drugs; happily, these procedures often work, but too often they don't.

If we knew exactly how cells are built, how they function, how they transfer, utilize, and regulate the flow of energy, then we would be in a position to understand not only cancer, but a great many other human diseases, literally hundreds of them. For this reason basic cell research, although it may look far removed from the day-to-day problems of sick people, is not only vital for the future of medicine, but it is actually a very cheap dollars-and-cents investment,

in comparison with the enormous sums that are required to care for patients once they have contracted cancer, heart disease, stroke, and viral diseases, for which we can do very little today except help the patient to recover by himself, if he can. Of course we need mission-oriented biomedical research, research that focuses primarily on one specific disease, how it starts, how to diagnose it, what changes it produces in the body, and how to treat it. But we also need to approach disease problems from the other direction, from fundamental research on normal cells and their functions, since it can lead to new insight and illumination on not just one but a great many different human diseases.

The question naturally arises what are the probabilities that basic cell research will yield new information useful in the study and treatment of human disease? It is a fallacy to think that medically useful information comes only rarely from pure research or that it arises only accidentially as in the familiar story of the discovery of penicillin. On the contrary, the probability of medically useful information arising from basic cell research is in face very high—it is only that we may have to wait a while until we can see the significance of some newly discovered fact. But even this leadtime is becoming shorter and shorter. I should like to mention some examples from our own research in which clinically useful information arose in an unexpected way from our research on how normal cells obtain and use energy. Some years ago we were studying an enzyme called aldolase, which is concerned in making energy available to cells from sugar. During the course of our research on the mechanism by which this enzyme functions and where it works in the cell we happened to find that it can leak out of cells under some conditions and may be found in the blood. Out of curiosity we analyzed the blood of many normal and sick people in our hospital and found that some patients with cancer, liver, or heart disease have elevated amounts of this enzyme in the blood. But most significant was our finding that all patients with progressive muscular dystrophy have greatly elevated levels of aldolase in the blood. To this day the measurement of this enzyme in the blood is a standard clinical procedure for the diagnosis of progressive muscular dystrophy. It arose entirely as a byproduct from some pure research on the enzymes involved in energy production in cells, without regard to any specific disease.

Another example from our more recent research on the transformation of energy in the mitochondria now promises to give new information useful for diagnosis and management of heart disease. In heart cells the mitochondria are absolutely vital in providing energy for pumping of the blood. We have found that an enzyme important in energy transfer in the mitochondria, creatine phosphokinase, exists in normal hearts in three different forms, which we are now isolating and studying. But as an immediate byproduct, studied with some clinical colleagues at Johns Hopkins, we have recently found that each of these enzymes appears in the blood at a specific and crucial period after a simulated heart attack in dogs, during which the mitochondria fail to deliver energy. We believe this finding will allow more rational approaches to help the mitochondria in the damaged heart cells get over their most critical period of energy deficiency.

Another example may be mentioned. If anyone had told me 5 years ago that my research on mitochondria would have a direct bearing on why some individuals have severe kidney stones or why others suffer from hardening of the arteries, I would not have believed him. But we have recently found that the mitochondria, which normally function as powerplants to generate ATP, have another important function in the cell.

From research in mitochondria, isolated from such diverse species as the laboratory rat, the chicken, and from the Chesapeake Bay blue crab, we have found that the mitochondria, in addition to being the powerplant of cells, also represent the sites where biological calcification begins, where calcium and phosphate are brought together in the early stages of the formation of bone and teeth, in the formation of the calcified shells of eggs, as well as the shells of crabs, lobsters, and oysters. But, more than that, we are now beginning to see how this calcification process becomes faulty through interruption of the cell's energy supply, with the result that unwanted or pathological calcification may occur, such as occurs in hardening of the arteries, in the failure of bones to calcify properly in some diseases, and why some people tend to form kidney stones repeatedly. And I have not even mentioned that our research on mitochondria and energy flow is giving us new insights into the metabolism of cancer cells. Indeed, much evidence suggests that cancer cells utilize and regulate their energy flow differently from normal cells. We are therefore putting much of our effort into research on the precise differences in energy flow in normal and cancer cells. Once again, I stress that we are primarily concerned in our laboratory with basic research on the biochemistry and biology of normal cells. But such basic research on how normal cells function is now telling us more and more about disease because it aims to find on "how the watch runs." Once we know how normal cells function, we will be in a better position to diagnose the malfunctions of diseased cells and to restore them to normal.

As a citizen and as an active researcher in cell biology and pathology, I should like to testify as to the soundly organized and successful programs of the Institute of General Medical Sciences in the support of basic cell research. In particular, I wish to call your attention to its newly developed program, "cellular and molecular basis of disease," which is described in detail in the 1973 annual report of NIGMS. This program was initiated to shorten the leadtime between the discovery of new information about normal cell function and the practical application of this knowledge in the study of disease. Today, more than ever, we are on the brink of learning the cellular basis of a number of different diseases. Indeed, it is just the right time now to invest increased funds in this program. The proposed budget of the NIGMS is only about one-twelfth of the total budget of all the National Institutes. In my opinion, it really ought to be a substantially larger fraction to achieve, as quickly as possible, the true potential yield of medically useful information that I foresee. Moreover, I should like to emphasize the necessity to continue the training of young cell biologists and molecular biologists through training grants and medical-science programs so that we may carry on in an uninterrupted way and with effective and forceful momentum the important cell research going on today. Young people being trained in these

programs are actually doing research as part of their training. Moreover, the actual yield of career cell scientists from programs in cell biology and molecular biology is very high. Very few leave this field to go into private medical practice.

I am convinced and I hope I may have persuaded at least some of you that the support of basic research in cell biology and pathology is a vital element in Federal support for medical research and health care, that it is not only relatively cheap, but is in the long run very economical. Above all, from the standpoint of scientific knowledge basic cell research is the most logical and effective route toward the solution of the many health problems that are such a tremendous drain on the human resources of our country.

Mr. Chairman, I am very grateful for the opportunity to speak before the subcommittee. I will, of course, be very glad to answer any questions.

Mr. FLOOD. Thank you very much, Dr. Lehninger.

Dr. LEHNINGER. Thank you, Mr. Chairman.

WEDNESDAY, MAY 8, 1974.

GENERAL CLINICAL RESEARCH CENTERS

WITNESS

DR. ROBERT KREISBERG, CHAIRMAN-ELECT, AMERICAN FEDERATION FOR CLINICAL RESEARCH

Mr. FLOOD. Now we have Dr. Kreisberg, chairman-elect of the American Federation for Clinical Research.

Dr. KREISBERG. Thank you very much for the opportunity of appearing before this subcommittee.

I am president of the American Federation for Clinical Research for the coming year. We would like to address our statements to the portion of the Labor/HEW appropriations bill concerning the 1975 fiscal year budget for the General Clinical Research Centers Branch of the Division of Research Resources of the National Institutes of Health.

We have prepared a formal statement which has been distributed to you for the record and would like to take this opportunity to emphasize and expand upon several of the points that we have made in our formal statement.

[The statement follows:]

STATEMENT OF THE AMERICAN FEDERATION FOR CLINICAL RESEARCH, REGARDING THE FISCAL YEAR 1975 APPROPRIATIONS FOR THE DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE

The American Federation for Clinical Research is the largest clinical research organization in the United States and is comprised of more than 8,000 medical scientists interested in promoting and encouraging original research in clinical and laboratory medicine. Its primary goal is to stimulate the interest of young persons in clinical research by providing a forum for the young investigator to present his work and by publishing this work in abstract form in our journal, Clinical Research. The majority of our members are physicians working in schools of medicine throughout the country.

This statement was prepared by the public policy committee, a subcommittee of the governing council of the AFCR. The public policy committee is duly

authorized by the council to speak on behalf of the membership on matters of interest to the membership. The public policy committee is accountable for its actions to the council which, in turn, is accountable to the general membership.

We would like to address our statements to the portion of the Labor-HEW appropriations bill concerning the 1975 fiscal year budget for the General Clinical Research Centers (GCRC), branch of the Division of Research Resources of the National Institutes of Health.

The effectiveness of the GCRC program, established in 1959 (Public Law 86-798), cannot be placed in proper perspective without understanding the functions and purposes of a clinical research center. There are now 83 clinical research centers in 63 established medical schools. Each center is a discrete, geographical unit, generally located within a hospital, with an average of 11 beds which provides an optimum setting for the performance of carefully controlled scientific studies in humans. In addition to assuring precise control of environmental and other expermental factors, it provides highly trained nursing and research personnel and the necessary laboratory, dietary and clinical supporting services, that are essential for meticulous clinical investigation. Each center serves as a resource to the institution to which it is granted. Placement of responsibility for each clinical research center at the institutional level allows maximum local flexibility and provides a mechanism whereby the grantee institution can support promising young investigators and/or meritorious research projects. The GCRC program allows rapid identification of important new information and often its early application to human disease. The advantages of a program that permits and encourages the rapid translation of basic scientific information into clinically relevant observations are obvious.

Analysis reveals that the GCRC program has been a maximumly utilized and highly productive activity. In fiscal year 1971, prior to budgetary curtailment, a total of 3,911 publications and 522 presentations at scientific meetings were attributed to research performed on clinical research centers. In fiscal year 1972, GCRC investigators reported HEW support of their research, independent of GCRC and GRS support of more than $108 million. In regard to the latter, it is worth emphasizing that most basic research grants from Federal and non-Federal sources only contain support for the professional and technical costs of the research program. The GCRC program has supported clinical investigations requiring hospitalization of patients and study subjects for which no funds were allocated and, therefore, permitted an activity which would not have otherwise occurred. Furthermore, the GCRC program permits and fosters research support from non-Federal sectors which would not be possible in the absence of these facilities.

The GCRC program has also fulfilled a unique role in biomedical research training and has thus substantially contributed to sustaining current and guaranteeing future investigative productivity. The GCRC program is a general resource that is available to and can be utilized by all investigators and trainees of the various institutes of health, thereby serving to supplement and perhaps enhance the productivity of the institutes' individual extramural programs. During fiscal year, 1971, approximately 2,800 medical students, 3,700 housestaff officers and fellows, 200 nurses and 1,000 dietary interns received the benefit of research experience on clinical research centers.

The GCRC program has encouraged and fostered interdisciplinary research, and since its inception, has been vital to the rapid translation of fundamental biological information into practical and effective advances which have directly enhanced the quality of medical care. This program makes multidisciplinary research possible by providing a discrete area in which basic and clinical scientists can collaborate and develop more comprehensive, logical and thoughtful research programs. Kidney transplantation is a good example of the type of program that has directly benefited from the program and the multidisciplinary and interdisciplinary types of research that they encourage. The success of organ transplantation has required coordination and close cooperation between the disciplines of biochemistry, immunology, microbiology, pharmacology, nephrology and surgery. In the area of cardiovascular disease, improved understanding of the factors which contribute to the development, progression and natural history of ischemic heart diseases requires a multidisciplinary approach in which representatives from the fields of biochemistry, cardiology, cardiovascular surgery, endocrinology, epidemiology and pathology work closely to coordinate their activities and correlate their observations.

Most clinical investigators who have had access to and have untlized a clinical research center believe that the GCRC program has facilitated clinical investigation. It is clear that certain patients, who otherwise might not have gained entry into the system, have been referred to individual research centers and specific investigators precisely because of the availability of such facilities. This program has facilitated and promoted research activities that have required prolonged hospitalization and meticulous metabolic balance techniques that could not otherwise be obtained on a routine hospital ward or floor. Furthermore, the elective or prolonged hospitalization that is frequently required for certain types of human research cannot be justified in the hospital proper because of the scarcity of beds in many hospitals and the necessity for giving priority to more acutely ill patients.

The availability of a clinical research center not only provides beds and other facilities that allow human research to proceed without interfering with routine hospital activities but also absorbs the extensive costs generated by certain types of investigation. In addition, the hospitalization of normal volunteers for clarifying and defining normal biochemical and physiologic processes is essentially impossible without the GCRC program. The GCRC program is the most economical method for supporting and paying for the costs of human experimentation. The per diem charges for research patients hospitalized on general medical or surgical floors or in specialty units are significantly greater than those of patients maintained within a clinical research center in whom the unit cost system is utilized for determining charges. Last, it should be emphasized that it is virtually impossible to reduplicate the facilities and resources of a clinical research center by mechanisms other than the GCRC program. The use of funds awarded to individual investigators for expenses related to research in hospitalized patients would not provide for the development of a single core facility with the equipment, personnel and professional supervision that distinguishes a clinical research center.

It is perfectly reasonable to expect examples of those accomplishments that are directly attributable to the GCRC program and to determine whether the GCRC program played a critical role in such activity. To be specific, it would be important to know whether the GCRC program permitted the acquisition of new and important information that would not have occurred or would have occurred much later had its facilities not been available. The GCRC Branch of the Division of Research Resources undertook a program-wide review of its activities in December 1971 to document its accomplishments. Significant advances in lipoprotein disorders, hemodialysis and renal transplantation, drug abuse, diabetes mellitus, sickle cell anemia and metabolic bone disease can be directly attributed to the support of clinical investigation through the GCRC program.

Clinical research centers, because of fastidious control of dietary and nursing srevices, are particularly well suited for metabolic studies and other types of investigation which require long-term hospital confinement. There are many examples of research, some of which are mentioned below, in which the GCRC program played a critical role. It is extremely unlikely that recent advances in the understanding of vitamin A and D metabolism, the classification and treatment of lipoprotein disorders and the treatment of diabetes mellitus, obesity, and related disorders would have occurred without these specialized units. Recent progress in the understanding of disorders of growth and development is a direct result of many excellent studies in children if hormonal and nutritional factors that regulate these processes that could only have been performed in the clinical research center setting. Chronic renal dialysis programs that are now so much a part of everyday medicine were initially developed and refined within the confines of clinical research centers. The GCRC program supported the research that ultimately made organ transplantation possible and 75 percent of the first 300 renal transplants utilized clinical research centers' facilities. In the field of immunology, elucidation of normal host defense mechanisms and clarification of immune deficiency syndromes in humans can be directly attributed to the GCRC program. Bone marrow transplantation to reconstitute the immune system in patients with host defense deficiencies and as a form of therapy in certain patients with leukemia are products of the basic and applied immunologic research conducted in clinical research centers.

The GCRC Branch of the Division of Research Resources has been a dynamic and responsive organization. Since its inception, it has been concerned with and responsive to changing budgetary and scientific needs. By virtue of continuous

internal evaluation and a high level of communication with individual program directors, the GCRC program has anticipated the changing and evolving needs of individual centers and has developed resources and policies to facilitate clinical investigation. In the face of declining support, development of outpatient research programs as well as policies for charging paitents and third parties for time spent on research centers when there was direct diagnostic and therapeutic benefit are examples of programmatic innovations which have alleviated budgetary pressure while insuring continuing conditions for optimum clinical investigation and productivity.

Not only has the GCRC program played an important and critical role in the past in medical investigation, but it is anticipated that the need for a strong and healthy program in the future would be even greater. The continued development of goal-oriented and contract multidisciplinary research in the areas of cancer, lipoprotein disorders, hypertension, sickle cell anemia, atherosclerosis and pulmonary disease will require the facilities provided by the GCRC program.

In 1972, an apportionment of $42.2 million supported 84 research centers in 58 medical institutions. Despite escalating operational costs of 8 percent to 9 percent in the period from 1972 to 1974, funding for this highly developed and successful program did not increase. As a result, overall effective support had declined and the number of beds and patient days funded for research has decreased by 20 percent. The proposed appropriation of $42.5 million for fiscal year 1975 is identical to that apportioned in fiscal year 1974 and is essentially the same as that of fiscal year 1972. In the face of a 10-percent inflationary increase in costs for the 1974–75 period, we believe that the general clinical research centers program must be supported at a level of $47 million in fiscal year 1975 simply to maintain its current level of activity.

It is of considerable interest that the number of funded clinical research centers declined from 91 in 1969 to 38 in 1974 at a time when the numbers of medical colleges and qualified clinical investigators were rapidly expanding. Thus, the opportunity for enhanced effectiveness and productivity of the GCRC program exists but its attainment requires additional funding. An appropriation of $53 million in fiscal year 1975 would allow the program to regain some of its lost momentum and also permit the creation of similar facilities at new and developing medical colleges.

We realize the tremendous demands that are being made on the financial resources of this country but it cannot be too strongly emphasized that the GCRC program is an essential research resource without which it would not be possible to perform certain types of clinical investigation, nor identitfy and rapidly apply important new scientific information to relevant human disease.

The AFCR appreciates the opportunity extended to it by the Labor–HEW Subcommittee of the Committee on Appropriations of the House of Representatives, to present testimony on behalf of the GCRC Branch of the Division of Research Resources of the National Institutes of Health.

Dr. KREISBERG. First of all, I would like to emphasize that the general Clinical Research Centers program is a common research resource that is utilized by all of the clinical investigators supported by extramural funds from the National Institutes of Health.

It is of some interest that in the years 1972 and 1973 the GCRC program accounted for 83 percent of all of the funds used for human investigation where the patients had to be hospitalized for the purpose of carrying out these studies.

Despite the fact that there has been a significant increase in the total amount of funds that are available for general medical research, the GCRC program has not increased in size. Therefore, there has not been a parallel growth of this common resource facility.

I might point out that the forms of research that have been carried out on the Clinical Research Centers would be broken down in the following way: 33 percent of the projects deal with diseases of the heart and lungs; 10 percent deal with diabetes mellitus; 10 percent deal with cancer; and 10 percent deal with child health. These are all areas that we are vitally interested in at the present time.

I would like to point out that the general Clinical Research Centers program facilitates clinical investigation, and it does it in a variety of ways. First of all, a number of these resources are allocated according to medical schools and serve as a resource for the State. That is, the physicians in the State know that the Clinical Research Centers are available and that there are funds for human investigation.

They then refer patients with interesting medical diseases to the Clinical Research Center and the Clinical Research Center Director serves to assign these patients to the various investigators who have expertise in the areas of diseases encompassed by the patients.

In addition, the Clinical Research Centers activity permits the effective hopsitalization of normal volunteers and patients with disease who may not be acutely ill. I think this is one of the very important points of the GCRC program. As you may know, many hospitals throughout the country have a severe deficiency in beds. Naturally, they have to give priority for the use of these beds to patients who are acutely ill.

If the patients who are presenting themselves for various types of experimental protocols would have to wait for elective admission, it's very likely that many of them would not be able to get into the hospital at all. Furthermore, were they to be admitted, it's very likely that the nurses who have to allocate their time according to the severity of the illness of the patient would not be able to assure that the experimental protocols, which are so vital for good clinical research, are carried out appropriately. Therefore, the Clinical Research Centers provide, within the hospital, a discreet area where the nurses are exclusively available for carrying out research protocols where the density of the nurses to the patients is at a very high ratio so that they can assure that the protocols are carried out appropriately.

Thirdly, I would like to say that the Clinical Research Centers lend themselves to studies that require prolonged periods of hospitalization for which funds might not ordinarily be available and for which it would be difficult to ask a regular general and surgical hospital to place aside critical beds for long periods of time.

I would like to enumerate very briefly some of the accomplishments of the General Clinical Research Centers program that probably would not have been possible had it not been available, or if they were possible, would have taken much longer to develop.

First of all, renal dialysis, which is so much a part of everyday medicine now, was initially developed within the framework of the GCRC and supported by those funds.

Renal transplantation, which is an outgrowth of the dialysis program, was also supported by GCRC funds. It is of some interest that 75 percent of the first 300 renal transplants that were performed were performed within the framework of the GCRC program.

Advances in normal regulatory mechanisms of growth and development in children can almost exclusively be related to the various types of research protocols that were performed within the framework of the Clinical Research Centers distributed across the country.

Our understanding of Vitamin D metabolism, calcium metabolism and the regulatory effects on skeleton growth is attributable to the GCRC program.

The current day interest in the relationship between various plasma fat abnormalities and the development of the systemic heart disease was initially developed at the Central Clinical Research Center at the National Institutes of Health and has been carried out at Clinical Research Centers throughout the country.

The classification of the lipid disorders, the development of various types of dietary therapy and their ultimate application to patients with heart disease and lipid abnormalities is directly attributable to this type of program.

The development of drugs for the treatment of lipid disorders, for the treatment of hypertension and for the treatment of gout are related to studies that were carried out within the guidelines or the framework of this program.

The same can be said about gallstones and biliary tract diseases, about disorders that affect host-defense mechanism and bone marrow and thymus transplantations.

I would also like to make the point that the General Clinical Research Centers program is the most effective and clinical way of providing such facilities and supporting clinical investigations. Also, that it is unlikely that this particular program could be reproduced through any other mechanism.

In average size, the Clinical Research Center contains 11 beds and serves 30 individual research projects. The nurses and other personnel on the unit are specifically instructed in the details of the protocols and are familiar with the needs of the individual investigators and the needs of the patient. As I said, because of the relatively high ratio of nurses to patients, they are able to assure the productivity of the research protocol.

Research goes in fits and starts. It doesn't flow continuously all the time, and certain investigators use the unit intermittently. When they are not using it, then there are other investigators who use the unit. Because of this, the Clinical Research Center at any institution serves as a central mechanism for providing the nursing and hospital services to a whole multitude of investigators that could not be provided in any other way.

Few investigators have the investigative momentum or program size that would justify an individual allocation of money for the purpose of developing a small unit like this. Consequently, if the funding system for clinical investigation were to proceed in a way in which the funds were allocated to individual investigators, it's very unlikely that one would be able to synthesize a unit that would be able to serve the functions of everybody.

Lastly, I would like to direct my remarks to the 1975 fiscal year funding level. I would like to point out that the level of funding in fiscal year 1975 is virtually identical to the level of funding in fiscal year 1972. Yet, during this period of time, the costs for carrying out biomedical research will have increased by 32 percent. Thus, while actual dollars for this program have stayed the same, purchasing power has been significantly reduced.

I think it's very difficult to maintain the effectiveness of a program with such a steep cost increase, and yet the program is the main source of support for most clinical investigation.

We would like to recommend that, instead of the $42.5 million which is tentatively identified for this program, that $47 million be identified for it so that it can maintain its current level of productivity.

I would also like to emphasize that, since 1972, the number of medical schools in the country has increased and there has been an increase in the size of the investigative pool of talent available for clinical investigation.

If the Clinical Research Centers Branch is to maintain its productivity and actually enhance it, funds should also be allocated for the development of some of these clinical research centers at new and developing medical schools. If that were the case, we would recommend an allocation of $53 million for the support of this program in fiscal year 1975.

Thank you very much.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 8, 1974.

PHARMACOLOGY AND TOXICOLOGY

WITNESSES

HON. LESTER WOLFF, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF NEW YORK
DR. LOWELL GREENBAUM, AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS
DR. GEORGE STANDARD, CHAIRMAN, DEPARTMENT OF PHARMACOLOGY, GEORGETOWN UNIVERSITY, WASHINGTON, D.C.

Mr. FLOOD. Now we have the pleasure and distinction of having Congressman Lester Wolff of the State of New York, who will introduce Dr. Lowell Greenbaum of the American Society for Pharmacology Experimental Therapeutics.

STATEMENT OF REPRESENTATIVE LESTER WOLFF

Mr. WOLFF. Mr. Chairman, I thank you very much for the opportunity of appearing before you. I am very happy to present to you. Mr. Chairman and members of the subcommittee, a constituent of mine, a very distinguished constituent of mine, Dr. Lowell Greenbaum, who is charman of the National Task Force on Support of Training and Research, American Society for Pharmacology Experimental Therapeutics. He is professor of pharmacology of the College of Physicians & Surgeons at Columbia University.

Strangely enough, although he is going to talk about pharmacology, it has some relationship to my own activities in the Congress as chairman of the Subcommittee on International Narcotics Control. I am sure that the testimony that Dr. Greenbaum is going to present to you will be very worthwhile and will help the committee in its final deliberations and determinations.

Mr. FLOOD. Thank you very much, Mr. Wolff.

STATEMENT OF DR. LOWELL GREENBAUM

Dr. GREENBAUM. May I first introduce Dr. George Standard, a very distinguished pharmacologist and chairman of pharmacology at Georgetown University here in Washington.

Dr. GREENBAUM. Mr. Chairman and members of the committee. I am most grateful for this opportunity to once again appear before you. Before I begin my testimony, may I commend this committee for their past decisions in relation to the fiscal year 1974 budget. Your efforts in the appropriations for the NIH and NIMH for this year were instrumental in maintaining the viability of basic science in terms of research and training. May I also commend the committee for the excellent report which accompanied H.R. 8877. It demonstrated a most sophisticated knowledge of biomedical research and its needs.

I would like to direct your attention today to the results of a survey carried out by the American Society for Pharmacology and Experimental Therapeutics. The purpose of this survey was to gather information concerning the discipline of pharmacology for use by this and other congressional committees to aid them in their deliberations. First, let me define who and what a pharmacologist is. Pharmacologists are Ph. D.'s and M.D.'s who carry on investigations concerning the action of drugs in the body, investigations into newer and safer drugs, studies on pharmacological parameters of drug abuse, toxic reactions of drugs and environmental pollutants. When you consider that in the average patient stay in the hospital, the patient usually ingests some 14 different drugs, the importance of the pharmacologist in terms of public health and to the teaching of pharmacology carried out to the medical, dental and pharmacy professions is very apparent.

The results of our survey now indicate that there are some 4,000 to 5,000 pharmacologists in the country. As seen in table 1, over 70 percent of these are employed in nonprofit institutions such as medical, dental pharmacy, veterinary schools, Government Agencies, hospitals; the remainder in pharmaceutical and chemical industry. Thus, the major proportion have limited salary income and thus the need for support during their education. Their primary employment function is seen in table 2. You will note that the vast majority are actively involved in research and teaching, indicating a vital and productive group.

What are the needs of the country for pharmacologists in terms of numbers. We don't have a specific answer as yet to this difficult quesiton. We know that in the past some 200 pharmacologists receive their degrees each year across the country. Yet as seen in table 3 we have to recruit people from other disciplines to fulfill our needs; some 40 percent of scientists carrying out pharmacology come from other disciplines. As far as we can tell, our unemployment level is below 0.1 percent and the needs for pharmacologists continue to grow for medical centers, hospitals, teaching, and so forth, as well as for industry.

Federal support in the past has been instrumental in maintaining a supply of pharmacologists by means of training grants and related funding. Table 4 demonstrates that some 49 percent of the entire working pool received Federal support during their initial predoctoral training. Some 70 percent or more of recent graduates (since 1969) received such support. These figures are verified by an independent table by the NIH. As you will note training grants were the major

source of funding for the latter group. Recently, we have been confronted with the administration's policy of phasing out of training grants. The effect of this policy on trainees in pharmacology may be seen in table 5. We see an immense drop in the projected population of trainees in the immediate future (from 200 to 29) in the 25 departments surveyed. In addition to this student loss, some 15 departments would stop training students altogether because of lack of funds. The current budget restorations have delayed these events; however, the current administration policy remains a clear cut threat to our supply of the small but active group of pharmacologists of the future.

An additional problem in the attempt at cutbacks of research grants and training grants is the significant drop in faculty salary support that this would cause. This is seen in figure 1. The threat to maintaining adequate teaching and research staffs for our institutions during this era of drugs is obvious.

The reduction in the number of trainees and faculty positions provokes a paradox when this is considered in the light of the administrations policy of support for postdoctoral trainees without support of predoctoral trainees and maintainance of support for faculty positions. If faculty positions are being diminished, what is the significance of postdoctoral support? Where are these well-trained people going to use their talents? Furthermore, it is clear that if you don't bring more students into the pipeline as predoctoral trainees, you will soon by our projections have relatively few people as postdoctorals to support.

We would like to make the following recommendations based on these and other considerations:

(1) that, for all institutes, suport be kept at least at the levels recommended by this committee for the fiscal year 1974 year. This would maintain a healthy discipline of pharmacology in terms of research and teaching;

(2) that funds for training grants for predoctoral training be mandated and for postdoctoral training be continued and that these funds be allocated to the National Institute of General Medical Sciences where many such programs originate;

(3) that the NIGMS levels of support should also take into account the need for an additional pharmacology-toxicology center of clinical pharmacology;

(4) that general research support grants administered by NIGMS be reinstituted to allow for important funding of institutional grants to young investigators and to help support faculty salaries; and

(5) there is also need for increased support of training programs in drug abuse, including alcoholism, which have been drastically reduced in the current administration budget for ADAMHA.

I thank you for your interest and we will be pleased to present the members of the committee with our final report when it is completed.

[The attachments follow:]

TABLE 1.—*Employer category—Pharmacologists*

Category:	*Percent*
Nonprofit institutions [1]	73
Industry	23
Other	5

[1] Includes medical, dental, pharmacy, veterinary, and public health schools (62 percent); Government (5 percent); nonprofit research institutions (3 percent); hospitals (2 percent).

TABLE 2.—*Primary employment functions*

Function:	Percent
Research and/or teaching [1]	89
Administration	11

[1] Includes basic and clinical pharmacology and toxicology.

TABLE 3.— *Training disciplines of study in current working pool of pharmacologists*

Disicipline:	Percent
Pharmacology [1]	60
Other [2]	40

[1] Includes pharmacology (55 percent), toxicology (2 percent), pharmaceutical sciences (3 percent).
[2] Includes biochemistry (14 percent), physiology (10 percent), chemistry, biology, psychology (11 percent), other (5 percent).

TABLE 4.—*Predoctorals who received Federal support in working pool of pharmacologists*

	Percent
Entire pool	49
Entering pool since 1969	[1] 72

[1] Type of support includes training grants (57 percent), fellowship (22 percent), research grants (17 percent), other (4 percent).

TABLE 5.--CURRENT AND PROJECTED PREDOCTORAL TRAINEES IN DEPARTMENTS OF PHARMACOLOGY

Year	Number of trainees	Number of departments	Average number of departments
1970–71	221	25	9
1971–72	203	22	9
1972–73	191	22	9
1973–74	149	22	7
1974–75	54	17	3
1975–76 [1]	29	10	3

[1] Based on fiscal year 1974 budget request by the President. Does not account for 1973 appropriation restorations.

TABLE 6.—*Postdoctorals who received Federal support in working pool of pharmacologists*

Working pool:	Percent
Entire pool	47
Entering pool since 1969	[1] 59

[1] Type of support includes training grants (39 percent), research grants (27 percent), fellowships (27 percent), other (7 percent).

Figure 1.

FACULTY SALARY SUPPORT FROM RESEARCH AND TRAINING GRANTS IN DEPARTMENT OF PHARMACOLOGY, CLINCIAL PHARMACOLOGY AND TOXICOLOGY

[Numbers on top of each bar indicate the number of departments reporting support]

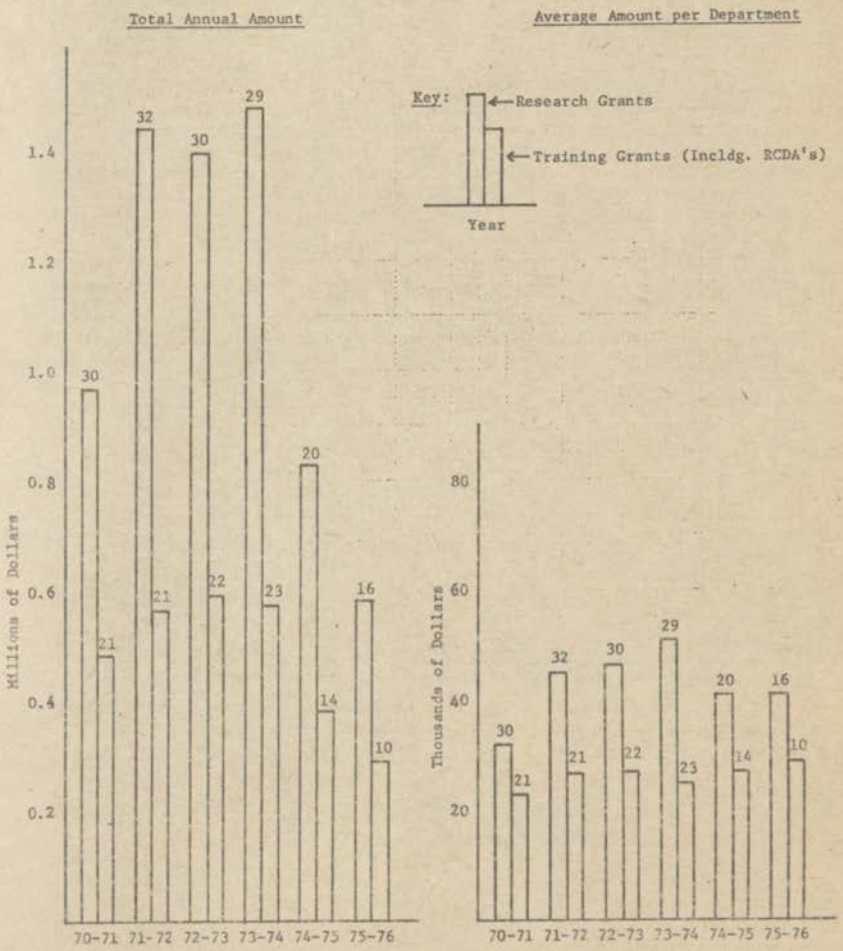


Figure 2

TRAINING GRANT SUPPORT IN DEPARTMENTS OF
PHARMACOLOGY, CLINCICAL PHARMACOLOGY AND TOXICOLOGY

[Numbers on top of each bar indicate the number of departments reporting funding]

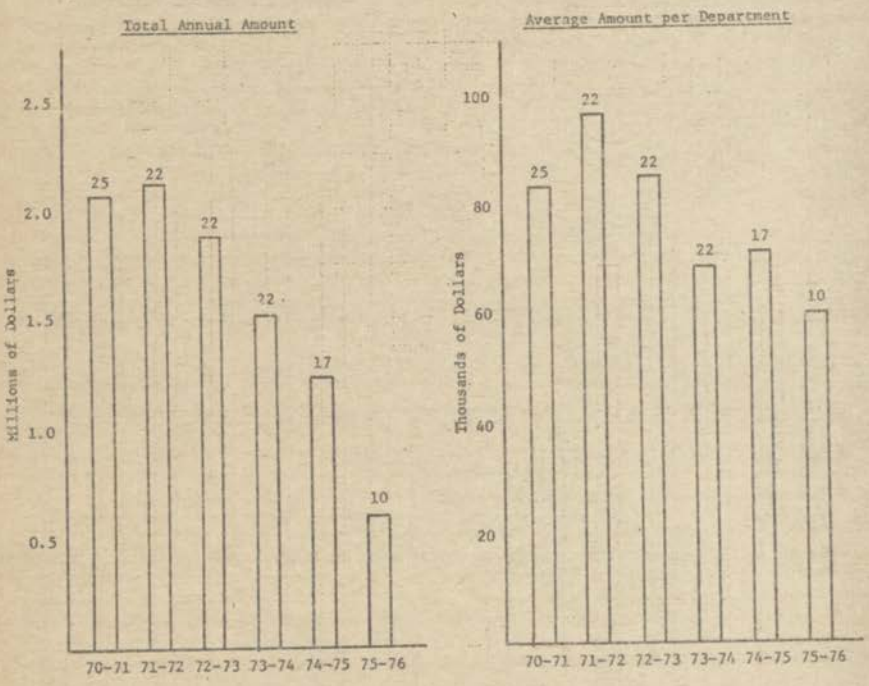


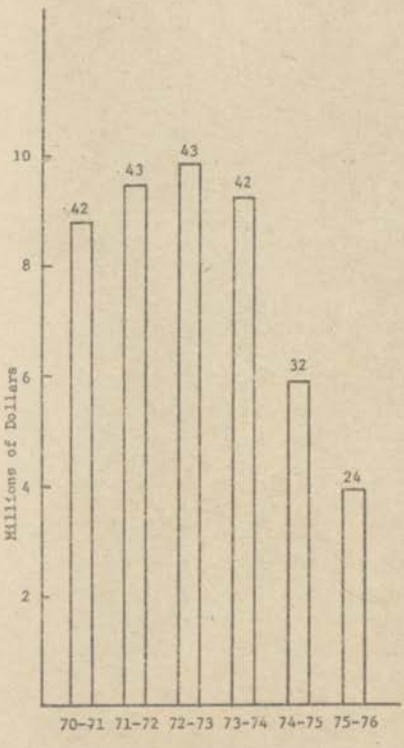
Figure 3.

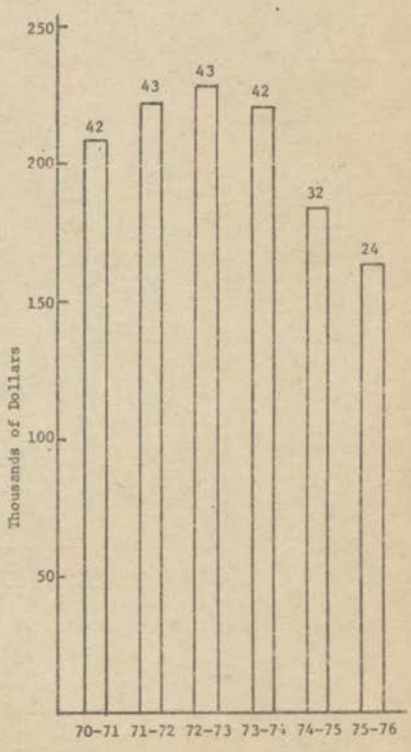
RESEARCH GRANT SUPPORT IN DEPARTMENTS OF PHARMACOLOGY,
CLINICAL PHARMACOLOGY AND TOXICOLOGY

Total Annual Amount

Average Amount Per Department

[Numbers on tops of each bar indicate the number of departments reporting funding]





WEDNESDAY, MAY 8, 1974.

ACUPUNCTURE RESEARCH

WITNESSES

HON. ROBERT LEGGETT, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF CALIFORNIA
DR. HERMAN PLATT, SILVER SPRING, MD.

Mr. FLOOD. Now we have with us our distinguished colleague and good friend Congressman Robert Leggett of California. He will present Dr. Herman Platt, M.D.

STATEMENT OF REPRESENTATIVE ROBERT LEGGETT

Mr. LEGGETT. Thank you very much, Mr. Chairman. I appreciate very much your scheduling Dr. Platt and myself for a hearing at this time. Feel free to interrupt us and cut us off at any point you so desire.

I have a lot of materials here. I assure you I have collected them all this morning. I have a very short statement. I will go through it in one page. That will save us some time.

Mr. Chairman, I appreciate your giving me these few minutes today to discuss with the subcommittee the status of acupuncture research in the United States. I have brought with me one of the most distinguished acupuncturists and licensed physicians in the country, Dr. Herman Platt of Silver Spring, Md. He has practiced in Hawaii, California, and here in Washington. He is a distinguished cardiologist and internist. His specialty now is in acupuncture. He has written a number of articles.

I know the committee is concerned with this general subject matter because I have reviewed the committee transcripts of early this year and the chairman's colloquy with representatives of NIH.

The chairman asked the NIH people a number of times, "What is going on? Are you serious?" Mr. Chairman, at the risk of offending NIH, I want to charge that you were bamboozled.

I have written to NIH, and I enclose for your record their reply. (Exhibit I attached.) The investigation they are making is polarized into only a miniscule area of acupuncture, the funding is oblique and inadequate.

I have pioneered a general authorization bill in this general subject area, H.R. 12167, to provide for a 3-year research program in the amount of $12 million. This is directed to other committees. We are asking for reports on that legislation, but we have not yet heard it.

Gentlemen, I am convinced, having been an acupuncture patient myself in Taipei, that there are thousands of our citizenry in America today needlessly enduring pain that the Chinese learned to delimit a hundred years ago.

I would enclose as exhibit II a testimonial from a constituent, Mr. Albert Arauj. He had bursitis that cleared up rather quickly. There was a case concerning his wife, where she had migraines for years. He spent thousands of dollars on her. She was summarily cured after a few treatments by acupuncture. Also another one of my constituents was a basket case, pretty well destined to a wheelchair, took a series of treatments and is now a golfing fool.

This is not necessarily true in every single case, but I think from my experience there is certainly something here that goes far beyond psychology and mesmerizing. It is a general subject area of what I call conservative medicine and should be rather enthusiastically rather than reluctantly pursued by NIH and some of our other Federal agencies. Exhibit III is a press clipping indicating the action of the State of California. Physicians can always do it, like Dr. Platt. We have authorized in California special research by medical schools. We would have liked to have gone farther.

Exhibit IV is a statement of Dr. Gerald Looney, of USC in Los Angeles, indicating his views on further research; and finally exhibit V, a series of papers by Dr. Herman Platt, expressing his views on the need for a beefed-up research program in this general subject area. I have talked to Dr. Looney on the telephone. His analysis indicates that we need further research into this general subject area. In addition, I enclose a general subject analysis by the Library of Congress which I think is excellent.

This is better than anything you have up to date. When I was in Taipei about 8 months ago and had acupuncture after exhausting American medicine for a little neuroma I had in my head. I didn't get a cure, but I got a very keen insight into the procedure.

I met a doctor over there who was in a Dr. Woo's office and it was rather interesting to find him interviewing me among Chinese patients and Chinese clinical technicians. I found out he was the chief neurosurgeon at Syracuse Hospital in New York. I talked to him yesterday on the telephone. He indicated that certainly he intends to practice this general subject matter rather thoroughly in the State of New York.

I first became interested when the president of the California Medical Association, my constituent, Dr. Thomas Elmdorf, indicated that he had a hip problem and was arthritic and had subjected himself to acupuncture treatment in San Francisco. He said, "I received measurable relief." He subsequently did have traditional treatment and had a glass socket put in. His testimony was satisfactory for me to experiment.

I would like to have Dr. Platt now present his views on how this committee might be helpful to the practicing physicians and the general public.

STATEMENT OF DR. HERMAN PLATT

Dr. PLATT. Thank you, Congressman Leggett and Mr. Chairman. Perhaps the best point for me to make or attempt to make is that acupuncture should not be considered as a separate modality of medicine that has recently come on the scene. Ninety-five percent, or somewhere around that figure, of people in this country go to physicians primarily because of some sort of a pain syndrome, acute or chronic.

One of the greatest researchers of all time has stated, and certainly many others feel this way, that "chronic pain is a major national health problem. It costs the American people billions of dollars annually, let alone the cost in human suffering. Yet the amount of research that has been done on clinical pain states has been meager indeed."

I don't know what the precise figure for acupuncture research funding was with respect to the recent NIH involvement. However, it must

be a mere pittance because I have known a number of these researchers and there is no way that they can conduct their work in a meaningful way.

Acupuncture is no longer considered to be an "iffy" proposition from the standpoint of providing relief in certain situations as concerned. It does provide relief, even in the worst hands, from 50 to 60 percent of the time, depending on the syndrome treated.

The question is not does it work but how does it work. Until solid research establishes good premises for physicians to pursue in a rational and sensible or logical way the current exploitation and victimization of the public, the entrepreneurism, the ouright quackery and misrepresentation, will continue. Only when the facts are out and the medical profession, as well as the public, recognize that, will these shady practices cease.

At the present time acupuncture, which is probably one of the greatest and most highly controversial issues to ever come on the American scene—in my 32 years of practice at any rate—I have never seen anything assault the public and medical professional and legal profession as this has.

We are all in a turmoil. There is no answer to it, except to establish the solid foundations in research so that the questions may be answered within the framework of the solid bases of medicine that we do know.

I don't know how much more time we might have. If I could, I would like to summarize two articles that you might be reading. One is called, The Trouble With Acupuncture. The other is called, A New Rationale. The Theory of How Acupuncture Works.

There are a number of theories posed by various qualified researchers throughout the world as to how acupuncture works. It's not true that we don't have any idea how it works. At least I feel I do, and I am certain that a number of other physicians do.

If I may just go through the summary. Triggered by the rebirth of acupuncture in this country, controversies are developing that, for the first time, seriously demand clarification of the role and purported effects of acupuntcure as a modern treatment modality.

At the root of the hotly contested issues is the very foundation of modern medicine—the requirement that any new modality of treatment—irrespecive of millions of unscientific testimonials and public relations efforts—be systematically subjected to scientifically controlled research procedures accepted by the authorities and representatives of the American medical and scientific communities, and that it meet their criteria for acceptance.

Issue is taken with the ancient dogma and rationale underlying the use of acupuncture, and the value and interpretation of certain techniques and procedures are questioned. Referenced, with regard to the foregoing, are the results of a recent large-scale retrospective computerized study and a modern theory advanced to possibly explain the variegated purported effects of acupuncture. Pinpointed as a priority need is that of standardizing, corroborating, and modernizing training curriculums and programs to meet practical and scientific requirements.

Acupuncture, no matter how we look at it and no matter who looks at it, is the practice of medicine and a very complex and sophisticated practice of medicine.

Mr. FLOOD. Thank you very much. We were very interested in having this presentation, as you can gather from my inquiries of the NIH people. This is really the first we have had right to the point.

Mr. LEGGETT. I have submitted a number of materials, Mr. Chairman. Rather than asking that all of them be incorporated into your record, I will leave it up to counsel to select from them what he thinks is appropriate. I don't want to overburden the committee.

I do appreciate the opportunity to make this brief presentation at this time. I appreciate the chairman's interest in this subject matter.

Mr. FLOOD. Thank you.

[The material follows:]

Acupuncture Update

A report from America's research labs on what we're learning about applying needle therapy

By Peter Gwynne

For the Chinese—according to folklore—it all started thousands of years ago when a soldier, pierced by an arrow, felt sudden relief from a chronic pain in a part of his body that was nowhere near his wound. For Americans, it began less than two years ago when President Nixon's trip to the People's Republic of China established a pipeline for information about one of the Orient's most fascinating mysteries: Acupuncture.

Since President Nixon's visit, scores of U.S. diplomats, doctors, and journalists have returned from China bristling with stories of the acupuncture operations they had witnessed there. *New York Times* vice-president James Reston became the first American celebrity to write at length about his own (postoperative) acupuncture therapy, performed in Peking's Anti-Imperialism Hospital where he was hospitalized for appendix removal.

A flurry of acupuncture activity has followed Reston's testimonial. Well-known personalities such as Alabama Governor George Wallace and San Francisco Giants star hitter Willie McCovey turned to the needle treatment—the former in an effort to reduce the pain from gunshot wounds that put him in a wheelchair, and the latter for a sore hip. Acupuncture clinics sprouted up across the country. Medical supply houses bombarded the market with acupuncture kits. And American medicine initiated vigorous investigations in an effort to learn more about the ancient art. These studies have zeroed in on the application of acupuncture in four main areas of practice and research: deafness, narcotics withdrawal, chronic pain, and anesthesia.

In the first of the four areas, numerous acupuncturists maintain they have cured or partially cured cases of nerve deafness. Alfred Peng, M.D., of New York's Columbia University, cited the best-documented study, in the *American Journal of Chinese Medicine*. Of 10 people who had been deaf for a period of 5 to 31 years, Dr. Peng reported that following acupuncture treatment, 5 were cured or showed distinct hearing restoration, and 3 came through moderately improved. Only 2 showed no change. After 14 acupuncture sessions, one patient, a 53-year-old woman who had been almost totally deaf for 29 years, was able to use the telephone without a hearing aid.

At Seattle's Standring Memorial Hospital, V.J. Reagles, M.D., headed an acupuncture team that enabled a totally deaf four-year-old boy to hear, by manipulating needles behind the child's ears. And at the University of Southern California, acupuncture treatment apparently restored normal hearing to a 50-year-old man afflicted with nerve deafness. Nevertheless, even the practitioners in these cases are cautious in drawing conclusions about the power of the needle. "We don't claim any cure-all," Dr. Reagles said emphatically.

The use of the acupuncture needle to reduce the pains of withdrawal from the heroin needle is a relatively recent development, even in the Orient. As pioneered in Hong Kong, the therapy involves insertion of needles into the patient's inner ear shell. As the needles are stimulated by a small electric current, the addict frequently notices reduction in his cramps, aching, nausea, and runny eyes and nose. Generally, the therapy is continued for a number of weeks with three half-hour sessions every day.

The Los Angeles Medical Group, in California, has pioneered a specifically American twist to this particular application of the Oriental art of healing. Rather than insert a needle during each treatment, doctors at the group's clinic place a semipermanent surgical *staple* into the small, fleshy ridge at the outer opening of the patient's auditory canal, using a local anesthetic during this "staplepuncture" procedure. "We tell the addicts to wiggle the staple three times a day," explains Lester L. Sacks, M.D., of the medical group, "and it reduces the side effects of withdrawal just as does regular acupuncture." To date the clinic has treated about 65 patients with conventional acupuncture and 30 with staplepuncture, and the success rates have been equally good with both methods. However, neither needling nor stapling diminishes the addicts' craving for narcotics; therefore, the clinic insists that these patients also participate in an overall rehabilitation program to help them through "cold turkey" withdrawals. Thus far, the clinic has insufficient data to judge whether acupuncture—Chinese or American style—is more effective in combating addiction than the more conventional treatments, such as methadone maintenance.

The relief of chronic pain is probably

the major goal of Americans seeking acupuncture treatment. The experience of the University of Alabama Medical Center, in Birmingham, Alabama, typifies what is happening in the U.S. "Most of our patients have received virtually every type of medication and treatment from their family doctors," explains Guenter Corrson, M.D., of the center's department of anesthesiology. "They did not respond favorably to any of these things. Most of our patients suffer from neuralgia, headaches such as migraine, osteoarthritis, low back pain, and sciatica." Like most reputable institutions engaging in acupuncture treatment, the center insists on referrals from family doctors for most of its patients. The staff gives all patients a thorough physical examination to determine whether they have some complaint that demands Western medical treatment.

The need for such examinations is underscored by the experience of Teru Matsumoto, M.D., a Japanese professor of surgery at Hahnemann Medical College and Hospital in Philadelphia. Dr. Matsumoto has performed acupuncture on about 100 patients suffering from problems such as joint pains and arthritis. One of his patients already had undergone acupuncture treatment for a pain in her shoulder, but she had found little relief. Dr. Matsumoto's examination showed why: The cause of her pain was a malfunctioning gallbladder. The organ was promptly removed, surgically, and the shoulder pain vanished.

Based on American experience to date, the likelihood of the acupuncture method's success in reducing pain appears to be unpredictable. At the University of Alabama Medical Center, for example, Dr. Corrson reports definite reduction of pain for about 3 patients in every 10; and at Thomas Jefferson University Hospital in Philadelphia, James C. Erickson, M.D., notes that 75 percent of acupunctured patients receive at least temporary relief from pain, while half of those treated experience long-term remission of pain.

Perhaps acupuncture's most promising application lies in the area of surgical anesthesia. General-use anesthetics currently carry a death risk of 1 in 5,000 and frequently cause postoperative nausea. Acupuncture anesthesia appears to be free of these hazards.

Even in China, acupuncture anesthesia is a young science, having started only in the 1950s. Now, however, to the amazement of visiting U.S. doctors and journalists, Chinese surgical teams routinely carry out major operations, such as lung removal and even brain surgery, on wide-awake patients who are under the influence of nothing more than a few twirling acupuncture needles.

In the United States, use of acupuncture anesthesia has been less ambitious but still impressive. Starting with relatively simple procedures, among them root canal work in dentistry, skin grafts, and tumor biopsies, acupuncturists across the country have progressed to such operations as tonsillectomies and appendectomies. Fang L. Man and Calvin H. Chen, at Northville State Hospital, in Michigan, and Frank Z. Warren, of New York's Postgraduate Center for Mental Health, all M.D.'s, are among the pioneers of acupuncture anesthesia in the United States. Drs. Man, Chen, and Warren have used their needles to keep patients numb but wakeful during tooth extractions, hernia repairs, and tumor removals. The reactions of patients to this method of anesthesia have been uniformly favorable. "I laughed at acupuncture and chuckled at the strange-looking charts in the doctor's office," said one patient at Weiss Memorial Hospital, in Chicago. But after having his tonsils removed under acupuncture anesthesia, he admitted: "Now, I'm a believer."

At the Washington Hospital Center in the nation's capital, Chalom A. Albert, M.D., who studied acupuncture in France, has used the treatment as an anesthetic for abortion and childbirth. During the last year, several patients entering the hospital for abortions have been asked whether they are willing to undergo acupuncture rather than take local anesthetics during the procedure. Those who agree to the new method are first briefed on the procedure; then a total of eight pairs of needles are inserted in their feet, legs, stomach, and hands. The needles are attached to an electrical current that jiggles them, and, after about 20 minutes, the gynecologist proceeds with the abortion. To date acupuncture has proved to be a sufficient form of anesthetic for abortion; no other medication has been required. Dr. Albert concedes that acupuncture probably is too time consuming for routine use in the procedure, but he does believe that it has great promise in cases where patients are allergic to local anesthetics.

In childbirth, the avoidance of drugs is even more important than in other areas of surgery because drugs given to the mother also go to the baby. Dr. Albert also has acupunctured mothers undergoing delivery. One highly successful case involved a cesarean birth by Mrs. Mark Goldsteen, of Potomac, Maryland, who had previously had two children by cesarean section. Throughout the 75 minutes of surgery, acupuncture was Mrs. Goldsteen's only anesthetic—and she felt no pain. "There's no comparison between the way I feel now and how I felt before," she said after giving birth to a healthy boy. "Why, they even let me drink orange juice while the operation was going on." Mrs. Goldsteen's obstetrician, Oscar I. Dodek, Jr., M.D., was equally impressed. "It was just amazing to see someone in the recovery room right after an abdominal procedure—smiling and laughing and talking to her husband," he said enthusiastically. "In contrast to most women, who are uncomfortable at this time, this patient felt just fine."

How does acupuncture control pain? For skeptical physicians and medical researchers, this unanswered question is a major roadblock to their accepting the technique as a part of medical practice. It also is true that researchers still cannot completely explain how conventional general anesthetics work, even though they have been used for over a century.

U.S. researchers generally dismiss the traditional yin and yang explanation (see "Acupuncture: What It Is And How It Works," page 67) for the efficacy of acupuncture and concentrate instead on two possible reasons for its effectiveness: Either the acupuncture needles create signals that interfere in some way with the transmission of pain signals from the body to the brain, or the power of suggestion by the acupuncturist may be so strong that it exerts a hypnotic effect on the patient.

The concept of pain interference was introduced eight years ago by Ronald Melzack, Ph.D., of McGill University, and Patrick Wall, M.D., of University College, London, when both were at the Massachusetts Institute of Technology. The theory holds that acupuncture needles stimulate large fibers in the sensory nerves and thereby close a kind of gate in the spinal cord. This process prevents the transmission of pain signals, which travel through different, smaller fibers.

In a recent article in *Human Behavior* magazine, two Massachusetts psy-

thologists asserted their belief in an opposing theory—that acupuncture works mainly because the patients believe in it very firmly. John F. Chaves and Theodore X. Barber, M.D.'s, of the Medfield Foundation, noted that, in China, doctors carefully screen out potential acupuncture candidates who appear nervous beforehand, that they nearly always use painkilling drugs before or during operations involving acupuncture anesthesia, and that, in any case, the pain of surgery on the inner organs is quite likely not as great as is generally believed. "Most of the internal organs produce little or no pain when they are cut," the two psychologists wrote. "If a patient is relaxed and not anxious, and if he can tolerate the initial incision, it appears that many major surgical procedures can be accomplished without much additional pain." Therefore, they conclude, "we would argue that the success of acupuncture analgesia underscores the importance of psychological factors in the control of pain."

That assessment is plainly controversial, and supporters of the "gate control/pain interference" theory argue that psychological factors cannot be wholly responsible for needle anesthesia because animals submit to it as well as humans. A number of scientifically controlled studies are under way to determine how valid each of these two explanations really is. In general, the studies involve acupuncturing some volunteers in the correct acupuncture points on the body and some volunteers at points just slightly displaced from the correct ones. If acupuncture is largely a physical process, the experimenters argue, it will only reduce pain if applied in exactly the right spot. If it is mainly psychological, it will have the same effect wherever the needle is applied.

One of the major studies of this nature is currently under way at Massachusetts General Hospital, where psychologist Gene Smith, Ph.D., neurosurgeon James G. Wepsic, M.D., and anesthesiologist William D. Owens, M.D., are seeking relief from self-induced pain. The pain is caused by a tourniquet on the subject's arm, which tightens as the subject squeezes a device in his hand. As it tightens, the tourniquet produces "a deep, aching, throbbing pain," according to Dr. Smith. Once the subjects are suffering, acupuncturist Han Chiang, M.D., moves in with his needles, placing some in the correct position, and others in areas away from the prescribed points. Then the subjects, who are not told whether the needles are placed correctly or incorrectly, are asked to judge the amount of relief the twirling needles afford them.

This particular experiment, like all others seeking the validity of acupuncture, will not be completed for many months. During this time, thousands more Americans will sample acupuncture to satisfy their own curiosity. What is most clear at present is that the limited U.S. experience with this form of treatment shows that acupuncture is neither a cure for all ills nor a technique offered only by charlatans. Acceptance of acupuncture has inevitably been far from universal among members of the U.S. medical establishment. Many states insist that the procedure can be carried out only by a licensed M.D.—a strict licensing requirement, for the number of professionals qualified to administer both Western and Eastern medicine in this country is scarcely more than a few dozen. Only the state of Nevada absolutely does not place restrictions on nonphysicians practicing acupuncture. Elsewhere, even licensed doctors are careful to perform acupuncture under the auspices of a hospital or medical school, so as to avoid any legal complications that could arise.

Doctors warn that the relief of pain afforded by the needle could conceal symptoms of diseases that definitely require the attention of Western medical practices and medication. But U.S. medical practitioners generally concede that a technique that has lasted since the time of Hippocrates must have some value, and many have flocked to lectures on the art at medical schools and conventions.

The National Institutes of Health (NIH), in Bethesda, Maryland, responded to this interest by setting up an ad hoc committee on acupuncture. Seeking to obtain a balanced view of both how and how well acupuncture works in comparison with Western therapy, NIH currently supports two investigations: a three-year study at the Missouri Institute of Psychiatry, in St. Louis, to compare acupuncture with hypnotism and painkilling drugs in relieving chronic pain; and a one-year study at the University of North Carolina, Chapel Hill, on the possible use of acupuncture in reducing high blood pressure. Both of these NIH-sponsored research projects are scheduled to begin early in 1974.

John J. Bonica, M.D., chairman of the NIH ad hoc committee on acupuncture and of the department of anesthesiology at the University of Washington, Seattle, stresses the importance of a controlled and thorough investigation of acupuncture's efficacy on the American patient. "A patient's pain tolerance and anesthesia response are influenced by his culture, by his genetic and ethnic background. So what may be effective in China may not be so effective in the United States," says Dr. Bonica.

"We have to treat acupuncture like any other new drug or procedure in this country," Dr. Bonica continues, "and find out if it is better than, as good as, or inferior to what we're already using."

In particular, Dr. Bonica cites the importance of comparing acupuncture with other methods of drug-induced anesthesia, as currently employed.

A University of Washington colleague of Dr. Bonica's, C. Richard Chapman, Ph.D., currently is conducting research comparing acupuncture analgesia with nitrous oxide, a well-established and widely used analgesic. Preliminary data suggests that acupuncture, like nitrous oxide, diminishes both the sensory and emotional aspects of pain, but more studies are needed before a final conclusion can be drawn, says Dr. Chapman.

For the time being, however, the majority of doctors trained to perform acupuncture have learned their skill outside the United States. Many are of Oriental descent and learned the technique in their homeland. Others studied it in any one of several European countries—France, Holland, and Switzerland, for example—where acupuncture has been taught and has been practiced for years.

Perhaps the most balanced view on the value of acupuncture to our medical future was expressed by Frederick F. Kao, M.D., of Brooklyn's Downstate Medical Center, during a seminar on acupuncture this year. "Acupuncture is not quackupuncture, it is not a panacea, and it is not a substitute for Western medicine," he declared. "We are trying to demonstrate its potential use as a supplement to Western medicine."

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
NATIONAL INSTITUTES OF HEALTH,
Bethesda, Md., April 23, 1974.

Hon. ROBERT L. LEGGETT,
House of Representatives,
Washington, D.C.

DEAR MR. LEGGETT: Thank you for your April 16 letter requesting information on the acupuncture-related activities of the National Institutes of Health. I will deal with various items in the order raised in your letter.

Funds.—Since our initial announcement, over a year ago, of our interest in acupuncture research, several Institutes have awarded in excess of $200,000 to support five projects. These involve studies on the control of high blood pressure and pain, and will attempt to compare the relative effectiveness of acupuncture against well-accepted forms of therapy. A brief outline of these projects is appended, should you wish more specific information,

Findings and conclusions.—The NIH-supported projects are currently operating in their initial year, and annual progress reports will be submitted in the coming months. Our principal source of information on acupuncture continues to be the NIH Acupuncture Research Conference held last year. Reports were presented on various studies conducted at medical schools and universities on pain, surgical analgesia, physiological effects, and several other clinical applications. Acupuncture was repeatedly reported as being effective on various painful conditions. However, the data, while encouraging, did not permit the firm conclusion to be drawn that acupuncture was superior to present remedies. In order to settle this central issue, the participants agreed that further studies were needed under controlled clinical protocols. Our recently awarded research projects are directed to this end. A brief summary of this conference is also appended, and includes a statement issued by our ad hoc advisory committee. I would be pleased to send a complete copy of the conference proceedings if you feel this would also be helpful.

Future needs.—Research on acupuncture clearly needs to be pursued and continues to interest a number of investigators, whose areas of study are broadening from the original focus on pain and analgesia. Consequently, several of the Institutes with programmatic interests in categorical diseases are receiving applications for research support and the potential funding base has correspondingly broadened.

There is also suggestive evidence that acupuncture does not function by means of hitherto undiscovered energies, channels, or mechanisms. Rather, it appears to exert its effects through the physiological, psychological, and metabolic systems of the body. These aspects are legitimate areas in biomedical research, and clearly fall within the responsibilities of the NIH. I estimate that our present operations are adequate to maintain and further develop a significant level of activity in this field. Specifically, I have not seen any projects of high merit postponed for lack of funds. The experimental difficulties in this area are such that an extensively developed or accelerated research program may raise more questions than it answers and may even delay the rendering of a proper assessment of the value of acupuncture.

I trust this letter is helpful. If I can be of further assistance, please do not hesitate in calling on me.

Sincerely yours,

HOWARD P. JENERICK, Ph. D.,
Special Assistance to the Director,
National Institute of General Medical Sciences.

Enclosures (3).

STATUS OF NIH-SUPPORTED ACUPUNCTURE RESEARCH

HYPNOSIS AND ACUPUNCTURE ANALGESIA-PHYSIOLOGICAL STUDY

Dr. Ivan W. Sletten, Missouri Institute of Psychiatry, St. Louis, Mo.
Awarded May 1973.
Year 1—$34,856.
Year 2— 34,856.
Year 3— 34,856.

The specific goal of this investigation is focused upon gaining comparative data on analgesia produced by several methods, including sensory distraction, acupuncture, and hypnotic suggestion, together with observations from the inclusion of standard pharmacological analgesics for comparison.

EVALUATION OF ACUPUNCTURE IN HYPERTENSION THERAPY

Dr. Kenneth Sugioka, University of North Carolina, Chapel Hill, N.C.
Awarded December 1973.
Year 1—$35,113.
The overall objectives of this study are twofold. The first is an attempt to measure by established, objective methods of analyses, physiological changes that might be induced by the use of acupuncture and the second is to provide, if the experiments are successful, another possible method of the treatment of essential hypertension.

A CONTROLLED STUDY OF ACUPUNCTURE AND SKIN SENSATION

Dr. Edward R. Perl, University of North Carolina, Chapel Hill, N.C.
Awarded January 1974.
Year 1—$20,000.
Year 2— 11,351.
The principal aim is to test whether or not acupuncture can produce a specific change in pain or other sensation at a localized site on the body surface in the absence of suggestion and hypnosis.

ACUPUNCTURE ANESTHESIA AND ANALGESIA

Dr. Yung-Fong Sung, Emory University, Atlanta, Ga.
Awarded February 1974.
Year 1—$15,080.
Year 2— 13.892.
The experiments in this proposal are designed to systematically and objectively evaluate the efficacy and safety of acupuncture as a means of producing analgesia in acute surgical procedures and in the management of postoperative pain, chronic pain, and pain induced experimentally by electrical stimulation.

NEUROLOGICAL BASIS OF PAIN AND ITS POSSIBLE RELATIONSHIP TO ACUPUNCTURE-ANALGESIA

Dr. Choh-luh Li, National Institute of Neurological Diseases and Stroke, National Institutes of Health, Bethesda, Md.
Initiated 1973.
Per year $8,000 (approximately).
Pain mechanisms and acupuncture-analgesia will be studied from three aspects; experimental animal studies to explore basic pain mechanisms, normal human volunteers to study basic clinical physiological factors and their possible relationship to acupuncture-analgesia or acupuncture-anesthesia, and patients with specific pain problems.

Summary Statement on NIGMS Acupuncture Research Conference, February 28–March 1, 1973

(BY DR. JOHN J. BONICA, CONFERENCE CHAIRMAN AND PROFESSOR AND CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, SEATTLE, WASH.)

On Wednesday and Thursday, February 28 and March 1, the first national acupuncture research conference was held in Bethesda, Md. The conference, sponsored by the National Institute of General Medical Sciences, brought together about 100 American scientists and physicians to report studies already under way or about to be started.

On the basis of the results presented at the conference, the ad hoc Committee on Acupuncture of the National Institutes of Health, concluded that acupuncture holds some promise as an anesthetic for certain surgical operations and for the treatment of some acute and chronic painful conditions. From these preliminary studies, however, it is not possible to specify how acupuncture works or even to say how well it compares with drug-induced anesthesia or with well-established methods of treating painful conditions.

Moreover, it is clear that acupuncture is no panacea—that many more well-designed and well-controlled scientific studies are needed before it could be considered for wide use in clinical practice in the United States.

One of the serious problems in evaluating acupuncture for relief of pain is that pain itself is a complex phenomenon which also should receive greater scientific research efforts. Since it is now well established that environmental, genetic, cultural, ethnic, and other factors influence pain and a patient's response to drugs, it is essential to assess the effects of acupuncture and its efficacy in American patients. When these data are available it will be possible to compare our results with those already published in the People's Republic of China.

VACAVILLE MEDICAL ASSOCIATES,
P.O. Box 89,
Vacaville, Calif., August 27, 1973.

Hon. ROBERT L. LEGGETT,
House of Representatives, Rayburn House Office Building, Washington, D.C.

DEAR BOB: It has been quite some time since we have had any communications of any sort, however I have a particular project in mind that I would like to apprise you of. It is the legalization of acupuncture in California. I don't know how much you know about acupuncture, Bob, but I am one of many who have been skeptical of the practice since it has come on the scene. I have been skeptical to the point that I would not believe all the stories that I heard about the wonders of acupuncture until I met and talked with and saw the results of acupuncture on some of the citizens in your district. These people were given up as hopeless cases by the medical profession after years of treatment. Then, they went to acupuncture and the dramatic results have been extremely and pleasantly evident.

As a case in point, Jim Jones of Vacaville who has been treated for crippling arthritis for years by the Veterans Administration Hospital in Martinez and many many other places for several years. He was given shots and all the usual treatments for crippling arthritis with no results. Then Jim began to take some acupuncture treatments from a specialist in San Francisco. Jim is living, walking, rolling proof of the wonders of acupuncture. Jim is now a new man. As a matter of fact from a shuffling, barely moving individual this man has transformed into a traveling, happily vacationing human being. A truly dramatic example of the results of acupuncture treatments. The stories of the results of acupuncture and the actual testimony of people who have been actively treated by an acupuncture practitioner have been dramatically evident throughout your own district, Bob.

As another point let me illustrate a personal point of view. My wife, Michele, had suffered from severe migranes all her life. I have in fact spent a fortune trying to find a cure for her vascular migrane condition. Physicians admit they don't know what causes migranes and they are hard pressed to find an accurate cure. We went to an acupuncture practitioner in San Francisco and after two treatments, her migranes stopped completely for 4 months.

After 4 months or so she suffered another migrane attack and we went for another treatment and the headaches have disappeared. I have watched the man perform the services, and I was still a bit skeptical. Even so I will readily admit that I could see the physical evidence of the results. I have been suffering from a mild case of bursitis in the shoulder and elbow. I have been taking pills prescribed by the doctor to cut down on the inflammation in the joints. After my wife's last treatment I partook of an acupuncture treatment. This was 3 weeks ago and as of this date the stress of the bursitis has been eliminated. Bob, I am no longer a skeptic. I believe it can work.

Acupuncture was recently recognized in Nevada because the Governor of Nevada who has been apparently suffering from a malady of the joints had finally given up all until he took acupuncture treatments. Now the man is playing tennis. The gentleman who has been practicing on some of your constituents has been flown to Las Vegas to consult with some of the practitioners in Nevada to form a board to evaluate any applicants for licensing. I believe that that same approach would work here.

California Senator Milton Marks is sponsoring a bill to authorize and legalize acupuncture in California and he has a spot amendment that would create an evaluation board or committees made up of qualified specialists with the experience and skills to evaluate acupuncture license applicants.

I know that there has been strong comment on this from the American Medical Association and from the California Medical Association and perhaps justifiably so, but many physicians do admit that they don't know why acupuncture works but they do know it works. Some have recommended after they

are through with a patient and cannot do anything for them that they go and see an acupuncturist. So you see, John, even some of the practitioners of the healing arts are beginning to feel that perhaps the Chinese have something going for them after all these thousands of years.

I strongly urge your support of Senator Marks' bill and I would appreciate very much your letting me know what your stand is on this particular matter. Thank you very much.

Very truly yours,

VACAVILLE MEDICAL ASSOCIATES,
ALBERT ARAUJ,
President.

REAGAN SIGNS ACUPUNCTURE STUDIES BILL

Gov. Ronald Reagan has signed into law a bill which would permit acupuncture to be practiced in California when the primary purpose is for "scientific investigation" and when the investigation was under jurisdiction of an approved medical school.

The bill signed by the Governor, AB 1841, was drafted by Assemblyman Gordon Duffy, R., Kings County, who long has sought to get studies of acupuncture underway in California.

Meanwhile, Sen. George Moscone, D., San Francisco, introduced senate bills 2117 and 2118 which would legalize acupuncture in California and set up an advisory board to oversee its use in the State.

UNIVERSITY OF SOUTHERN CALIFORNIA,
SCHOOL OF MEDICINE,
1200 NORTH STATE STREET,
Los Angeles, Calif., April 22, 1974.

EDITOR,
Journal of the American Medical Association,
535 North Dearborn Street,
Chicago, Ill.

TO THE EDITOR: Although there has been increasing discussion of acupuncture, few seem to realize that this topic was introduced to journal readers at least three-quarters of a century ago,[1] and that the journal carried a comprehensive review[2] of acupuncture nearly a decade before the subject rose to the forefront of public and professional attention. This 1962 review quoted Russian researchers who felt that acupuncture worked through internal "reflex mechanisms and their influence on the functioning of the body," perhaps through changes in "the vascular reactions of the organism," and specifically conjectured that "acupuncture raises the tone of the parasympathetic section of the vegetative nervous system." Likewise, some of the most significant recent information was reported in the journal by Dimond[3] who described the work of Chinese researchers at the Peking Medical College who found a localized collection of vagal nerve endings in the ear which ". . . when stimulated had changed the 'electrical resistance' over the abdomen. They felt they were for the first time getting some suggestion of the possible neural mechanism for acupuncture anesthesia." This was soon followed by an editorial[4] which urged that "anatomic distribution of autonomic nerve fibers of meridian or acupuncture points" be pursued for further clues to the mechanism of acupuncture.

Using these as well as other sources of information, the USC acupuncture study group has attempted to develop a single hypothesis to explain the manifold phenomena of acupuncture. This appears to have been accomplished by involving one of the most ubiquitous factors in medicine, the autonomic nervous system. A brief review of some of the major features of this autonomic theory of acupuncture may stimulate further interest and discussion.

One of the most surprising aspects of this new theory is that it contains little that is basically new. It has been known for years, for example, that the entire nervous system of the adult is derived from the surface layer of the embryo, the ectoderm. However, the general response to early studies on cutaneovisceral and viscero-cutaneous reflexes has been to ignore them or to deny their existence.

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[1] "JAMA 75 Years Ago (Oct. 16, 1897)," JAMA 222, 357, 1972.
[2] Veith, I., "Acupuncture Therapy—Past and Present," JAMA 180, 478–484, 1962.
[3] Dimond, E., "Acupuncture Anesthesia," JAMA 218 : 1558–1563, 1971.
[4] Matsumoto, T., "Acupuncture and U.S. Medicine," JAMA 220 : 1010, 1972.

Perhaps this can be explained by the fact that there was little comprehensive documentation of these reflexes and no well-proven neurophysiologic mechanism which would offer a ready explanation for these early observations.

Such a mechanism has now been provided through the recent use of computers and other sophisticated technology to elucidate the surprising specificity and complexity of somato-sympathetic reflexes. However, the most astounding aspect of these reflexes is that they document conclusively that stimulation of somatic afferents in cutaneous and muscle nerves produces a direct and immediate effect on preganglionic and postganglionic sympathetic nerve activity. In other words, stimulation of fibers from the peripheral division of the central nervous system (CNS) with tiny metal wires (electrodes in this case, not needles) causes remote but specific and immediate responses in the thoraco-lumbar division of the autonomic nervous system (ANS), adding laboratory evidence to the increasing clinical impression that the CNS and ANS are highly integrated, perhaps to the point of even being ultimately inseparable.

These reflexes provide a plausible explanation for many of the motor effects and therapeutic results of acupuncture, but offer no clue to explain acupuncture's surprising effects on pain. In fact, after several decades of medical education which have propounded the concept that "the autonomic nervous system by definition is a purely motor system," it would seem illogical to postulate that an autonomic mechanism of acupuncture may have sensory effects and the ability to influence pain. To explain this acupuncture phenomenon, a separate pain-control theory has been implicated, based on a proposed gating mechanism in the central nervous system. This gate theory appears to explain the analgesic effects of acupuncture, but does not mention the autonomic nervous system and does not explain the motor effects and therapeutic action of acupuncture.

However, there has been longstanding medical evidence that autonomic function is indeed involved in the generation and perception of pain in the human body: Patients with familial dysautonomia (Riley-Day syndrome) have almost no pain perception; patients with many types of sympathetic dystrophy and causalgia gain relief from their severe pain only after a sympathectomy; conversely, patients who have had a sympathectomy for circulatory problems may develop postoperatively a markedly painful and hypersensitive limb distal to their surgery. Such phenomena seem almost paradoxical unless one remembers the embryo and recalls that autonomic and sensory ganglia develop from a common origin in the neural crest, a bond which may have been reaffirmed in the laboratory when it was shown that the highly specific nerve growth factor, which stimulates growth of postganglionic sympathetic fibers, stimulates dorsal ganglion sensory fibers as well.

Furthermore, varied reports from China indicate significant involvement of the autonomic nervous system in the sensory phenomena noted with acupuncture: paraplegic patients with sweating and other autonomic functions intact are able to feel "Teh Ch'i" when acupuncture points are stimulated in the involved limbs, while those paraplegics who have lost ANS as well as CNS function perceive no sensation; animal studies indicate that the ability to produce acupuncture analgesia in the nasal area of the rabbit is lost if the sympathetic chains are surgically interrupted. By invoking poetic as well as scientific license, it is fascinating to postulate that the key to the gate theory may be found hanging on the sympathetic chain.

If these reports can be confirmed and the autonomic theory of acupuncture validated, then the implications of acupuncture from the patient's point of view may well be surpassed by the implications of acupuncture from the physician's point of view. Simple concepts from the past may have to be redefined if we find that the CNS/ANS axis actually seems more comprehensible when viewed as a highly integrated and unified system, and that this unitary nervous system, in turn, is involved directly or indirectly in the dysfunction and pathology of other body systems.

Sincerely,

GERALD L. LOONEY, M.D.,
Assistant Professor,
Chairman, Acupuncture Study Group.

WEDNESDAY, MAY 8, 1974.

HEW PROGRAMS IN WYOMING

WITNESS

HON. TENO RONCALIO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WYOMING

Mr. FLOOD. Now we have Hon. Teno Roncalio, the U.S. Representative from the State of Wyoming.

Mr. RONCALIO. Thank you, Mr. Chairman. It is a great opportunity to be with you and to read my statement if agreeable.

Mr. FLOOD. Whatever you wish.

Mr. RONCALIO. Mr. Chairman, I appear before you today to respectfully request your consideration of fiscal year 1975 appropriations of particular importance to my State of Wyoming.

I would like to call the subcommittee's attention to funding for the regional training centers under the Drug Abuse Prevention program's "Help Communities Help Themselves" program, funding for Library Resources, the Follow Through program in the Office of Education, and funding under Alcohol, Drug Abuse, and Mental Health, all in the budget request for the Department of Health, Education, and Welfare.

The regional training centers at the University of Minnesota and Yale University under the "Help Communities Help Themselves" program of the Drug Abuse Prevention program under the Office of Education's Drug Education program, are scheduled to be closed effective June 30, 1974. Six training centers will remain in operation but without staff or funding additions. Wyoming has relied upon the regional training center at the University of Minnesota for training relative to drug use and drug abuse education and prevention. Through this center have been developed models, techniques, networks, and resources that address themselves to the drug use and abuse problem. During the 2 years of operation, these centers have been able to evolve programs meeting the specific needs of the areas which they serve. Since the University of Minnesota Center opened, 13 community teams from all over Wyoming have attended 2-week training sessions. They have developed community action plans for drug abuse prevention and carried on effective local education programs upon their return. Our educators have had the opportunity to become more highly aware of the problems leading to drug abuse and have designed and carried out means to help cope with those problems.

The University of Minnesota would like to keep its regional training center and Wyoming would like very much to continue to benefit from it. The administration is apparently seeking to end Federal support for drug abuse education programs and I cannot comprehend the logic behind such a move. The drug problem in the United States is by no means under control. We should not only work on treatment of those already afflicted with drug dependence, but funds should also remain available for drug education/prevention centers. Legislation passed by the House to extend the Drug Abuse Education Act of 1970 is pending in the Senate. I would hope that in the mean-

time the subcommittee would see fit to include adequate funding for a continuation of all eight regional training centers.

I call the subcommittee's attention to the administration's continuing phase out of Follow Through programs transferred to the Office of Education from the Office of Economic Opportunity. We see a reduction in requested funding from fiscal year 1974 and a phase out of one grade level per year. This program has been active in my State and on the Wind River Indian Reservation in dealing with the particular instructional, physical, and psychosocial needs of disadvantaged children. I would hope the subcommittee would choose not to neglect the special needs of these children and would include funding and support for Follow Through programs that they may be reinstated at the level originally intended by Congress.

I talked with dedicated workers, lay people of the various orders of churches, people working at the Indian missions on the Indian reservation. This is an excellent program. It helps retarded children and gives some confidence to underprivileged Indian children, and I would like to see it keep going. It is one thing we see some beneficial results from.

I must express again this year my concern that expressed to me by the Wyoming State librarian regarding further cuts in funding for library resources. The Office of Management and Budget has waited until recently to release impounded fiscal year 1973 funds and the full fiscal year 1974 appropriations. Upon making these moneys available, the administration has cut its budget request for fiscal year 1975. The release of these withheld funds, duly appropriated by Congress for their respective years, should not be used to justify appropriation reductions for library resources for fiscal year 1975. Our libraries and their programs have suffered while awaiting the release of these funds and can put them to good use along with a normal level of funding.

The administration's budget request for library resources is not adequate in amount or direction. It calls for $25 million in title I only. Title I is to be used only for support of county libraries, institutional libraries, aid to the blind and physically handicapped, and administration of the State libraries. The level requested in title I alone is some $20 million less than fiscal year 1974. However, moneys for title III are needed as well in order to provide adequate funding and services to all libraries, rather than to just a few. I respectfully request that the subcommittee include funding of $45 million for title I and $20 million for title III.

Under funding for alcohol, drug abuse, and mental health, I have special concerns. My State of Wyoming is on the brink of an energy resource recovery population boom. The city of Rock Springs has already doubled population since the 1970 census. The entire Powder River basin is forecast to double population by 1990. We are already experiencing extreme housing shortages and severe sociological problems in these dramatic growth areas. Many are and will be living in mushrooming desert trailer home cities. We are having difficulty meeting the needs and services required by our new residents and the problems are only beginning. Entire families are being dislocated and moved into an austere environment.

My State is now sparsely populated, but with our high elevation, dry, windy, severe climatic conditions, and the independent nature of

our people, we are statistically high in alcoholism, divorce, and mental illness. These problems will be multiplied with the population influx. Studies conducted in our existing resource boom areas show a substantial increase in alcoholism, mental health problems, divorce, and related sociological and psychological difficulties.

Wyoming will be contributing enormous quantities of coal, uranium, electricity, oil, gas, and shale oil for the energy needs of the Nation. People will be coming to my State to take advantage of the created employment opportunities and finding themselves living in transient and unsettling circumstances. I urge the subcommittee to review funding proposals for community mental health centers, drug abuse programs, and alcoholism. We see in the proposed budget reductions throughout these areas while we need additional funds to gear up in providing facilities and services for the inevitable population influx. Hopefully formulas for distribution can be amended to meet particular need areas such as I have described to you, but until that time, I hope, too, that the subcommittee can see fit to restore cuts and even increase funding in these vital program areas.

Thank you for your consideration of these requests.

I am grateful to you for your attention my good friend.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 8, 1974.

RESEARCH ON CHILD HEALTH

WITNESS

DR. RICHARD BEHRMAN, DIRECTOR, PEDIATRIC SERVICE, COLLEGE OF PHYSICIANS AND SURGEONS OF COLUMBIA UNIVERSITY

Mr. FLOOD. Dr. Richard Behrman, director, Pediatric Service, College of Physicians and Surgeons of Columbia University.

Dr. BEHRMAN. Thank you very much.

Mr. Chairman, and members of the committee, I am pleased to have the opportunity to appear before the committee and to present my views as someone involved in the day-to-day care of children with serious illnesses and the direction of research into these problems. First, by way of identification, I am director of Babies Hospital, the Children's Medical and Surgical Center at Columbia-Presbyterian Medical Center in New York City and professor and chairman of the Department of Pediatrics, College of Physicians and Surgeons, Columbia University. The institutions I represent—Columbia University, Presbyterian Hospital, St. Luke's Hospital, Roosevelt Hospital and Harlem Hospital—provide primary health services for a large segment of the children in the west side of Manhattan and Harlem as well as serve as a referral center for children with serious illnesses from New Jersey, Connecticut, and New York State. We are also involved in studies to find better ways to deliver these services and in biomedical research and training programs directed at improving the health and welfare of children and future generations of children.

I would like to emphasize several important factors in considering this budget:

1. What is decided on in this budget directly affects not only the health of children today, but of these children when they are adults 20 or 50 years from now. It also directly affects the health of your grandchildren and their children. Each dollar invested therefore has a very real and significant multiplier effect not only on the health and productive lives of our citizens, but also in decreasing the cost of health care in future years. It is considerably less expensive to invest in research into preventing mental retardation than to pay for a lifetime of institutionalization.

2. A substantial number of excellent grant proposals to investigate ways of preventing and treating disease in children, some of which are manifested during adult years, are being approved at high priority on their scientific merits as well as on the basis of public health need, but are not being funded for lack of adequate funds. Frankly, this is a growing national tragedy in terms of its effect on our children and future generations. Research into the diseases that afflict children or that start in childhood and later afflict adults assumes even more importance if the population decreases. Each child must survive in a way that enables him to fulfill his optimal potential for a productive and happy life if our Nation is to thrive.

3. The basic resource for research to investigate the health problems of children are the research scientists who carry out this important work. Research training programs are basic to this resource. To cut back on the support of research training because some physicains who are funded to start out in such a career, at significantly lower salaries than they could make in practice, are not talented enough to go on into research and subsequently go into high paying practices is the equivalent of "throwing out the baby with the bathwater." In contrast, we should be encouraging promising physician-investigators to choose research careers directed at preventing and curing diseases of childhood. Research training under the auspices of the National Institute of Child Health and Human Development is the bedrock upon which the future health of our children will be built. A national policy that discourages research training is a policy directed against better health for our children.

4. So-called basic research is closely related to our progress in solving the disease problems of children. It is no less important than clinical research on animals and human beings. We would still be making iron lung respirators and filling institutions with crippled and retarded children if basic research on the growth of fetal and adult tissue had not been federally supported to eventually result in polio and measles vaccines.

Therefore, funds for research and research training through grants and contracts in the 1974 budget should, I respectfully submit, be increased approximately 15 percent above the 1974 estimate, excluding impounded funds, in order just to maintain our present momentum on these problems.

Thank you very much for your time and I would like to answer any questions.

Mr. FLOOD. Thank you very much, Doctor.

WEDNESDAY, MAY 8, 1974.

DIABETES RESEARCH

WITNESS

DR. OSCAR CROFFORD, ASSOCIATE PROFESSOR OF MEDICINE AND PHYSIOLOGY, VANDERBILT UNIVERSITY

Mr. FLOOD. We have next Dr. Oscar Crofford, associate professor of medicine and physiology, Vanderbilt University.

Dr. CROFFORD. Thank you, Mr. Chairman. I do have a formal statement which I ask be incorporated into the record and would like to use the time allotted to make two additional points if I might.

[The statement follows:]

PREPARED STATEMENT OF DR. OSCAR B. CROFFORD, ASSOCIATE PROFESSOR OF MEDICINE AND HEAD OF THE DIVISION OF DIABETES AND METABOLISM, VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

Mr. Chairman and members of the committee, I appear before you today to speak on behalf of the research and training activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases, and particularly its diabetes program. My name is Oscar B. Crofford, and I am a doctor of medicine, having obtained my degree from the Vanderbilt University School of Medicine. I am associate professor of medicine and head of the division of diabetes and metabolism and director of the Diabetes-Endocrinology Center, at the Vanderbilt University School of Medicine. I am a recipient of the Lilly Award from the American Diabetes Association for research dealing with the mechanism of action of insulin. I am thoroughly familiar with the activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases, having served in the past on the NIH Metabolism Study Section and as chairman of the Metabolism Study Section from 1972 to the present time. I am a member of the board of directors of the American Diabetes Association, a member of the Endocrine Society, of the American Federation for Clinical Research, American Society for Clinical Investigation, and the American Physiological Society.

I am grateful for the opportunity to testify today because I recognize that your efforts typify the humanitarian aspects of our National Government and its concern for our people, indeed for people the world over. Our country today is in a better position to do more than ever before to advance the national well-being with regard to health.

The considerable progress made in recent years in dealing with diseases heretofore thought to be incurable or untreatable can be attributed directly to fundamental laboratory studies in such specialties as biochemistry, molecular biology, genetics, enzymology, and others. The NIH has focused upon the conduct and support of research in these fundamental sciences because they comprise the basis for medical knowledge.

For many years, as a diabetes specialist and through my own personal knowledge of the programs of the National Institute of Arthritis, Metabolism, and Digestive Diseases, I have witnessed the stimulating effect of its studies both on research and on training for research.

Established as an Institute in 1950, the NIAMDD has been assigned a continually growing responsibility in the federally supported campaign against disease. Originally, this Institute was charged with the conduct and support of research in the various arthritc disorders, the rheumatic and collagen diseases, and such metabolic diseases as diabetes, my own specialty. I will be speaking on the quality of this program a bit later.

Over the years the Institute's responsibility has been broadened to encompass numerous other disease categories, among them being endocrine disorders, digestive diseases, including diseases of the gallbladder and liver; kidney diseases and urological disorders, diseases of the bone and blood; a wide variety of other metabolic diseases, both acquired and inherited, such as cystic fibrosis, and fields of nutrition, orthopedics, and dermatology.

My sole purpose in testifying before you today is to tell you why I believe that this Institute must increase its current support of research and research training, both in the fundamental biomedical sciences and in the specialized clinical fields.

In discussing the Institute's accomplishments during the past year I will confine my discussion primarily to diabetes research, inasmuch as this is my particular specialty. Because diabetes is a hereditary disorder, and because it affects many of the body's organ systems, diabetes studies embrace such apparently diverse fields as biochemistry and metabolism, genetics, neurology, ophthalmology, dermatology, hematology, and others. Although recent research has yielded valuable information about the disease process, the basic question "What is diabetes?" remains unanswered.

The disorder results from a built-in error in the body's metabolism. Individuals affected by this serious disease are predisposed to it by their hereditary background. The most obvious chemical defect in diabetes is the body's inability to metabolize carbohydrates normally. As a result, the diabetic is unable to utilize efficiently the carbohydrates he consumes. He can neither turn them into heat or energy needed for normal body functioning, nor store them in the form of glycogen for future use. Instead, the carbohydrates, converted into glucose, accumulate in blood and tissues and spill over into the urine. Primarily, this occurs because of a diminished activity or availability of insulin, a hormone produced by the pancreas, although many other factors are now known to be involved.

Not only may there be an eventual decreased production of insulin, but there also may be initial periods of overproduction of insulin, stimulated by a basic impairment in the normal activity of this hormone. Disturbances in the metabolism of fats and proteins accompany the defect in carbohydrate utilization. Together with these basic metabolic disturbances are the many well-known, serious clinical symptoms and pathologic manifestations, which involve the large and small blood vessels and underly the many serious complications of diabetes, from premature coronary heart disease through blindness.

It is estimated that there are at least 4½ million diabetics in the United States. Another 5 million Americans are potential diabetics, persons who, because of an inherited tendency, may develop the disease during their lifetime. Worldwide, 30 million persons suffer from diabetes, and more than one quarter of the Earth's population carries the diabetes gene.

These impressive figures tend to magnify even the smaller diabetes research findings. The past year has been a highly productive one in diabetes research and the Institute has played a vital role in this progress. Studies conducted in Bethesda or supported by the Institute elsewhere have continued to increase the body of knowledge concerning this complicated disease.

Although current research is geared primarily to finding the basic cause of diabetes, there are a number of clinical investigations of new approaches with a therapeutic potential. For example, some efforts have been made in transplanting a normally functioning whole pancreas, which might produce sufficient insulin to control the blood sugar levels of the severely diabetic recipient. Of the 24 known cases thus far attempted, however, there are only two in which transplanted pancreas tissue has survived. The other 22 organs soon succumbed to the well-known transplant rejection reaction due to defense mechanisms of the recipient and, ultimately, ceased to function.

One of the more exciting developments of this past year is the successful transplantation of insulin-producing pancreatic islet cells, rather than the entire pancreas, into rats with chemically induced diabetes. Transplantation of these cells into animals of the same strain held down blood sugar levels, reduced urinary excretion of sugar and urine volume, and enabled the diabetic rats to regain lost weight. Although it is a sizable jump to application of this technique to human beings, this line of research does show what remarkable things are going on and gives hope for the future.

With the advances that are being made almost daily in cell biology, we should, in the not-too-distant future, be able to regulate and control the rate at which cells divide and to influence their subsequent development and specialization. Thus, by starting with embryonic tissue, it may be possible to get certain cells to reproduce in large numbers and to "direct" these cells, by appropriate environmental manipulation, to become insulin-producing cells. Quantities of cultured beta cells might then be transplanted into human diabetic subjects. With the ability to control the host rejection reaction, these transplanted cultures could

function for months or even years, secreting increased or decreased amounts of insulin as the need arises.

In quite a different research direction are recent efforts in Boston, in southern California, and in Toronto to develop an implantable "artificial pancreas." Such a device would be capable of delivering insulin continuously to the insulin-dependent diabetic at the precise moment he needs it and in the exact dosage required. The first step in this direction has already been taken, with the development of a blood sugar sensor capable of continuously monitoring blood sugar levels. A significant problem, however, is tissue acceptance of the implanted device. Thus far, development of scar tissue has made the sensor ineffective after a few months, but this situation is bound to change as more biocompatible materials become available in the future.

Three other areas of diabetes research are attracting considerable attention these days. One is the causation, development, and significance of capillary basement membrane thickening in diabetes, on which the Institute recently supported a small workshop. Another relates to the possible roles played by glucagon in the causation of diabetes and by growth hormone and glucagon, respectively, in its long-term complications; and the third is extension of workable artificial kidney treatment and kidney transplantation to patients with diabetes-related, end-stage disease. Here again, the Institute is cosponsoring a conference on this topic in an effort to focus attention of the research and practicing medical communities on a relatively recent development in the area of complications of diabetes.

These are just some of the dividends emanating from Institute activities, and if time permitted, I would pursue many other achievements in the field of diabetes which are significant illustrations of the ultimate value of basic research, eventually transmitted to the doctor at the patient's bedside.

In conclusion, I am also very concerned about one of the more productive programs of the Institute, the support of research training of young biomedical scientists in the fields of interest to the Institute. In the allocation of funds for biomedical research, consideration must certainly be given to this equally vital part of the national research program in the health sciences.

The programs of training grants and fellowships are designed to help alleviate the serious shortage of scientific manpower which could ultimately dilute the high standards of excellence characteristic of those engaged in biomedical research. Moreover, it is these same trainees who provide faculty staffing for our established and developing medical schools, and who upgrade the general level of medical practice in the community due to their more critically rigorous scientific background.

I am familiar with the administration's proposed budget for this Institute, and I believe, along with my colleagues here today, that an overall increase in operating funds is much needed and warranted to carry out its mission. I happen to know, for example, that the Institute is unable to fund half of the approved research projects in diabetes alone, not to mention all of the other diseases studied by the Institute.

As you know, increases during the last few years for the funding of extramural research projects have been largely or completely offset by the annual increase in the cost of doing research. Thus, we find in reality that these increases in dollar amounts do not result in any actual increase in research projects or research output, but merely serve to counteract the deleterious influence of this yearly increase in the cost of undertaking biomedical research—much of which is due to the general increase in salaries and overhead, as well as the higher cost of better and more sophisticated and complicated equipment for doing today's research.

I do not wish to leave the impression with the committee that mere money automatically buys research advances which, in turn, will solve the major health problems of our Nation, such as diabetes. The solution to the problem of diabetes will come about when a strong and productive all-out research effort involving the most qualified and well-trained scientific manpower brings about new research ideas and departures which advance our knowledge concerning diabetes to the point where improved methods of treatment and of prevention of the dread long-term complications of this disorder will evolve. The prime ingredients for advances in diabetes are new research ideas, but ideas only flourish amidst a well-maintained, active and sophisticated research environment. The prime ingredient for the creation of this environment, in turn, are research and research training funds. Without an adequate budget for this Institute these funds will

not be forthcoming for the field of diabetes or the other health fields under its purview.

Mr. Chairman and members of the committee, I am familiar with the administration budget for this Institute proposed for fiscal year 1975. It carries no additional funds over the budget level of the previous year. On the contrary, because of the increased cost of doing sophisticated biomedical research and especially because of the creeping annual erosion of the dollar due to inflation, this proposed budget actually represents a 10 percent step downward. I cannot see and I am sure the committee is not in favor of a de facto constriction of the ongoing research efforts which depend on this Institute. I therefore commend for your consideration the citizens budget which Dr. Becker has introduced earlier with his testimony. I believe it represents a more realistic picture of what this Institute needs and particularly of the needs of the important field of diabetes research.

I would like to express my appreciation to you, Mr. Chairman, and to the committee for your continued interest in the health of our population and for the privilege of testifying here today.

Dr. CROFFORD. As you indicated, I am from Nashville, Tenn., from Vanderbilt University, and I am in charge of the diabetes program at Vanderbilt. Those of us that are engaged in diabetes research are sensing an increase in public pressure to do more about diabetes today. I include in this not just the research scientist carrying out the diabetes research but people like yourselves that are charged with the responsibility of providing the funding for diabetes research.

The pressure is coming from the people who have diabetes and (there are at least 5 million Americans today that have diabetes) even more so from the parents of diabetic children. This pressure is strong all over the country. I know it is strong in Pennsylvania, it is strong in Tennessee.

In a hearing this past year in the House of Representatives and again in the Senate, the point was made that the diabetes program of the NIAMDD is currently spending $1.80 per year per patient with diabetes. And the people who have this disease are saying "that is not enough." I must say that I agree with them on this point.

What I would like to do is to address myself to two particular points.

First, what kind of program the public is asking for, and, secondly, why the pressure is more today than it has been in the past.

With many diseases the public is asking for the application of existing forms of treatment to Americans who have the disease. But this isn't quite the case with diabetes. The basic form of treatment, which is a shot of insulin every day, has been the same for 52 years. And even if this treatment was available to all Americans, that still wouldn't be good enough.

If you are a parent, a mother, watching your young daughter give herself a shot of insulin and knowing she is going to have to take at least one insulin shot a day for the rest of her life, that is not good enough. That is the way it has been for the past 52 years and the public wants something better.

So in contrast to many diseases the public pressure is for more basic research to try and develop the cause of diabetes and ultimately to come up with a cure or better yet a prevention of this disease.

It is more than simply a request for the application of existing forms of treatment to the 5 million Americans who already have diabetes.

My second point deals with why this public pressure for basic research is stronger today than in the past.

I believe that the answer is this: Insulin was discovered 52 years ago and for a while everyone believed that the cure for diabetes had been discovered. All the patient had to do was to take an injection of insulin every day and they would get along fine.

Then about 25 years ago doctors realized that was not the complete story, that even if you took your insulin every day, you still had an increased likelihood of developing some 20 years later the so-called long-term vascular complications of diabetes; you were still more likely to develop blindness and kidney disease and heart disease, gangrene, and the other conditions whereby diabetes affects the blood vessels throughout the body.

The medical profession is partly to blame here in my opinion because the picture that was painted for the diabetic was a little too optimistic.

After all, it is hard to tell the parent of a diabetic child that even if she does everything the doctor says she still doesn't look forward to a normal life and is not expected to live as long as a nondiabetic child.

In very recent years, however, this attitude has changed. Doctors are being more frank and open with their patients, and the public information that is put out by the press and the Government information services and the American Diabetes Association and other diabetes groups makes the point quite clear that insulin is not the complete answer and it is not good enough.

We want more basic research, and that takes more money for research, and that is why I am here, and that is why I support the citizens budget for the NIAMDD that Dr. Becker will present subsequently. I would like to thank you, Mr. Chairman, for allowing me to make these remarks.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 8, 1974.

KIDNEY DISEASE

WITNESS

DR. E. LOVELL BECKER, PROFESSOR OF MEDICINE, NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

Mr. FLOOD. Now we have Dr. E. Lovell Becker, professor of medicine, New York Hospital-Cornell Medical Center.

Dr. BECKER. Thank you, Mr. Chairman, and I appreciate the opportunity to address you. I would like to submit for the record a statement.

[The statement follows:]

PREPARED STATEMENT OF DR. ERNEST LOVELL BECKER, PROFESSOR OF MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE

Mr. Chairman and members of the committee, I appear before you to speak on behalf of the National Institute of Arthritis, Metabolism, and Digestive Diseases. My name is Dr. E. Lovell Becker, professor of medicine at the New York Hospital-Cornell Medical Center, and I have for a number of years served as a member of the National Institute of Arthritis, Metabolism, and Digestive Diseases, scientific advisory committee, articificial kidney-chronic uremia program. I am immediate past president of the National Kidney Foundation and a member of various medical societies including the American Association for

the Advancement of Science, the American Society of Nephrology, the American College of Physicians, American Physiological Society, to mention a few. Further, I have published over 100 articles in the scientific literature pertaining to my special interest in kidney disease.

The research responsibilities of the National Institute of Arthritis, Metabolism, and Digestive Diseases cover a wide range of disorders, including some of man's most crippling diseases. Although much could be said about the accomplishment of the NIAMDD during the past year and the direction of future research I will confine my remarks to my own area of interest, that is, kidney disease.

Kidney and urinary tract diseases constitute a problem of considerable magnitude. These diseases are most prone to claim their victims during their most productive years. Irreversible kidney failure ranks fourth as the cause of death in this country, killing approximately 60,000 people annually. This represents an economic cost of approximately $1.5 billion. However, through kidney transplants and the use of the artificial kidney, or hemodialysis, an increasing number of these patients are now being saved. Of the thousands affected with degenerative and fatal forms of renal disease, about 10,000 new patients a year enter the pool of suitable candidates for chronic dialysis.

To reduce the mortality, suffering, disability and economic toll of renal and urologic disorders, the National Institute of Arthritis, Metabolism and Digestive Diseases is supporting many clinical studies in an effort to more fully understand the function of normal kidneys and to prevent, control or cure the numerous and varied kidney diseases.

Through its special artificial kidney-chronic uremia program the NIAMDD supports studies involving transplantation and hemodialysis, and contracts with numerous medical centers and certain industrial firms to develop more efficient and improved artificial kidney machines. In addition, this program sponsors fundamental and clinical studies directly relevant to improving the treatment of chronic renal disease and the methodology of dialysis. The continuation of these impressive advances against kidney disease is largely due to Federal initiative, and the maintenance of these advances is of particular concern to me.

The artificial kidney-chronic uremia program, established by Congress in 1965, at the present time supports approximately 70 research and development projects with universities, nonprofit laboratories, and industrial research organizations. The thrust of this program is to focus on the several problem areas including clinical trials of more efficient and less costly dialyzers, development of special adsorbents for uremic toxins, studies to elucidate metabolic changes in uremia, and maintenance of a national registry for all patients undergoing chronic dialysis. Many research projects are devoted to an understanding of the pathophysiology of uremia in an effort to prevent or control complications in patients who are maintained with the aid of artificial kidney. The future success for the management of patients with end-stage kidney disease depends in large part upon such fundamental research.

One important aim of the artificial kidney program is to improve dialysis methodology to reduce the weekly dialysis time from three sessions of 6 hours each to a shorter dialysis time, or less frequent dialysis. This would decrease the cost of the treatment and enable patients to devote more of their time to other pursuits. During the last year, several investigators have been testing new dialyzers which have an enlarged membrane area, or dialyzing surface, so they are able to purify a large quantity of blood per unit of time. While this has only been tried in a small number of patients, it suggests that in the future it should be possible to shorten the dialysis treatment time.

NIAMDD grantees have devised an implantable, compact, arterial-venous blood access shunt which offers several advantages over the currently available equipment, i.e., faster blood flow with less blood clotting. This is possible because of the shorter length and decreased resistance of the new shunt. Secondary to the increased rate of blood flow, there is less sludging and clotting, and there is a decreased incidence of infection, allowing for longer shunt survival. The results to date have been satisfactory and encouraging. The principal research efforts aimed at improving organ transplantation procedures have been supported by the National Institute of Arthritis, Metabolism and Digestive Diseases. At the present time over 12,000 kidney transplants have been performed world-wide and depending on the type of donor organ, that is, cadaver organ or living related donor, between 45 percent and 85 percent of kidney transplants survive 2 years, and some recipents are now in their second

decade following surgical transplantation of a kidney. At this time we discuss kidney survival, not patient survival, for if the transplanted kidney fails it may be replaced by another transplant or the patient may return to a dialysis program.

While transplantation is not an ideal solution to end-stage kidney disease, the possibility of a patient living a near normal life is much greater following a successful transplantation. Many problems still remain, for example, organ rejection, availability of organs, et cetera.

The results of transplantation as far as organ survival is concerned have changed little in the last few years. Immunosuppressive therapy for kidney transplantation is not entirely satisfactory. The negative results have reemphasized the essential role the artificial kidney plays in treatment of end-stage kidney disease, particularly for maintenance of patients awaiting a suitable donor organ or as a transplant-sparing adjunct after removal of a diseased kidney, and an irreplaceable safety measure in cases of graft rejection or transplant failure. Because of the shortage of available donor kidneys in the United States, the transplantation program is not moving as rapidly as we would like, so that many patients must be maintained by the artificial kidney or hemodialysis. This latter approach will be necessary until a sufficient supply of organs is available, or, to put it another way, until preservation and transplantation methodology catches up with demand. It is anticipated that within the forseeable future between 40,000 and 50,000 patients will be maintained by artificial kidneys or hemodialysis. As you know, Public Law 92-603 which was passed in 1972, provides for payment for patients with end-stage kidney disease covered by Social Security. The summary of final policies of this bill was issued in April, 1974, from the office of Policy Development and Planning, Office of the Assistant Secretary for Health. These were announced by a news release on Wednesday, April 17 by Secretary Weinberger. This is a valuable piece of legislation which goes a long way in helping patients with end-stage renal disease. But it would seem to me that since this legislation could conceivably cost our Government from $240 million in the fiscal year 1974 to approximately $1 billion after the 10th year as outlined in the news release, it is inconceivable not to spend a percentage of these funds on research and development in the area of renal disease.

While the 1975 fiscal year budget appears to remain level, the increased cost of doing research and the continued inflationary erosion of the dollar, de facto result is a decrease in the research which can be supported with these funds on kidney and urologic diseases and particularly the Artificial Kidney-Chronic Uremia program. As mentioned previously, it is my feeling that a certain percentage of funds utilized for the care of patients with end-stage renal disease should be diverted to research and development in this area. Further, one of the more pressing needs in this country today is the development of a better understanding of the basic physiology of renal disease to enable us to, hopefully, prevent the disease and certainly to treat it before it advances to the stage of renal failure, necessitating the more expensive forms of therapy. Further in this vein, screening clinics, diagnostic clinics and the training of personnel are important; for with all of the advances presently available, they are of little help if we do not have the personnel available to deliver them. For this reason we must immediately increase the pool of skilled talent in the health field. Therefore, I strongly urge that programs be established to aid young investigators to alleviate the deficit of scientific manpower and allow further increases in our research and treatment potential.

Mr. Chairman and members of the committee, thus far I have addressed myself to the specific scientific areas of my own interest, but, as you know, this Institute is responsible for a broad array of research activity in internal medicine, from kidney disease through digestive diseases.

The needs of this Institute are very great since its responsibilities cover most of the serious and chronic, disabling diseases of mankind. Unfortunately, the administration budget proposed for NIAMDD for fiscal year 1975 is inadequate for the task. I am proposing to the committee a citizen's budget which has been carefully thought out to meet the research and training needs of the Institute, and my colleagues and I urge you to consider it when you formulate the fiscal year 1975 budget.

The task ahead of this Institute—solution of multiple, serious health problems—is enormous, and only with your support and adequate funding will we be able to achieve a better future less beset by death and disability in which if not ourselves, then our children, might reap the benefits of your compassionate planning today.

In bringing my comments to a close, I ask you to earnestly consider the citizens' budget recommendation for the NIAMDD, particularly in the light of the urgent needs of the program, and, more importantly, the urgent needs of our citizens.

I do appreciate the opportunity to appear before you today to express my views and those of my colleagues.

FISCAL YEAR 1975 BUDGET PROPOSED BY CITIZENS FOR THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM AND DIGESTIVE DISEASES

	1975 President's budget		1975 Citizen's proposal	
	Positions	(thousands)	Positions	(thousands)
Extramural grants:				
Research grants		$109,736		$125,736
Centers		(4,000)		(10,000)
Fellowships		4,023		8,023
Training		1,506		16,506
Total, extramural		115,265		150,265
Direct operations:				
Laboratory and clinical research	427	22,064	457	22,703
Research and development contracts [1]		8,475		15,475
Epidemiology, biometry and filed studies	18	1,249	18	1,249
Research management and program services	106	5,908	134	6,308
Total, direct operations	551	37,696	609	45,735
Total	551	152,961	609	196,000

[1] To outside institutions.

Dr. BECKER. I would take the next few moments to elaborate on several areas which are of particular significance in my field of endeavor, which is kidney disease.

As you know, actually kidney disease in our Government doesn't have a home. It is scattered among the various Institutes. Ideally, I would think it would be nice to have it administratively in one place so we could go to that one spot for our problems and budgeting and financing, but that is not the case.

I will address myself to one thing in the request of the citizens budget and I will not belabor the rest as it is in the statement. The major areas of increases are in research grants and fellowships and training which has been the area which has been neglected over the past few years. If these are reinstated, it will be necessary to have further administrative positions in the Institute to effectively administer these programs.

If we look at the present situation today of the kidney in the United States, through the foresight of our Congress in developing last year's H.R. 1, we have fairly well solved the treatment problem of patients with in-stage renal disease. This is not at an inconsiderable amount of money; it will cost something like $250 million now with estimates up to $1 billion over the foreseeable future.

How can we cut down on this tremendous expense? It seems to me there are several things we can do.

First, try to avoid having patients get to this stage of the disease. Here I am thinking of screening programs, diagnostic centers, and more effective therapy.

For example, the single greatest cause of work loss in the female work group in the United States is kidney disease, and one of the most devastating forms of this is infection of the kidney, which is a silent infection; it produces no signs, no symptoms, and is only picked

up on a routine or random physical examination and laboratory examination.

This is just one example of what can be done hopefully to either delay or eradicate the end-stage problem. If we consider research—and this is a term greatly overused—but thinking of it in the very widest sense of the word, there are other examples of this activity to which we must address ourselves. Artificial kidneys or dialysis machines have to be improved. They are still large and cumbersome. Ideally, some day it would not be unlike, maybe, your electric razor; you could hook up to this for 15 minutes each morning and your problem would be solved for that day. That is not in the foreseeable future.

We don't know what is adequate dialysis. We have decided probably three dialyses treatments per week is the proper amount of time. We are not sure of this. We would like to suggest in the budget a program be instituted to study what is actual adequate. hemodialysis or artificial kidneys. Further, transplants are better for the average patient than to be dialyzed three times a week. In the last 3 years the success of this procedure has not increased. We are at the same percentage we were 5 years ago. That is with an experiment of some 7,000 transplantations in the United States.

Also the ability to prevent immune rejection response, that is the response of the total body of the organism to a foreign substance, like a foreign kidney. Chemically this hasn't increased. We don't have new appropriations at the present time to combat this immune response.

So I would strongly recommend that further work be carried out if for no other reason than to cut down the tremendous cost of end-stage renal disease, and these funds could then be made available for other activities in the renal field, the artificial kidney, the chronic uremia problem of the National Institute of Arthritis, Metabolism, and Digestive Diseases, which is the leader in this area and the one carrying forth these procedures.

These are the comments I would like to make and appreciate again the opportunity to be here.

Mr. Flood. Thank you very much, Doctor.

Wednesday, May 8, 1974.

Foreign Language and Area Studies

WITNESS

DR. RICHARD LAMBERT, DIRECTOR, LANGUAGE AND AREA CENTER FOR SOUTH ASIAN STUDIES, UNIVERSITY OF PENNSYLVANIA

Mr. Flood. Now we have Dr. Richard Lambert, director, Language and Area Center for South Asian Studies, University of Pennsylvania.

Dr. Lambert. Chairman Flood and distinguished committee members, I speak concerning NDEA title VI on behalf of five professional associations whose members are engaged in the study of Africa, Asia, East Europe, Latin America, and the Middle East. Together our associations have some 20,000 members, mostly academics, but about 20 percent are currently employed in Government or business. I myself

am the president of the largest among them, the Association for Asian Studies with some 8,000 members.

I need hardly remind the committee of the importance of a cadre of experts and organized units for research and teaching on other areas of the world, nor of the need to cosmopolitanize a major segment of the American public in this increasingly interdependent world. You are familiar and have heard again and again general arguments on the importance of international studies. I myself have been before this committee several times making these points. I merely wish to urge upon you one or two new considerations. A decade ago, when the National Defense Education Act was created, one crucial aspect of American relations with other countries was that the United States was largely self-sufficient, indeed an exporting nation in basic resources. One thing the energy crisis brought home is that in regard to natural resources this is no longer so. We now must import a substantial proportion of our basic needs. While earlier the notion of the interdependence of the world was for Americans largely a metaphor, it has now taken on a grim reality affecting all aspects of our domestic affairs as the recent energy crisis indicated, and as the current world food crisis and our need to export food to assure the flow of other raw materials will reinforce. To help us cope with this changed situation, we need a core of scholars schooled in foreign affairs and an educated citizenry attuned to these complexities. Ignorance is becoming increasingly costly.

Second, we have in the past few years a clear demonstration of the dangers in our democracy of the concentration of foreign affairs expertise and information in the executive branch. The huge intelligence operation of the Federal administration serves policies almost exclusively determined within that administration and there is nothing matching this knowledge capacity in Congress. It should be noted that Chairman Flood is an exception in that he has accumulated his own expertise out of personal experience and has become his own country expert the Panama Canal. Congressmen are dependent upon a very small cadre of those knowledgeable about foreign affairs on their own staffs. For many staff members, this responsibility is added on to many others and moreover, these staff members' charge is often the whole world. They and the Congress, as well as the public at large, rely heavily upon the press, which deals largely in crisis news, and upon the products of informed scholarship in our universities and colleges for background information and independent opinion within which administration policy decisions can be judged.

These scholars appear before your committees, and their work provides the analyses in depth upon which, for instance, the Legislative Reference Service depends.

NDEA, title VI, together with State and private resources, has created such a pool of scholarly expertise over the past 10 years—its maintenance is even more strikingly in the national interest than ever before.

With these thoughts for background, I have come to urge you to restore the funding of NDEA, title VI to the level of $18 million ($16 million under NDEA proper, and $2 million under Fulbright-Hays), the level that was maintained for a number of years before the administration began blowing alternately hot and cold from year to year in

providing support under this act. Once again the administration is nibbling at the edges of this total program with a sharply curtailed budget request of $10 million. This $18 million figure has been carefully worked out by representatives of the various segments of higher education who have reached this uniquely strong consensus.

We feel that it will allow the continuation of a lean but highly effective program, which will (1) permit the maintenance of existing cadre of federally supported major language and area studies centers; (2) allow for the reinstatement of the best of those programs which have lost support, perhaps viability with the too hasty and too comprehensive a withdrawal of Federal support; (3) provide support for innovative programs in general education at the undergraduate level; (4) place special stress on introducing an international dimension to professional schools—law, medicine, public administration, agriculture, engineering; (5) encourage the preparation of materials for and interlinkage with secondary and primary education in the field of international studies; and (6) to provide the fellowship support necessary to the recruitment and extra preparation costs of specialists.

As this list of purposes to be served by NDEA, VI, indicates, the range of programs covered under NDEA, title VI, has been greatly expanded from the earlier single-minded purpose of the production of specialists on non-Western countries. It now includes support for the diffusion, throughout the educational system and to the general public, of the knowledge and expertise already accumulated during the first decade of NDEA, VI, and in particular, the translation of general information into the special kinds of information useful to people in the professions, including government, or people concerned with the solution of practical problems throughout the world. Within the next few days, the American Council on Education will testify concerning the full range of programs to be supported under the proposed $18 million appropriation. I shall direct my remarks to the language and area studies portion, in particular, program fellowship support.

I should start by saying that Congress can be justly proud of its accomplishments under NDEA, VI. It has, for a relatively small investment helped to create almost from scratch an extensive network of individuals and programs specializing in other parts of the world. As some of you know, I recently completed an exhaustive 3-year review of language and area studies for the Social Science Research Council. It has been published by the American Academy of Political & Social Science. Here is a copy for the committee. If individual members would like a copy, I should be glad to send along as many as are needed. One of its primary purposes was to make an independent evaluation of NDEA, VI. I, myself, was surprised at the amazing growth in programs, using standard minimal criteria (pp. 14–15), essentially the presence of language instruction and coverage of five area specific courses. In 1946–47 there were some 14 organized programs, 25 in 1951, both before the introduction of NDEA. After a decade of NDEA, VI, in 1970. there were 312 organized programs meeting these same criteria. NDEA, VI, even at its prime touched only the upper portion of the iceberg—covering 106 graduate level programs for general support and 203 programs receiving national

defense foreign language fellowship applications. The program expansion has been paralleled by a surge of student interest, so that in 1969, the 203 NDFL quota programs were teaching about 9,000 (8,890) substantive courses on the various world areas to some quarter of a million students (227,541) of which about two-thirds are undergraduate. Incidentally, to lay at rest once and for all the notion that these programs are training only narrow specialists, we counted only about 4,000 (3,803) graduate students training to be specialists as compared with the quarter of a million course enrollments.

Unfortunately, we have no equivalent figures for enrollments in years prior to NDEA, VI, but I can assure you that they were in the thousands at most. Not only has NDEA, VI, encouraged general program growth and spurred student interest, but it created a highly successful organizational model that has begun to be copied throughout the world. In part, as a result of this survey, I have been involved in several planning activities in Europe and Asia where these countries have begun to initiate the American pattern of gathering together a critical mass of scholars all focusing on a single country or world area. For instance, in the past month, in my own field of South Asian studies we have had a visit from the dean of social sciences at the Federal university in Islamabad, Pakistan. They are setting up centers for the study of the United States, the Middle East, and, interestingly enough their own country—Pakistan, and they were seeking the assistance of the University of Pennsylvania in doing so. India has already established a network of centers, and many European countries, notably Germany and Great Britain and the Scandinavian countries are transforming their programs from a language and literature and classical civilization focus to the more modernist, multidisciplinary approach characteristic of American programs. The Japanese consider such centers so important that they are encouraging, indeed giving financial support to centers of Japanese studies throughout the world, including programs in the United States. NDEA, VI, has also raised the level of competence of American scholarship. Last summer, at a meeting of the International Congress of Orientalists, it was abundantly clear how far American scholars were ahead of scholars of other nationalities in their area competences, due in part to their being surrounded by colleagues with similar interest in NDEA centers. The high quality of these programs is indicated by the data of our survey which show that both current students and past graduates of the programs give a higher rating to their area courses than to their regular disciplinary courses.

There are, of course, some difficulties and imperfections in the administration of legislation which spurred such rapid growth, but we believe we have surveyed our needs and faults honestly and publicly. Our review, directed as an in-house assessment and not a public relations document, is sharply critical of many aspects of language and area studies. In particular it points to the need for raising the level of required language and area competence of many existing specialists and encouraging more people to develop expertise on more than one world area. But the field largely through the professional associations which I represent here today, has taken these criticisms to heart and set agendas for remedial action. We, more than any other field I know, have examined our warts and blisters, done our homework and our planning and collectively are trying to improve our programs.

One aspect of our collective effort to which we paid a great deal of attention was the matching of the national supply and demand for specialists, particularly since the original objective of NDEA, VI was to remedy a manpower shortage. We took the most bearish of the current projections on demand for Ph. D.'s in general—those contained in Allan Carter's projections whose estimates of demand are based largely on the age structure and mortality rate of the current stock of university and college teachers. I will not go into the details of the projection; these are available in our report. We found that the current rate of production of Ph. D. language and area specialists almost exactly matched estimated demand; for new specialists (about 13,000) over the next 10 years.

Given the basic health and vitality of language and area studies, its tuning to both the estimated demand for highly trained specialists and the needs of general education among students at large and, in particular, its new role in the diffusing of international studies throughout the educational system, the field was distressed by the recent cuts of the number of centers supported under NDEA, VI. Our distress was especially strong because retrenchment cut out many programs most dedicated to a policy of reaching out to nonspecialist undergraduate students and to teachers and students in secondary and primary education. In fact, some of the programs which didn't make the cut, such as the African studies program at the University of Wisconsin, used almost all of their NDEA funds to support these outreach activities and others such as the University of Bridgeport are just beginning such activities. The field is in general agreement that some winnowing of the original 106 centers was called for, since some ventures which had clearly failed remained on the books too long and others which had developed after the first round of eligibility for major support had little hope of gaining access. But the field is also agreed that the cut was too drastic, eliminating more than half of the entire enterprise, and the half for whom Federal support made up the largest share of their total support. In fact, we witnessed a curious development whereby the new emphasis in NDEA, VI on outreach and innovative undergraduate programs was implemented by cutting out the lower tier of language and area programs which could have provided the linkages among the different levels of the educational system. Instead, phase II in its search for diffusion jumped over this category of program to go to exclusively nonarea oriented undergraduate programs. We believe the latter group need and deserve support but a category needs to be restored for the important linkage group of programs, feeding recruits into the large graduate program, absorbing their trainees, and servicing teacher education and primary and secondary schools.

This is one of the primary reasons why we urge the increase in support from current levels to the full $18 million, allowing the reinstatement of perhaps half of those currently cut out of the competition. We also believe such programs should continue to share in open competitions for NDKL fellowship quotas.

Thank you for listening so patiently. We request your continued support of this vital national resource which has provided such a happy and uniquely American combination of private, State, and Federal funding for an activity vital to us all. Without your piece of the structure, the enterprise will be severely hampered.

Mr. Flood. Thank you very much.

THURSDAY, MAY 9, 1974.

NATIONAL EYE INSTITUTE BUDGET

WITNESSES

DR. EDWARD MAUMENEE, PROFESSOR AND CHAIRMAN, DEPARTMENT OF OPHTHALMOLOGY, THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE; DIRECTOR, THE WILMER EYE INSTITUTE, BALTIMORE, MD.; RESEARCH TO PREVENT BLINDNESS

DR. DAVID SHOCH, CHAIRMAN, DEPARTMENT OF OPHTHALMOLOGY, NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, CHICAGO, ILL.; RESEARCH TO PREVENT BLINDNESS

DR. ALBERT M. POTTS, DIRECTOR OF RESEARCH IN OPHTHALMOLOGY, UNIVERSITY OF CHICAGO; PRESIDENT, ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY; RESEARCH TO PREVENT BLINDNESS

Mr. SHRIVER. The committee will come to order.

First on the docket this morning for testimony is Dr. Edward Maumenee, Dr. David Shoch, and Dr. Albert Potts of Research to Prevent Blindness.

STATEMENT OF DR. EDWARD MAUMENEE

Dr. MAUMENEE. We appreciate your allowing us to testify before you this morning.

Mr. Chairman and gentlemen, I am A. Edward Maumenee, professor of ophthalmology and director of the Wilmer Institute of the Johns Hopkins University School of Medicine and Hospital. I am past president of the American Academy of Ophthalmology and Otolaryngology; the Section of Ophthalmology of the AMA; and past president of the Association for Research in Vision and Ophthalmology. I am also a founder and past president of the Association of University Professors of Ophthalmology; and at the present time, president of the Pan American Association of Ophthalmology. I am the ophthalmic consultant for the Surgeon General of the Navy and have been closely associated with the National Eye Institute since its founding.

I appear before you today as a member of the Citizen's Committee to request an appropriation of $65 million for the National Eye Institute, and 50 new positions for the intramural and administrative staff of the National Eye Institute.

It is estimated that 9.5 million people in the United States have some degree of visual impairment; 1.3 million of whom have such severe impairment that they are unable to read newspaper print with either eye, even with glasses [National Center for Health Statistics. Unpublished data based on household interviews and civilian, noninstitutional population of 202,360,000: 1971].

At least 340,000 people in the United States are legally blind; that is, their measured visual acuity is 20/200th or worse in the better eye, or their visual field measurement is 20 degrees or less at its widest point. An estimated 32,000 people in this country become blind each year and approximately 3 million suffer from cataract; 800,000 have glau-

coma; and 150,000 have retinal detachments [application of 1970 rate of legal blindness in model reporting area (16 States) to December 1972, U.S. resident population].

The number of days that patients with eye disease are confined to bed is in excess of 25 million per year. This places visual impairment 12th as a cause of bed disability, 6th in hospital discharges, and 10th in days of hospitalization. Among the diseases which restrict the ability of Americans to lead productive lives, visual impairment ranks third behind heart disease and arthritis [Bed disability, limitation of activity, hospital discharges, et cetera, United States 1971, unpublished data from National Center for Health Statistics].

In Hoyt and Walsh's book on neuroophthalmology, it is pointed out, "Of all organs by which we acquire knowledge of the external world, the eye is the most important. Man is literally a visual being." Anatomical quantification of this truth is substantiated by the fact that 38 percent of all fibers carrying information to and from the brain are within the optic nerve—a sum of 2.5 million axones.

Congress in its wisdom in 1968 officially recognized the importance of ocular disease by establishing the National Eye Institute. The citizens of this country have demonstrated their concern for visual loss, during the past 10 years, by donating funds for the construction of eye research centers in every section of the country. These include the Massachusetts Eye & Ear Infirmary in Boston; the Ophthalmological Institute at Columbia University in New York; the Woods Research Building at Johns Hopkins in Baltimore; the Duke Ophthalmic Center in Durham, N.C., the Bascom Palmer Eye Institute in Miami, Fla.; the Kentucky Lions Eye Research Institute in Louisville; the Scheie Institute in Philadelphia; the Kresge Institute in Detroit; the Kerr Institute in Oklahoma City; the Ophthalmic Institute at Baylor in Houston, Tex.; the Jules Stein Eye Institute and Doheny Institute in Los Angeles; and the clinical center in San Francisco. The approximate cost of these buildings alone is $92 million. In addition, money has been given for endowed chairs and ophthalmic research.

Probably no other aspect of medical research has been more generously supported by voluntary contributions from the public when compared to the number of people involved in the research area. By this I mean that many of our medical schools do not have even one full-time member of the faculty in the department of ophthalmology. It is quite obviously necessary to have a critical mass of people in order to make a department function properly, and I would think the minimal number would be something in the neighborhood of five. You need at least two or three clinicians and two or three research people so that they can have some contact with one another and discuss the problems that are involved.

One might question why the level of financial support requested is needed to investigate the diseases of two such small areas of the body as the eyes. The answer to this is easily explained. In many respects the eyes are unique. In probably no other area of the body are so many scientific disciplines needed to solve the diseases or abnormalities involved. Three tissues of the eye are chosen to illustrate this. First, the cornea, which is the crystal-like covering on the anterior part of the eye. Lesions of this tissue account for about 6 percent of all blindness. Physicists and anatomists are required to explain the organization

of the structure that creates the transparency of this tissue. Biochemists and physiologists are needed to investigate the reasons for its detergescence or water content, which is responsible for its transparency. Pharmacologists are needed to develop drugs to combat the viral, bacterial, and fungal infections which produce ulcers and conjunctivitis. Immunologists are needed to explain why this is the most favorable site in the body for tissue transplantation, and the factors involved when rejection or opacification of the transplanted graft does occur. Scientists interested in tissue preservation are needed to develop the techniques for preserving corneal tissue so that it can be distributed to various regions of the world for transplantation. Persons are needed who are interested in plastics to develop the best type of contact lenses, and also prosthetic devices, to replace the cornea in those patients on whom corneal grafts have failed.

I am pleased to be able to tell you today that under grants from the eye institute and Research To Prevent Blindness (RPB), Drs. McCrary and Kaufman, of the University of Florida, have made a major advance in the preservation of corneal tissue during the past year. It is now possible to keep corneas for transplantation for periods of up to 10 days in a manner which makes this tissue more favorable for grafting than fresh material. This discovery will allow corneas to be distributed all over the world for use, and will give sufficient time so that typing may be done between donor and recipient with the hopes of reducing the incidence of corneal graft failure from tissue incompatability.

The second tissue is the lens of the eye, or the site of cataract formation. Alterations resulting from opacification of this tissue account for about 15 percent of blindness. In effect, the lens survives as an in vivo tissue culture. Thus, because it is not enmeshed in blood vessels, it is a simplified tissue from a biochemical point of view that offers great opportunity to study some of the abberrations which occur in metabolic diseases and the factors which produce aging. Surgical removal of an opaque lens is usually successful, but as yet there are a few types of lens opacities which can be halted by medical therapy. Dr. David Shoch, later in his testimony, will discuss the research work that is being done in the lens in more detail.

The third tissue I would like to cite is the retina. This is a highly complex membrane which lies in the back of the eye and is the origin of vision. It is intimately connected with the pigment epithelium which lies immediately under it. Both the pigment epithelium and outer retina are dependent on the blood vessels of the choroid for nutrition. The retina may be compared to the film in a camera, or the input tube of a television camera. When light strikes the retina a photochemical reaction takes place that converts the energy of light into an electrical impulse which passes down the optic nerve to the occipital lobes in the posterior part of the brain where visual images are perceived.

The defects in these tissues account for approximately 35 percent of all blindness. They are primarily degenerative, hereditary, or infectious in nature. It should be noted that in a recent survey of opthalmologists reported in the American Journal of Ophthalmology of September 1973, disorders of the retina were rated by far "the most difficult to treat" of all eye diseases seen in practice. Practitioners

also place the retina clearly on top of their list in terms of urgent need of basic and clinical research. Unfortunately, research in these conditions is still at a very basic level and clinically applicable advances will not be forthcoming for a number of years. This is not unique to the eye, but is true in all areas of the body where such degeneration takes place.

Nevertheless, the retina has been a tissue in which exciting research work has been performed. It is the only direct extension of the brain which can be observed in the intact living animal. Because of this it has been one of the most productive areas for investigation in the field of neurophysiology. The combination of its responsiveness to light, which can be exactly quantified, and the ability to obtain recordings off of single cells has allowed for the mapping or wiring of the retina that has given insight into the functioning of the central nervous system.

The blood vessels of the retina have long been known to be one of the few areas in the body, and the most convenient, in which the internal blood vessels could be observed. These blood vessels are frequently involved in such systemic diseases as diabetes, hypertension, and sickle cell anemia. The recent observation that a dye, fluorescein, could be observed circulating in the retinal vessels after the dye had been injected into a vein in the arm, has increased our knowledge of the pathophysiology of some of these disease processes and has led to the use of the laser beam to treat some of these vascular defects.

The macular area of the retina is only a millimeter to a millimeter and a half in diameter, yet this very small zone accounts for man's ability to read ordinary print. Only man, monkeys, and birds, and some lizards, have developed this highly specialized area of the retina. Possibly because of its late evolutionary development, it is one of the regions of the eye which is prone to degenerative diseases in man and thus is one of the most common causes of legal blindness, particularly in elderly persons. During the past year Dr. Stephen Ryan of the Johns Hopkins University has been able to produce macular lesions in monkeys that are somewhat comparable to those which occur in man. His work, supported by the National Eye Institute and Research To Prevent Blindness, represents the first step in the understanding of the pathogenesis or method of development of one of the principal causes of legal blindness.

These are but a few of a number of exciting scientific discoveries that have been made in our opthalmic knowledge through the support of the National Institutes of Health during the past few years. The three unique structures of the eye which have just been cited clearly demonstrate the multiple areas of scientific research needed to solve the abnormalities in these structures. It should be stressed again that solutions to some of the basic physiological and pathological problems in these tissues will be readily applicable to abnormalities in other tissues of the body.

There are superb scientists across the country who have the capacity to greatly increase the productivity of vision research. I have mentioned that private support for the construction of modern eye research laboratories has provided the physical means to accelerate our investigations. But major support for such an effort must come from the Congress through the National Eye Institute. A

huge backlog of important grant applications stands fully approved but remains unfunded. The work will not be done until sufficient funds have been appropriated and released to these scientists. The citizen's budget proposal of $64,947,000 includes $53,238,000 to finance research and training at these and other institutions with splendid research capabilities. It also calls for an appropriation of $11,709,000 for the direct operations of the National Eye Institute. An integral part of the latter request is the need to fund 50 additional positions at the Eye Institute. These new persons are needed for additional administrative staff to insure that most economic and equitable distribution of the extramural funds allocated to the National Eye Institute to promote the highest possible level of ophthalmic research.

In terms of programs, the $64,947,000 total request would be utilized as follows: $22,444,000 in the area of retinal and choroidal diseases; $11,509,000 for research into corneal disorders; $5,179,000 for cataract; $8,057,000 for glaucoma; $10,358,000 for sensory-motor disorders and rehabilitation; $4,958,000 for intramural laboratory and clinical research; and $2,422,000 for research management and program services.

It is my urgent recommendation that the Congress approve the proposed citizen's budget of $64,947,000 for the National Eye Institute for fiscal year 1975, as indicated in the tables appended to this testimony.

[The attachments follow:]

DIABETIC RETINOPATHY

There are at least 5 million known diabetics in the United States according to current surveys.

Diabetic patients and the general public have been lulled into a sense of false security thinking that insulin treatment prevents most of the complications of diabetes. Although insulin controls the excess sugar, damage to blood vessels throughout the body continues during the life of the diabetic individual. In the eye, for example, damage to blood vessels in the retina is so serious that diabetes is now one of the major causes of new blindness in this country.

According to the National Society for the Prevention of Blindness, in 1973, 53,600 individuals were legally blind from diabetes (92 percent of these diabetic retinopathy) with 6,400 new diabetic blind each year. According to the National Center for Health Statistics for the USPHS, in 1963, there were 341,000 diabetics with significant visual impairment. We estimate that approximately 450,000 to 500,000 diabetics have moderate visual impairment at the present time.

Drs. Jin H. Kinoshita and Kenneth H. Gabbay have discovered that an alteration in the enzyme aldose-reductase occurs in the diabetic lens, peripheral nerves, and in the kidney papilla. Sugar alcohol accumulation results and causes swelling with tissue damage. It is not known at this time whether this or similar changes occur in the blood vessels throughout the body of the diabetic patient, but further studies along these lines are important.

Another major experimental approach concerns the identification of chemical substances that cause abnormal blood vessel proliferation in the retina. Dr. Chung-Ho Chen in studies done at the Wilmer Institute has detected a chemical that may prove to be a lead in this direction. Major research is needed as the identification of factors causing abnormal retinal vessel proliferation could lead to the development of inhibitors to control or prevent these complications.

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Fiscal year 1975 citizen's proposal by activity

Grants: Activity	Amount
Research	$47,591,000
Fellowships	3,153,000
Training	2,494,000
Total grants	53,238,000
Direct Operations:	
Laboratory and clinical research	4,958,000
Research and development contracts	3,822,000
Biometry, epidemiology, and field services	487,000
Research management and program services	2,442,000
Total direct operations	11,709,000
Total obligations	64,947,000

Fiscal year 1975 citizen's proposal by program

Program	Amount
Retinal and choroidal diseases	$22,444,000
Corneal disorders	11,509,000
Cataract	5,179,000
Glaucoma	8,057,000
Sensory-motor disorders and rehabilitation	10,358,000
Intramural laboratory and clinical research	4,958,000
Research management and program services	2,442,000
Total obligations	64,947,000

STATEMENT OF ALBERT M. POTTS

Mr. SHRIVER. Dr. Potts.

Dr. POTTS. My name is Albert M. Potts. I am professor of ophthalmology and director of research in ophthalmology at the University of Chicago. I am also president of the Association for Research in Vision and Ophthalmology, an organization of some 2,000 scientists engaged in eye research. I have been actively engaged in the clinical practice of ophthalmology and have been personally involved in research on eye for nearly 30 years.

It is estimated that there are 1.3 million Americans who have such severe visual impairment that they are unable to read ordinary newspaper type with either eye, even with the help of glasses. At least a fourth of these individuals are legally blind. The disability, the loss of earning capacity, the cost to society, and the personal misery represented by these figures need no elaboration.

Our population contains a constantly increasing proportion of older people who are especially susceptable to blinding eye disease. Certain specific diseases, in which there are late ophthalmic consequences, are no longer fatal because medical science is able to control them. The most notable of these is in diabetes, where we know how to prevent death by the use of insulin but find ever-increasing amounts of blindness in the survivors.

Yet we have cause for optimism. Eye research has produced cures and preventives for many eye diseases that once would have led to blindness. Many such advances in the last 20 years may be directly attributed to the support of eye research by the National Institutes of Health. The treatment of glaucoma by newer medications, the

treatment of inflammatory uveitis by corticosteroids, the treatment of eye infections by a serious of antibacterial medications improved every few years—all are solidly based on NIH-supported research. One could multiply these examples of our increased ability to save sight as a result of research. It is a reasonable extension of logic that additional support of research will allow us to further reduce the incidence of blindness in the United States. The excellent research capability of our medical schools is evident from the statistics on research grant applications. Of the total research grant applications submitted for fiscal 1974, 60 percent of approved new or competing applications went unfunded, even with the release of impounded funds. We have far greater capacity for eye research—and for the saving of sight—than we are utilizing.

One word of caution is necessary in this connection, however. It is a great temptation to overstate or to misstate the immediacy and the directness of biomedical research. There is a tendency to look at the truly impressive sum total of research advances and to promise immediate new breakthroughs, given sufficient support. Research is not that simple or predictable a process. But this much is predictable: without determination and concentration and money we will get nowhere. It is the painstaking accumulation of information on behavior of the myriad ocular structures in health and disease that finally allows organization of this information into useful methods for combating disease.

EXTRAMURAL GRANT PROGRAM

I would call your particular attention to the categorical program on sensory motor disorders. One of the major subdivisions under this heading is the study of eye movements. Of all the superbly precise machinery of the body some of the most precise is the mechanism that directs the two eyes towards the object of regard. It allows tracking of a moving object; it allows an instant jump to a new object; and it compensates for motion of the body, causing head position changes, as during walking. Both eyes take part and they point so precisely that the target of one eye is the same as the target of the other to a precision better than 3½ inches at 100 feet.

This is accomplished by feedback controls just like those in the automatic pilot of a jetliner. If air currents change the flight direction by a small amount from the preset compass heading, the rudder is activated just enough to bring the plane back on course. There are similar automatic controls for pitch and roll.

In the eye the sensor is the sharp central visual image. If the image of the object being tracted leaves that central spot, the information is transmitted via relay stations in the brain and is converted into instructions for the 12 extra-ocular muscles—six for each eye. The instantaneous action of these muscles obeying the instructions brings the object to dead center again.

This machinery is so complex and it passes through so many brain structures that it is subject to many kinds of disturbance. If vision is poor the information sent to the muscles is faulty and random wandering of the eye (known as ocular nystagmus) results. A defect in the machinery that parcels out instructions to the 12 muscles can result in jerky loss of fixation (called neurogenic nystagmus). In Parkinson's disease the mechanism sometimes becomes hypersensitive and

over-reaction to normal instructions drives the eye to an extreme corner position (oculogyric crisis). In strokes and in brain tumors involvement of the path can occur at a number of possible locations. The particular symptom gives valuable clues to the location of the damage. This may determine the site of operation for the neurosurgeon.

Another of the disease entities in this general category which badly needs study is the subject of crossed eyes.

Let me make it clear at once that, although all the nonmedical observer may see in a cross-eyed patient is an unflattering appearance, this is not the whole story. A young child who has a crossed eye that turns in constantly will lose the sight in that eye. With no treatment before age 5 the eye will become legally blind and be untreatable thereafter, even though appearance can be improved by later surgery.

At the most recent meeting of my association a special symposium dealt with the exciting new methods of measurement of rapidity of eye movement and the things they tell us about crossed eyes. Other research in progress allows us to determine the vision in an infant who, naturally, is unable to tell us what he sees. A crossed eye may be the first sign of a certain type of cancer of the eye, seen almost exclusively in children. Other types of crossed eyes can be the signs mentioned just now of strokes or of brain tumors. Thus, the study of crossed eyes is not an exercise in ocular cosmetics, but has deep implications for health. Since the control mechanism for eye movement lies deep in the brain, and since the very complicated mechanisms which must exist to accomplish the job have only been partially located, the studies are complex and difficult. This is a subject area that requires greater dollar support in subsequent years, not less, as presently proposed.

CONTRACT PROGRAM

All research cannot be converted to work done under contract. Life would be so much simpler if one could spend so many millions one year through a contract for research to cure cataract and never have to deal with cataract again. The facts of scientific life say that this is not possible. It is true, however, that at late stages of investigation, the letting of contracts allows large-scale studies of the efficacy of a certain technique.

Two extremely important areas of vision research have advanced to the stage where they can benefit from a focused, concentrated, contract-supported approach and speed benefits to eye patients:

1. *Photocoagulation in proliferative diabetic retinopathy.*—In diabetics there is a tendency for new and leaky blood vessels to be formed in the retina of the eye. To prevent the leaking blood from obscuring vision the new vessels may be sealed off with a powerful light beam from a laser or from a xenon arc lamp. Early reports of patient benefit are enthusiastic, but all deal with small numbers of patients. Now we need panels of patients, controlled clinical trials, statistical evidence, so that we can determine whether photocoagulation should be standardized as the therapy of choice. This contract work is under way because of your support.

2. *New technique of vitrectomy.*—It is possible to use a new, specially delicate instrument to remove blood that has already leaked into the back of the eye. The usefulness of the procedure and the best con-

figuration of the instrument are under debate in the ophthalmic community. The only proper way to resolve the issue is by controlled clinical trials. This work awaits funding and could start in fiscal 1975.

NEI contracts are generally confined by institute policy to clinical trials. We consider this a wise policy, and we further feel that the $2.3 million recommended in the administration's budget is not adequate. To perform only the obviously ready contract work requires that this be increased to $3.8 million.

The present high proposition of research grants to contracts is the proper one. Eye research and indeed all biomedical research must be done the hard way—by investing funds in approved projects, by having confidence that this method will bring benefits which will pay for the financial investment many times over, just as it has in the past.

INTRAMURAL PROGRAM

A word should be said here on the intramural program of the National Eye Institute. It is highly desirable that this program should continue without hindrance. Past accomplishments of the program have been commendable.

For instance, just last month a highly unusual scientific paper from the National Eye Institute laboratories was presented at the Sarasota meeting of the Association for Research in Vision and Ophthalmology.

It related to cancer, malignant melanoma of the eye. A diseased patient's blood shows antibodies to the tumor. Where such tumors spread the patient's blood shows low levels of the antibody. Where metastasis is retarded, the antibody levels seem high. If further work proves this to be a reliable correlation then we are on our way to an important new therapy.

A possible application is that an antiserum could be made and injected into a patient just before an operation to remove the eye containing the tumor. This might raise the level of antibodies and stop the metastasis of melanoma associated with the tumor removal. Even if the patient's blood did not long retain the high antibody level, the temporary blood level might be enough to inactivate tumor cells escaping from the eye.

We lose some 30 to 40 percent of our malignant melanoma eye patients now. We would certainly like to cut that loss to zero or as near as possible to zero.

BUDGET

On the basis of all the reasons presented here, I wish to urge support of the citizens proposal for funding of the NEI in fiscal 1975. The suggested moneys for research grants would allow funding of the grants presently approved by the study sections as worthy of support plus a very small additional percentage of new grants. At the present 1974 rate of funding (and this includes the onetime available impounded funds) 60 percent of applications approved by study section had to remain inactive for lack of funds. This not only buys less research than the amount available, it also discourages younger investigators, who would be the major investigators of the next generation.

Support of fellowship and training grant funds is strongly urged. Solution of health problems will not come overnight. We must plan

for the future and this future cannto be met successfully without highly skilled young people to take over from the olders and to improve on their work. Fellowships and training grants are designed to accomplish this.

The sum suggested for direct operations involves very little increase in percentage over fiscal 1974. The changes of significance are an increase in contract funds whose use we discussed previously. We also support the stated increases in positions in the intramural research program and in sorely needed positions in research management services.

The funds recommended in this citizens proposal are still in the neighborhood of one-hundredth of 1 percent of the Federal budget. In terms of overall dollars required, in terms of social benefit, in terms of alleviation of human misery, there is no better investment that can be made for the health of the American people.

Mr. SHRIVER. Thank you, Doctor, for your statement.

STATEMENT OF DR. DAVID SHOCH

Dr. SHOCH. Mr. Chairman and gentlemen, I am Dr. David Shoch, professor and chairman of the Department of Ophthalmology at Northwestern University Medical School in Chicago and immediate past president of the Association of University Professors of Ophthalmology.

This organization consists of the heads of departments of ophthalmology at some 90 medical schools where the great bulk of the Nation's vision research is done. The primary concern of those in the organization is the promulgation of research in ophthalmology in our universities and the training of research and clinical ophthalmologists. Their primary source of research support comes from the funds your committee appropriates to the National Eye Institute.

I might also mention that I am secretary for instruction of the American Academy of Ophthalmology & Otolaryngology and in this position bring the latest developments in diagnosis and treatment of eye diseases to the attention of the practicing ophthalmologist through courses given at the academy's annual meeting. I therefore am involved with both the man in training and the man in practice.

The furtherance of the activities and skills of these two groups of physicians for the benefit of our citizens is in large part dependent on funds available for research and training and the major portion of these funds comes from the National Eye Institute. It is for this reason that I am here to support the request for $65 million for fiscal 1975 for the Eye Institute.

With the abandonment of training grants it became necessary to support laboratory and research personnel from non-NIH sources. This has meant that ophthalmologists with strong research interests have been forced to do clinical ophthalmology and to support themselves from the fees generated by patients. Once the ophthalmologist has committeed himself to patient care, then the needs of the patients properly and rightfully come first. Although only a limited time may be assigned to clinical responsibilities it in fact happens that the time devoted to research activities becomes fragmented and interrupted by the legitimate needs of patients.

For example, a very competent research ophthalmologist has just lost his funding at an eastern university. He applied to our department for a position, but I could only offer him a post that required half-time clinical activities in order to generate a reasonable salary. This was unsatisfactory to him, since it would have severely diluted his research plans. He therefore refused our offer and is still seeking a full-time research post.

The nonophthalmologist Ph. D. working in an ophthalmology department is even in worse shape. He cannot generate any funds for himself from patient care but is in fact completely dependent on research and training grants. When these are reduced or abandoned he must seek employment in other areas and his special specific talents are lost to the discipline of ophthalmology.

Further, both the research ophthalmologists and the basic scientists working in departments of ophthalmology play a vital role in the training of clinicians. It is primarily these research people who can point out to the young man in training the gaps in our knowledge, the developments at the frontiers of ophthalmology and the problems that need investigation.

Almost a decade ago nationwide attention was called to the inadequacies of our research support by an exhaustive survey of ophthalmology sponsored by Research To Prevent Blindness, Inc. Its author, Dr. Thomas D. Duane, stated in his report and before this committee that, "If ophthalmic research is to gain impetus and expand beyond its present limitations, the problem of the research manpower shortage in ophthalmology must be attacked with vigor, imagination and full recognition of the financial needs involved. The individual investigator is the most important factor in effective research."

Yet 10 years later we see a disinclination on the part of the Department of Health, Education, and Welfare and the Office of Management and Budget to provide adequately for the training of scientists.

My colleagues and I would particularly like to press for the support of research professorships. The schools need them to create the researchers of tomorrow. Most departments of ophthalmology in medical schools are much too small to allocate portions of an instructor's time to the training of researchers.

Increased support of research training would allow the establishment of research programs in medical schools where ophthalmology research is not now being done and would allow expansion where it is done. This increase is provided for in the citizens' budget proposed for fiscal 1975. The financial tables for that budget are appended to this testimony.

To illustrate the need for the funds called for in the citizens' budget, I would now like to turn to two areas of research which would benefit greatly from increased support. These disease areas combined account for a very large portion of the visually handicapped persons in our society. They also are entities in which I have special interest and some expertise.

The first of these is the area of cataracts, a blinding disease that afflicts some 3 million people in our country. Great progress has been made in the past several years in the surgical treatment of this disease. The operation is now safer, hospitalization time reduced and most sufferers from cataracts can be visually rehabilitated.

Yet, as with any other disease process, such progress is only a stopgap until we know the cause of the disease and how to prevent it. In some small number of cases such as traumatic cataracts, toxic cataracts due to radiation or adverse drug reactions, congenital cataracts due to infection of the mother during pregnancy with a virus such as German measles, we do know the cause of the cataracts and can in fact prevent their occurrence.

But the vast majority of cataracts occur as part of the process of aging. Now it may be said that therefore cataracts are inevitable since all our efforts in medicine are directed to increasing the longevity of our population and if people live long enough they will develop cataracts. This is in large measure true and yet there are some octogenarians who do not show any significant lens opacities and on the other hand there are many people in their forties and fifties who already have typical "senile" cataracts. Therefore, the question is clear: What is the underlying systemic or local aberration in enzyme activity or metabolism that makes some people susceptible to cataracts at an early age and conversely protects others at an advanced age from developing cataracts?

The first step toward the solution of this problem has been taken. Dr. Jin Kinoshita, initially at the Howe Laboratory of Ophthalmology at Harvard, and now at the National Eye Institute, has produced opacities in rabbit eye lenses in test tubes by bathing them in sugar solutions and even more importantly has prevented these opacities from forming by adding an enzyme inhibitor to the solution. This work must be expanded to other types of cataracts, and enzyme assays of lenses with early opacities must be made.

The implication is clear—with current funding we will develop better ways of treating cataracts surgically; with increased funding we will find ways to prevent cataracts from forming.

The second area I wish to discuss is that of glaucoma—a disease that afflicts some 800,000 people in our country, or roughly one of every 100 persons over the age of 40. Again we have developed good methods of treating most of these patients. A small number has what is called narrow-angle glaucoma where the obstruction to fluid drainage from the eye is obvious. It is due to a peculiarity of the front of the eyeball that tends to block drainage when the pupil dilates. In these cases a rather simple operation to establish communication between two chambers of the eye cures the disease. However, the much more common disease entity, open-angle glaucoma, remains resistant to attempts to discover its cause. As the term implies, the gross area within the eye for drainage is open and functional, yet further on the drainage pathway, obstructions must exist. We don't know where this is. But some fascinating work in our own electron microscopy laboratory at Northwestern University, by a young man who has completed his residency and is now a full-time research fellow, indicates that a particular cell may be responsible for the obstruction. Again progress has been made in developing new drugs to treat this disease, but real advances can only come when the underlying etiologic mechanism is known.

In this field, as in the field of cataract formation, this information can only come from fundamental research done by people with research orientations who have the time and support to continue their investigations.

Funding at the present level will undoubtedly continue to advance the development of treatment for glaucoma; funding at an increased level will enable us to stimulate research in the etiology—how the disease develops—and in prevention. This can best be done by funding grants already approved and by stimulating new grant applications from our younger investigators. We therefore fully support the citizens' Budget request for $47,591,000 in research grants, for $3,153,000 in fellowships and $2,494,000 for training in research.

This stimulation of research at the Nation's medical schools should be the area of the greatest increase in funding. Concomitant with it should come increased funding of the direct operations of the National Eye Institute. In this respect, the Budget we support recommends an appropriation of $4,958,000 for intramural research and $3,822,000 for research and development contracts. The significance of the latter as an adjunct to original research has been indicated in the testimony of Dr. Potts.

He has testified here that specific funding must be directed to four contract areas which constitute opportunities for rapidly moving products of basic research toward full utilization in the treatment of patients. The importance of the retinal and choroidal areas has been emphasized by Dr. Maumenee, one of the architects of the U.S. vision research structure, and is likewise reflected in the financial tables appended to this testimony. Other operational activities of the Eye Institute embraced by the citizens' Budget include $487,000 for biometry, epidemiology and field services, and $2,442,000 for research management and program services.

The total proposal amounts to $64,947,000—less than one-sixth of what is spent each year in the United States on eye drops to reduce the pressure of glaucoma.

In conclusion, may I express my gratitude to you, Mr. Chairman, for allowing us to appear here today.

[The attachments follow:]

CITIZENS' BUDGET FOR THE NATIONAL EYE INSTITUTE, FISCAL 1975—PROPOSAL BY PROGRAM

[Dollar amounts in millions]

Program	1974 operating		President's budget		1975 proposed	
	Positions	Amount	Positions	Amount	Positions	Amount
Retinal and choroidal diseases	.....	$13.7	.....	$12.5	.....	$22.4
Corneal disorders	.....	6.7	.....	6.0	.....	11.5
Cataract	.....	3.4	.....	3.0	.....	5.2
Glaucoma	.....	4.9	.....	4.5	.....	8.1
Sensory motor disorders and rehabilitation	.....	8.1	.....	7.5	.....	10.4
Intramural laboratory and clinical research	73	4.3	73	4.5	103	5.0
Research management and program services	55	1.9	55	2.0	75	2.4
Total obligations	128	43.0	128	40.0	178	65.0

CITIZENS' BUDGET FOR THE NATIONAL EYE INSTITUTE, FISCAL 1975—PROPOSAL BY ACTIVITY

[In millions of dollars]

Activity	1974 operating amount	President's budget amount	1975 proposed amount
1. Grants:			
(a) Research	28.1	26.0	47.6
(b) Fellowships	2.2	2.7	3.2
(c) Training	3.9	2.0	2.5
Total grants	34.2	30.7	53.3
2. Direct operations:			
(a) Laboratory and clinical research	4.3	4.5	5.0
(b) Research and development contracts	2.1	2.3	3.8
(c) Biometry, epidemiology, and field services	.5	.5	.5
(d) Research management and program services	1.9	2.0	2.4
Total direct operations	8.8	9.3	11.7
Total obligations	43.0	40.0	65.0

Mr. SHRIVER. Thank you.

The record should show Congressman Symington was here earlier in support of this cause. He is a strong supporter, I am sure.

THURSDAY, MAY 9, 1974.

RESEARCH ON AGING

WITNESSES

DR. HAROLD SHEPPARD, CHAIRMAN, PUBLIC INFORMATION COMMITTEE, U.S. GERONTOLOGICAL SOCIETY

DR. F. MAROTT SINEX, BOSTON UNIVERSITY SCHOOL OF MEDICINE

Mr. SHRIVER. Next we have Dr. Harold Sheppard and Dr. Sinex. Dr. Sheppard, if you will proceed.

STATEMENT OF DR. HAROLD SHEPPARD

Dr. SHEPPARD. Thank you kindly, sir.

First of all, let me state I am this year's chairman of the Gerontological Society Public Affairs Committee.

On behalf of the U.S. Gerontological Society, I want to thank this subcommittee for the opportunity to provide testimony chiefly concerning appropriations for research, training, and multidisciplinary research centers in the field of aging, under the Older Americans Act. The society is concerned also about the need for adequate appropriations for title IX of the Older Americans Act, which would provide employment for senior citizens in community services programs.

As for other gerontological research activities, such as under NICHD and/or the National Institute on Aging (passed almost unanimously by the House on May 2, 1974), Dr. Sinex has much to tell the subcommittee today. Such research is of a much more basic research nature than that administered and monitored by the Administration on Aging's title IV. My only comment on aging research under NICHD is that while the total requested budget for this institute is 13 percent below the 1974 fiscal year, the requested amount for

aging research alone within NICHD is 29 percent below the 1974 figure.

As you know, the administration has requested no increase in the $7 million for title IV research now available through this fiscal year. Instead, the same $7 million for the coming fiscal year is actually less when we consider the inflation factor. We respectfully urge that the subcommittee take this into consideration when coming to a final decision on appropriations for next year's AOA research program.

Another vital part of AOA's title IV has to do with training programs. As this Subcommittee is fully aware, it was only through special action on the part of Congress that $10 million was restored in appropriations for university-level professional training in gerontology. The need for trained personnel for services to, and research in problems of, the aging is increasing, and it would be ironic if this need is not matched with an adequate supply of competent manpower. Accordingly, we hope that for the coming fiscal year the $10 million for such purposes is increased to at least $15 million, to provide support for the increasing numbers of 2-year, 4-year, and graduate programs in gerontology.

I would like to include here excerpts from the 1973 testimony of Prof. George Maddox, director of Duke University's Center for the Study of Aging, and, in 1973, chairman of the Gerontological Society's Education Committee, concerning research and training in gerontology. These excerpts by Dr. Maddox are a forceful argument, in my opinion, for adequate Federal funding of research and training in aging.

Representatives of the White House Conference on Aging noted that until very recently, research and training in aging have suffered from neglect. Consequently, trained manpower for research and training in aging is quite limited and the number of academic institutions committed to producing this manpower remains small.

We need to be frank about the manpower situation in aging. Working with the aged, in spite of its societal importance, is not glamorous and does not appeal to many when they are considering alternative careers. This is why the Education Committee of the Gerontological Society has attacked so vigorously the administration's application of its principle of "no categorical training" to research and training in aging.

The administration, using as its illustration biomedical research and training, argues that goals for planned expansion in specialized manpower have been reached and that the law of supply and demand will now suffice to produce needed manpower. This argument is generalized to training in aging. Both the White House Conference on Aging Post-Conference Board and the Education Committee of the Gerontological Society are on record as rejecting the applicability of this conclusion to the field of aging. The facts indicate the contrary.

We understand and accept the need for fiscal responsibility. But we argue that our estimates of immediate and long-range need for trained manpower in aging indicate the need for an increased, not a decreased, investment at this time. Efficient, effective services for the elderly will not be insured by reduction of support for research and training. The contrary is true.

In this presentation I have not made a distinction between the need for research and the need for training. Both are important and each develops best in the presence of the other. Both research and training develop most adequately when they are coordinated in the interest of securing more accurate information about and more effective services for the elderly. Support for gerontological centers is well documented in the proceedings of the 1971 White House Conference on Aging.

I stress the importance of gerontological centers because training at its best is conducted in a context in which research and evaluation of applied knowledge are integrally related activities. Adequate training for service personnel in the

field of aging cannot be adequately sustained in the long run without centers of excellence which provide the context in which the procedures and consumers of knowledge about aging and programs for the aging interact continually * * * research and training in gerontology needs additional visibility in the scientific community as well as additional financial support. The need for additional information about and trained personnel to complement needed service programs for the elderly is very easy to overlook. * * * the needs for behavioral and social scientific research in aging is, a fortiori, as great as the need for biomedical research. Thus, I am arguing not against biomedical research and training but for a sense of balance in the funding of these activities in the future. For the elderly particularly, problems tend to have a social and psychological as well as a physical component.

* * * there is a related concern about the evaluation of research and training in aging at the federal level. The current emphasis on action programs and coordination of federal activities in aging is well placed. But I hope that these emphases on action and coordination will not be viewed as antithetical to outside review of proposals for research and training. The review procedure * * * should use outside review far more than it does currently. Moreover, the effects of regional decentralization of AOA on the review of research and training programs should be reviewed carefully. Unless persons are adequately trained in gerontology staff regional offices of AOA, decentralization will turn out to be diffusion of responsibility.

We think the evidence is compelling. Research and training, which support adequately the growing need of elderly persons for efficient and effective services, must receive additional support, not less. Attention must be given to appropriate coordination of effort to insure efficient use of scarce resources.

Decreased support for training will diminish considerably our capacity to insure our elderly citizens access to the understanding and services they need and deserve.

Finally, I would urge the subcommittee to consider favorably the need for appropriations to create multidisciplinary centers with primary emphasis on basic and applied research on the issues of work, leisure, and retirement. It is my understanding that this subcommittee will be receiving detailed testimony on this request from interested Congressmen, researchers, and State representatives, and that they will be suggesting a figure of $12.5 million for such centers. Because my primary interests in the field of gerontology are related to problems of employment and retirement, I am keenly sensitive to the importance of improved policy, programs, and practices in this area which so vitally affect the social and economic status of our increasing elderly population—and accordingly, the well-being of our total society.

The combined knowledge of such disciplines as physiology, economics, and social psychology must be applied to this significant facet of an aging population and the general society of which it is a part. It is the hope of the Gerontological Society, and of organizations consisting of, or serving, senior citizens, that much multidisciplinary centers will contribute to the solution and prevention of many of the problems associated with employment, leisure, and retirement for our fellow senior citizens—and for those of us who will join their ranks in the not so distant future.

At this point I think you will want to hear from Dr. Sinex.

Mr. Shriver. You may proceed.

Statement of Dr. F. Marott Sinex

Dr. Sinex. Representative Shriver and members of the committee, I am F. Marott Sinex, chairman of the Department of Biochemistry at Boston University School of Medicine and codirector of the Gerontology Center at Boston University. From 1969 to 1970 I was presi-

dent of the Gerontological Society as whose representative I appear. I have served on the training grant and program project study section of the Institute of Child Health and Human Development and 3 years on the Board of Scientific Counselors of that Institute which advises on the intramural program.

Modern biochemistry is rapidly removing the technological limitations to understand the causes of aging. We are moving from the question of what causes aging to what to do about aging. I would like to give you four examples of the type of work which is being done.

The first is concerned with why older people cannot resist infection and why they have autoimmune disease. Takashi Makinodan at the Gerontology Research Center in Baltimore in the Intramural Laboratory of the Institute of Child Health and Human Development has shown that the function of thymus derived lymphocytes is severely impaired in old age. These lymphocytes are responsible for cellular immunity. Because of their impaired function, older persons become more susceptible to tuberculosis, viral infection and cancer. In addition to their function in cellular immunity thymus derived lymphocytes monitor the production of circulating antibody by B-lymphocytes. In the absence of fully functional T-lymphocytes, excessive amounts of circulating antibody directed against the normal constituents of the body may be formed. Now that we understand the problem we can seek ways to maintain the function of T-lymphocytes, and decrease the susceptibility of older people to infectious disease and cancer.

Senile dementia is characterized in humans by the death of neurones and the deposition of amyloid plaques. At Boston University we have been able to follow the loss of synapses, the connections between neurones, in the cortex of rats as they age before the neurones die. With our rat model and given the funds we should be able to evaluate drugs and nutritional regimes necessary for the maintenance of an effective and vigorous mind in old age.

Benditt and Benditt at the University of Washington in Seattle have shown that the cells which form an atherosclerotic plaque are monoclonal in origin. In other words, the cells of plaques in the aorta wall are derived from relatively few cells which dedifferentiate or mutate and migrate into the subendothelial space and there become engorged with cholesterol. A new population of misbehaving cells appears with age. Aging research has thus contributed an important insight into the initiation of atherosclerosis, quite independently of conventional approaches.

Because of the exceptionally good relations developed between behavioral scientists and biological scientists within gerontology there are important interdisciplinary studies. Merill Elias at Syracuse is studying the effects of the drugs used in the treatment of hypertension on behavior in older animals and humans. While it appears that hypertension is associated with particular personality types, little is known about the effects of therapy for hypertension on personality, and intellectual and sexual performance as we age.

It goes without saying that research costs money and that the rate of progress is to a large degree dependent on funding.

Even more important than such specific studies is the impact of gerontology on health research strategies. In the past health research programs have primarily dealt with the problem of acute disease and

premature death. Gerontology begins with the premise that men and women are mortal and then asks the question of how can the quality of life be maintained until our terminal illnesses begin. Improving the health of the elderly will almost surely produce some life extension. However, even an acceleration of aging might be acceptable if our expectations about our lives were fully met over a reasonable span of time. As you intuitively realize the problems are not entirely biochemical or medical but reflect social concerns and involve public policy and research design. The biologists must avoid the reasoning that what can be done ought to be done. Rather gerontology should become one of the central foci about which research strategies, health delivery strategies, and social strategies can be developed.

As I was preparing this testimony the bill to create a National Institute of Aging at the National Institutes of Health passed the House on a vote of 279 to 1. The responsibility for effective programs of aging research has passed from your colleagues on Interstate and Foreign Commerce to this subcommittee. This raises some problems concerning not only the level of funding but the timing of funding. Since this hearing is on the Child Health and Human Development budget I would like to first respond without considering the National Institute of Aging legislation.

The administration's budget for fiscal 1975 is essentially the same budget which was submitted for fiscal 1974. The most notable feature is that the $3 million added in fiscal 1974 by you and your colleagues in the Senate for extramural research has been removed. The 1974 budget has therefore been decreased 14 percent. I would propose adding a total of $6 million to the administration's budget, a $500,000 to the intramural research and $5 million to the extramural research program. I would add another $500,000 for contract research for the testing of specific intervention techniques. Of the $5 million added for research, $2.7 million covers funds removed from the 1974 program and $2.3 million new research money. This would increase the funds obligated in fiscal 1974 from $15.8 million to $19.6 million. Cutting back to the administration figure would mean very little new research of any kind. The problem is for it not to occupy inordinate amounts of time. The purpose of the new Institute is to improve quality and quantity of research beneficial to the elderly. For the first time leadership concerned with the welfare of the elderly will be able to deal on an equal or near equal basis with those concerned with categorical disease research, basic science, mental health and health care delivery. Those programs in Child Health and Human Development which have successfully exploited the concept of human development across the life span should remain with Dr. Kretchmer. There should not be a willy-nilly transfer of poor quality program that no one wants in the other institutes to the new Institute. This is merely shuffling money and gets us nowhere. What needs to be generated and can be generated are high quality, innovative research programs for the ultimate benefit of the elderly.

Now let us discuss the implications of the new Institute legislation. If the administration and the Congress made no response to the National Institute of Aging authorization legislation, funds would eventually be transferred from the aging program of Child Health to the new Institute. The staffing of the new Institute is critical for

the development of the program. A director must be selected and a head of intramural and extramural appointed. Operating costs would increase by $750,000 or more and these would have to come out of the existing budget. A council must be formed and a program developed. All of this will require some time for deliberation and consultation, including consultation with organizations such as the Gerontological Society. If the Presdent signs the National Institute of Aging legislaton, and no supplemental appropriation is made it would mean that the new Institute would be making is initial presentaton to this committee in May of 1975. The first council approvals under the new Institute's expanded budget would come in June and October of 1975 with the first significant new funding in January 1 of 1976. To those of us who hold high expectations for the new Institute this seems like a very long time indeed. By that time the promise and excitement of the new Institute will seem like a distant yesterday. The members of this committee have the knowledge and ability to expedite an effective program. Is there any way that the new Institute could become a real institute rather than a paper institute without an 18-month delay? During this 18 months you and I and millions of Americans are not getting any younger. An institute ceases to be a rather poor relative and becomes a real institute when its budget reaches about $30 million a year. An institute dealing with problems as important as aging should reach $50 million as rapidly as possible.

Our friends in the Eye Institute are acutely aware of the problems of starting up a new institute. That Institute hung on the vine quite a while until it got to the place it now is where you hear what it is really doing. It really takes about $30 million before an institute ceases to be a poor relative, and I would hope that the new Institute of Aging would build into the $50 million region without much delay.

I appear before you today at a very critical time when if a veto of the National Institute of Aging bill were sustained and the administration's budget approved, aging research would be reduced by $2.2 million. If the legislation is signed by the President, the effectiveness of the legislation and the timing of the effective legislation is dependent upon you and your colleagues on this subcommittee.

Thank you.

[The attachments follow:]

PROPOSED BUDGET FOR THE AGING PROGRAM OF CHILD HEALTH AND HUMAN DEVELOPMENT

	1974	Administration's budget 1975	Proposed budget 1975
Extramural:			
Research	9,056	6,366	11,366
Training:			
Old phase out	1,485	1,156	1,156
Fellowships	230	661	661
Contract	700	800	1,300
Intramural: Research	3,707	3,824	4,324
Operations	705	854	854
Total	15,883	13,661	19,661

Budget, Appropriations and Obligations, NICHD and Adult Development and Aging Branch, 1968 - 1973.

Year	Budget Request NICHD (a)	Am't. Requested Adult Development & Aging Branch (b)	Percent (b/a)	Amount Appropriated NICHD (c)	Amount Appropriated Adult Development & Aging Branch (d)	Percent (d/c)	Amount Obligated NICHD (e)	Amount Obligated Adult Development & Aging Branch (f)	Percent (f/e)
1968	68.6 million	6.0 million	8.8	68.6 million	6.0 million	8.8	66.8 million	6.0 million	9.0
1969	75.4	6.1	8.1	73.1	6.1	8.3	71.1	6.3	8.9
1970	75.9	6.0	7.9	76.9	6.0	7.8	76.5	6.3	8.2
1971	93.3	5.8	6.2	94.4	5.9	6.3	94.7	6.7	7.1
1972	103.2	5.4	5.2	116.8	8.6	7.4	116.5	9.3	8.0
1973	126.7 (Original Budget)	9.7	7.7	130.4	10.0	7.7	111.2	9.1	8.2
	111.1 (Amended)	8.3	7.5						

Source: Senate Committee on Aging from N.I.C.H.D. Budget office.

Mr. SHRIVER. Thank you both.

THURSDAY, MAY 9, 1974.

HEALTH PROGRAMS

WITNESSES

DR. MELVIN A. GRAVITZ, SECRETARY, COUNCIL FOR THE ADVANCEMENT OF THE PSYCHOLOGICAL PROFESSIONS AND SCIENCES
JACK DONAHUE, EXECUTIVE DIRECTOR, COUNCIL FOR THE ADVANCEMENT OF THE PSYCHOLOGICAL PROFESSIONS AND SCIENCES

Mr. SHRIVER. Next is Council for the Advancement of the Psychological Professions and Sciences, Dr. Melvin A. Gravitz, national secretary.

Dr. GRAVITZ. Thank you, Mr. Chairman.

In the interest of conserving time, with your permission I would like to request my full statement be inserted in the record while I present some excerpts and comments.

Mr. SHRIVER. Without objection.

Dr. GRAVITZ. I am Dr. Melvin A. Gravitz, secretary of the Council for the Advancement of the Psychological Professions and Sciences, which is widely known by its acronym CAPPS. I am accompanied by the executive director of CAPPS, Mr. Jack Donahue.

I am a clinical psychologist practicing in Washington, D.C. and Bethesda, Md. In addition to my clinical practice, which began 20 years ago, I am serving or have served as a consultant to a number of Federal agencies, hospitals, and institutions of higher learning. I am a past president of the Washington Society of Clinical Psychologists and a past officer of the Division of Consulting Psychology of the American Psychological Association. I am a past chairman of the Maryland State Board of Examiners of Psychologists. I am currently vice chairman of the District of Columbia Board of Psychologist Examiners.

CAPPS is a nonprofit public-policy organization which brings the viewpoints of professional psychology before the Congress, Federal executive agencies, and the general public. We have addressed congressional committees on a number of topics including national health insurance, vocational rehabilitation, Social Security Act amendments, health maintenance organizations, and aging and the problems of the aged.

I testified before your subcommittee just about 1 year ago, on the 1974 budget proposal.

Earlier this month, the president of our organization testified before the House Ways and Means Committee on national health insurance. At that time he presented the "Principles for National Health Insurance" developed by our organization. I am attaching a copy to this statement inviting your attention to the principles for reference and evaluation by your subcommittee members and staff; they are applicable to virtually all federally supported service programs and are relevant to most programs which support research and training.

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COALITION FOR HEALTH FUNDING

The Council for the Advancement of the Psychological Professions and Sciences is a member of the Coalition for Health Funding. As you know, the coalition is composed of 43 national health organizations.

In general we support the recommendations of the coalition. It has published a preliminary analysis of the 1975 budget and has recommended minimum appropriations for Federal health programs.

Organizations like our own have only limited resources for dealing with a subject as vast as the HEW budget. It is fortunate that the coalition can assemble a well-documented analysis and recommendations for the Congress. The coalition is providing an important public service. We appreciate the consideration which this subcommittee has accorded to the coalition presentation.

AREAS OF PRINCIPAL CONCERN

Spokesmen for literally every sector of the community concerned with the health, education, and welfare needs of this country have deplored the decline in Federal support for essential research, training, and service programs. The proposed total budget for health agencies has been cut to $4 billion, which is $500 million less than last year's operating funds. This $4 billion includes funds impounded by the administration and subsequently released by the courts. The administration's 1975 budget proposal seems to be based on a lopsided assessment of the prospective benefits of various programs when weighed against the availability of alternative funding sources which could be expected to substitute for current funding mechanisms.

For example, we cite the persistent efforts of the Administration to defund community mental health centers, in anticipation of support from third-party insurance reimbursement, State governments, and national health insurance. The leading national health insurance proposals now pending before the Congress would actually place emphasis on care in organized settings with incentives which will ultimately increase rather than decrease the demand for care in community mental health centers. Currently, only 472 centers are in operation, covering less than one-third of the catchment areas and less than one-third of the total U.S. population. Withdrawal of Federal support at this stage of development of community mental health centers is both unrealistic and unacceptable. We submit that the Federal Government should be doing everything possible to stimulate the funding of new centers. We urge the Congress, therefore, to carefully evaluate the funding for community mental health centers and assure adequate support in the face of continuing needs and demands which will inevitably increase.

Parenthetically, I will add that some commentators have raised the spector of individuals bringing suit to gain access to care to which they are entitled. If national health insurance is not geared to provide essential services, the outcome will be a national tragedy and an administrative nightmare.

As a spokesman for professional psychology, I am attempting to discuss only a limited segment of the broad spectrum of service, training and research funding in the 1975 HEW budget proposal.

We in professional psychology are concerned with not only service delivery programs but also with research and training programs. If we expect a national health insurance plan to fulfill the health needs of the Nation, we must adequately fund the training of people to deliver the services. Moreover, research is the keystone for advances in the science and profession of psychology, just as it is in all other disciplines in the health field. Research must be adequately funded to ensure high-quality, cost-effective services to our citizens.

The devastating effects of the attempt to cut back support for research programs are perhaps illustrated best in a letter I received from one of our members in Kansas. He recounted his experience just 1 year ago when his research project was about to be terminated by the Government:

> Considerable disruption occurred last year. I had already given my research assistants 2 weeks' notice. I was informed on the very last day of my budget year that my project would be funded.
>
> I hope I will not lose time—and therefore money—again this year because of the same problem.
>
> Needed to complete the planned work is $81,239 for our next budget year and $59,668 for the final year. To stop the research at this point is to waste direct cost of more than $450,000 plus 4.7 percent in indirect costs—more than $½ million.
>
> Such are the false economies of this Administration; no wonder our national economy is in the mess it is.
>
> Last year the Administration claimed to have deleted by mistake the line item in the budget. They have deleted it again. Imploring his Congressmen for assistance, our member goes on,
>
> Let me thank you for your assistance last year. I am sorry that I need to ask you to grapple with the same problem a second time.

Obviously, Mr. Chairman, to stop his research at this point would be a direct waste of more than $500 million and certainly a false economy.

It is interesting to note that this research project is a psychological study of the impact of hospitalization on the individual and is directly related to the quality of institutional care. It is funded by the Division of Nursing in the Bureau of Health Manpower Education. It is clear to me, Mr. Chairman, that the foundation for adequate health care in the future is being laid painstakingly and effectively by such researchers. We cannot sacrifice high-quality care in the future on an alter of false economy in 1975.

I am convinced that the 1975 budget proposal will adversely affect the welfare of my colleagues in the research and training sectors of psychology, as well as the providers of services directly to the public, like myself. But most importantly, it will adversely affect those citizens who are deprived of benefits from essential programs supported by the Federal Government.

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

We are particularly concerned about the proposed $98 million cut a tthe Alcohol, Drug Abuse, and Mental Health Administration. Their $735 million budget is essentially a phaseout of research and training with a phasedown of service programs. This budget tends to regard mental health as something of a luxury option on an automobile, available at extra cost. When half of all the people going to medical doctors for a physical complaint are suffering from a mental or an

emotional problem; when approximately 20 million people in the United States are suffering from mental illness; and when alcoholism is on the upswing, afflicting approximately 9 million people—including more than a quarter of a million schoolchildren—in the face of these realities, we cannot accept a phasedown and phaseout for critical ADAMHA programs.

The most severe cutback at ADAMHA is a $40 million loss in research and training funds for general mental health. The Administration would fund no new grants in the general mental health section in 1975; 710 training projects and 334 research projects would be discontinued. The Administration proposes approximately $65 million for all training and $84 million for all research work. For the sake of comparison, I point out that support for the training of psychologists alone in 1973 amounted to $25 million and support for research in psychology alone amounted to more than $17 million.

The drug abuse section of ADAMHA would lose $8 million in research and training and $19 million in community programs. Research on drug abuse will be cut from 117 projects in 1974 to 76 in 1975, and drug training will drop from 86 to 33 projects. Seventy-five community programs in drug abuse will be dropped.

The alcoholism section of ADAHMA will lose $4 million in research and training and $35 million in community programs. Thus, training grants will decrease from 80 to 25; community programs will fall from 920 to 211. This is in the face of the report of little more than a year ago by the National Commission on Marihuana and Drug Abuse, appointed by President Nixon, which, after 2 years of study and field hearings, stated that "alcohol is the most widely used and most abused drug in the United States today." The concern of Congress is reflected in the passage on May 6 of the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act Amendments of 1974. The measure has been cleared for the President's signature. We hail the responsive and responsible action of the Congress and we deplore the irresponsive and irresponsible attitude of the administration.

OTHER DISASTER AREAS

Funding for training and research/evaluation projects for vocational rehabilitation are to be cut in the face of an increase for basic State grants. We advocate an increase from the administration's $31.5 to $51.7 million for research/evaluation and training funds, pursuant to the recommendations of the Coalition for Health Funding.

We are also concerned about the $5 million cutback in the 1975 budget request for the National Institute of Child Health and Human Development. The needs of approximately 126,000 children who are born retarded each year would alone justify the continuation of adequate funding for this agency; the research which the Institute is doing in this field must be allowed to proceed.

We will not unduly burden the record by continuing to recite the litany of cutbacks reflecting a continued effort to phase down and phase out essential service and training programs. I will simply list more of our principal concerns:

Health manpower with a $198 million decrease.

Education of the handicapped with a static allocation of $100 million.

Developmental disabilities, allocated $53.6 million, down from $55.3 million in 1974.

Programs for the aging, cut back by $10 million.

Maternal and child health programs, cut by nearly $4.5 million.

CONCLUSION

Mr. Chairman, we are not advocating a padded, extravagant health budget. We believe that research, training, and service support should be accorded on the basis of merit and on the basis of documented need of the recipients. We oppose the curtailment of Federal support for meritorious programs which so broadly affect human welfare, in the absence of substantive alternative funding mechanisms. There must be no timelag during which service may be interrupted or during which appropriate mechanisms for administering and controlling such programs may disintegrate.

It is our sincere hope that your subcommittee and the full Appropriations Committee will prevail in your traditional efforts on behalf of the millions of people who will benefit from continued Federal support of these programs. The annual inflation rate of 7 to 10 percent must be considered. The increased demands for health manpower under national health insurance must be anticipated.

The mental health requirements of the American public—for both the present and future—need and deserve your careful attention as you deliberate on the 1975 HEW budget.

Thank you, Mr. Chairman, for allowing us to make this presentation. If you have any questions, we will be pleased to try to answer them.

[The attachment follows:]



COUNCIL FOR THE ADVANCEMENT OF THE PSYCHOLOGICAL PROFESSIONS AND SCIENCES
TO FURTHER THE USE OF PSYCHOLOGICAL KNOWLEDGE AND SKILLS IN THE PUBLIC INTEREST

PRINCIPLES FOR NATIONAL HEALTH INSURANCE
SUPPORTED BY
COUNCIL FOR THE ADVANCEMENT OF THE PSYCHOLOGICAL PROFESSIONS AND SCIENCES (CAPPS)

1. Universality - a national health plan must apply to all residents.

2. Dual Choice - the consumer must have the option of choice between not less than two alternative and competing health care plans.

3. Practitioner Access - the consumer must have freedom of choice among the major health professions, including psychology, and direct access to licensed/certified health professionals, with guarantee of privileged communication.

4. Controls - it is essential that the controls to utilization be directed primarily to the practitioner rather than the consumer and implemented through peer review and continuing education.

5. Differentiation - it is essential that there be a distinction between two separate but complementary systems focused to: a) active treatment of health disabilities and, b) continuing care for those no longer able to work or live independently.

6. Prepayment - it is essential, to enable effective planning, development and competition, that the plans in a national system of health care be financed on a prepaid basis.

7. Non-Government - it is essential that there be tax credit incentives to employee/employer participation for health plan development and that the premium costs for indigent subscribers be the only intrusion of government into the funding of direct health care services.

8. Mental Health - since emotional or mental disorder is a primary or concurrent problem for the majority of persons seeking health care, it is essential that broad mental health coverage be an integral component of all health plans.

9. Continuity - all plans/services must be available on a 24 hour basis and a prescriptive treatment plan must be formulated upon determination of disability.

10. Prevention - it is essential that all health plans seek to minimize disability through health education, screening and evaluation of persons at risk and through early treatment intervention and health maintenance.

11. Parsimony - it is essential that emphasis be given to ambulatory treatment and alternatives to hospitalization to: a) maximize treatment and cost effectiveness. b) minimize disruption of community and family life and, c) make optimal use of health practitioner and facility resources.

12. Relevance - major determinants to the development and continuity of health plans should be market demand and consumer use.

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Mr. SHRIVER. Thank you, Dr. Gravitz, for a very good statement.

THURSDAY, MAY 9, 1974.

DENTAL PROGRAMS

WITNESSES

DR. EDWIN M. SPEED, PRESIDENT, AMERICAN ASSOCIATION OF DENTAL SCHOOLS
LEONARD WHEAT, SPECIAL ASSISTANT FOR GOVERNMENT AFFAIRS OF THE AMERICAN DENTAL ASSOCIATION

Mr. SHRIVER. The American Dental Association, Dr. Edwin M. Speed, president, American Association of Dental Schools.

Dr. SPEED. Mr. Chairman and members of the committee, my name is Dr. Edwin M. Speed. I am president of the American Association of Dental Schools. With me is Mr. Leonard Wheat, special assistant for Government affairs of the American Dental Association. We are appearing today on behalf of both the American Dental Association and the American Association of Dental Schools.

It is our understanding that this committee wishes to defer consideration of the expiring health manpower authorities until such time as new legislation is enacted to revise or extend these programs.

For that reason, my remarks this morning will be limited to three other areas in the Department in which our associations have a major interest.

We would, however, respectfully request the opportunity to testify before the committee when appropriation hearings are held on health manpower.

DIVISION OF DENTISTRY

The Division of Dentistry is entering a critical period in its history. When our associations appeared before this committee last year, we expressed our concern over the Department's failure to request adequate funding for the programs of the Division. Congress responded to these concerns by recognizing the Division of Dentistry and its important programs in the fiscal 1974 appropriations report. That report states in part "* * * Over the years, the Division has conducted a broad range of programs that have had a positive impact on improving the oral health of Americans. * * * The committee believes that this Division should be retained and strengthened as a focal point for these important programs if the Department is to meet its responsibilities in these areas."

In February, the Department announced its fiscal 1975 budget for the Division of Dentistry. Unfortunately, nothing in this budget suggests that the conclusions and recommendations of the Committee on Appropriations have been considered. Today we are faced with a unilateral decision by the Department to drain off funds and personnel from the very programs that Congress ordered to be continued and expanded. These reductions are of such magnitude that the existence of the Division of Dentistry itself appears to be in jeopardy.

The Division of Dentistry has an operating budget of $14,231,000 for the current year. In the proposed budget for fiscal 1975, we are able to identify only $7.8 million to support the diverse activities of the

Division. This apparent loss of over 45 percent of the Division's budget is to be accompanied by the elimination of approximately one-half of its personnel positions and the closing of the Dental Health Center in San Francisco, Calif. These actions, if allowed to occur, will result in the virtual abandonment of many programs that have carefully and painstakingly developed over the years.

Although our associations appreciate that the continuance of this Division as an entity is not technically a budgetary problem—it nevertheless is at the heart of what we see as the fundamental issue: Will the Department provide the visibility and resources that the Nation's dental health problems deserve and must receive at the Federal level?

This concern was also raised by the Advisory Committee on Dental Health to the Secretary of HEW. Established in 1970, its task was to suggest ways in which the Department could improve its dental programs. Not surprisingly, the Advisory Committee's report—completed in 1972—indicated that the Department's goals for dental health were ill-defined; the administrative structure for dental programs were not coordinated and buried far below the policymaking level; and finally, the financial resources allocated to dental activities were inadequate.

This critique embodies no new facts. The situation described existed many years before the Advisory Committee's report, and, in view of the proposed 1975 budget—still exists today.

It is essential, in our opinion, that a line be drawn that states in effect—Congress and the American public are unwilling to allow the Department to neglect its dental responsibilities. Our associations firmly believe that dental health is an integral part of total health. As the principal agency in making this concept a reality, the Department of HEW must provide the financial support these dental programs require.

The Division of Dentistry is one of only two agencies within the Department with identifiable dental health responsibilities. As the committee is aware, the Division's small but expert staff conducts a broad range of coordinated activities. These programs focus on the development of sufficient dental manpower resources, more effective delivery of quality dental care services at reasonable costs, and the prevention of dental disease through fluoridation and other cost effective measures. The success of these efforts is—in large measure—a reflection of the support and understanding of this committee. It is also important to recognize that by maintaining these programs in a single division, they have developed as a highly integrated continuum, each individual activity drawing upon and complementing the others. This same organizational concentration has assured greater visibility and authority to dental programing. Extramurally they are more effective with both profession and public. Intramurally they can command a respectable amount of attention from a medically oriented department.

To insure that these vital programs are continued, we respectfully recommend that the committee appropriate a line item amount of not less than $17 million for the Division of Dentistry.

With respect to the announced closing of the Dental Health Center in San Francisco, our associations strongly urge that the Department defer such action until the full impact of the center's closing can be

assessed. We seriously question, for example, whether the contributions that have been made by the center—and the unique working relationship that it has developed with the dental profession of our Western States—can be duplicated in Washington.

NATIONAL INSTITUTE OF DENTAL RESEARCH

The National Institute of Dental Research has achieved an international reputation for its basic investigations into the causes of dental disease. Some measure of the importance of these efforts is reflected in the fact that this Institute has provided at least 80 percent of the funds spent on dental research and training in the United States since World War II.

Over the past 25 years, the National Institute of Dental Research has experienced a variable record of support for its activities. In the beginning—sums available for research were modest. In 1949, the first year of operation, the Institute had a budget of only $500,000. The fiscal 1974 budget of $49.3 million is an indication of the great strides that have been made since the initial years—as well as a reflection of the impressive scope of its present research programs. We must hasten to add, however, that the Institute's budget is still one of the smallest of any of the National Institutes of Health research components.

The Department's fiscal 1975 budget requests a total of $43,959,000 for the National Institute of Dental Research. This represents a decrease of $5.3 million from the current operating level. We do recognize, however, that this difference is largely accounted for by the release of impounded funds for expenditure during this year. When the adjusted 1974 appropriation is used as a base—the fiscal 1975 budget will actually provide for a $671,000 increase. We would be encouraged with even this small sum were it not for the fact that at lease $4–5 million is needed simply to keep pace with inflation. Likewise, we must ask what will happen to those projects that were initiated or expanded this year with the release of $6 million of illegally impounded funds?

A partial answer to that question is found in the Institute's grant support projected for next year. In fiscal 1974 the National Institute of Dental Research awarded 56 new and supplemental research grants—the fiscal 1975 budget will permit the initiation of only 11 new projects. Moreover, the level of support for existing commitments is to be reduced by almost $1 million. The administration's budget for training grants indicates that 43 awards will be made in fiscal 1975—the same number as were awarded in the current year. A closer examination, however, reveals that the overall amount of assistance will be cut by $1.8 million. A total of 140 new fellowships were awarded in fiscal 1974. It i sour understanding that only 40 new fellowships will be provided next year.

We could continue to cite examples of the consequences of this loss of funds in fiscal 1975.

The impact, however, is clear: Potential research breakthroughs will be delayed, promising avenues of investigation will be abandoned. It is important to also recognize that efforts to establish a permanent research base depend equally upon an adequate supply of skilled re-

searchers as well as orderly and predictable levels of support. Dramatic fluctuations in research outlays—as evidenced by the fiscal 1974 and 1975 Institute budgets—make effective planning all but impossible.

Our asosciations are, I believe, justifiably proud of the outstanding contributions made by the National Institute of Dental Research. The flow of knowledge that has resulted from the programs of the Institute has had an immediate and direct effect on the practitioner and his patients. Still greater achievements appear on the horizon. The most promising developments are expected to emerge from the national caries program that was launched in 1971. This broad-based program of investigation may well provide the cause—effect information that is necessary for the prevention of dental decay. Research in periodontal disease, which affects two-thirds of all middle-aged Americans, has yielded significant data on the interplay of immune responses to bacteria in the destruction of supporting tissue. Unchecked, this disease can lead to the loss of teeth and the erosion of supporting bones in the jaw.

One area which deserves increased emphasis is the program of Dental Research Institutes and Centers. This activity began 7 years ago as an effort to encourage interdisciplinary research in dentistry. By alining the skills of the clinical researcher with those of the pathologist, biochemist, geneticist, bioengineer and other basic scientists, dental research is able to focus on the entire spectrum of oral-facial disease. My own school, the University of Alabama, is fortunate to have been selected as the setting of one of only five such institute/centers in the country. We need at least double that number if dentistry is to attract other disciplines in the search for a better understanding of our oral-health problems.

Our associations strongly recommend that this committee appropriate $51 million for the National Institute of Dental Research.

GENERAL RESEARCH SUPPORT

Since 1962, dental and other health-professions schools have participated in the general research support program administered by the Division of Research Resources. This program provides our schools with a flexible source of support necessary to sustain a productive and creative research environment.

In fiscal 1972, a total of $55.2 million was awarded under general research support. Of that amount, approximately $2.6 was provided to 34 schools of dentistry. Since that year, it has been necessary for our Association and other health groups to initiate lawsuits to force the administration to release funds appropriated by Congress for this program.

As this committee is aware, there are four separate activities under the general research support program: general research support grants (the largest of the four), biomedical science support grants, minority school biomedical support, and health sciences advancement awards. With the exception of a reduced amount for minority school biomedical support, the Department proposes to eliminate all general research support assistance after June 30 of this year.

It is estimated that over 50 percent of these grants are for salary support. The effect of this abrupt phaseout will place a heavy burden

on our health-professions schools. For dentistry, the loss of general research support grants will have a profound impact.

Traditionally, the National Institutes of Health has provided only limited funds for dental research. This is evidenced by the fact that the proposed fiscal 1975 National Institute of Dental Research budget represents less than 4 percent of the total National Institutes of Health research outlay. General research support grants, therefore, have become an essential element in the efforts of our dental schools to improve the overall quality of research and research training. With the reduced support for research training in fiscal 1975, plus the across-the-board reductions in extramural research grants, an alternate source of support for these activities simply does not exist for many of our dental schools.

Our associations strongly recommend that this committee, at a minimum, appropriate $66 million for the general research support program. We would further suggest that $11 million of this amount be identified for minority school biomedical support.

Before closing I want to briefly mention a problem with which this committee is familiar—the impoundment of funds appropriated by Congress. As we noted earlier, it was necessary for many of the health associations to initiate legal action in order to have these funds released. This process involved a considerable expense for us all.

In the event this committee chooses to recommend appropriation levels above that requested by the administration—and we urge that you do so—our associations would also suggest that consideration be given to the inclusion of some provision that either requires the administratin to spend amounts appropriated, or provides for some source of assistance for these organizations that must seek remedy through the courts.

This concludes our remarks. We would be happy to attempt to respond to any questions the committee may have.

Mr. SHRIVER. Thank you, Dr. Speed.

THURSDAY, MAY 9, 1974.

WITNESS

DR. GEORGE JACKSON, PRESIDENT, INFECTIOUS DISEASES SOCIETY OF AMERICA

Mr. SHRIVER. Dr. George Jackson, president of the Infectious Diseases Society of America.

Dr. JACKSON. Mr. Chairman, I am Dr. George Gee Jackson, professor of medicine at the University of Illinois College of Medicine, Chicago, where I have taught internal medicine for the past 23 years. I am currenttly president of the Infectious Diseases Society of America, a society of approximately 500 of the outstanding teachers, investigators of clinical diseases, and researchers in various disciplines that pertain to infectious diseases. I am serving as a member of the virology study section of the National Institute of Allergy and Infectious Diseases and as Chairman of the Merit Review Board in Infectious Diseases for the Veterans' Administration.

I appreciate this opportunity to appear before you as one interested in the health problems, training of personnel, and research in the field of infectious diseases. In the way of definition, infectious diseases

are most obviously sicknesses incurred by contact with a transmissible or contagious germ. This is a narrow definition that is all most lay persons and some physicians consider the field to be. In the scientific community, however, infectious diseases is known to be that discipline of medicine concerned with all of the interactions of man with other living organisms and the mechanisms of individual host defense that permit us to live with one another and all the forms of nature in an equilibrium of health, with survival of the fittest.

When a break occurs in the balance of forces between microbes and host defenses and lessens the ability of the body to resist infection or illness, the resultant disease may be an epidemic, but the process of dynamic interchange of living single cells or multiple cell parasites between man and man, man and animals, and man and his environment with the production of disease and the mutation and evolution of microbial forms and alterations in the tissues of man are continual events that determine the level of endemic disease or well-being. Sometimes, as with respiratory infections, the level of endemic disease is so high as to constitute a major continuing health problem. Other infectious diseases, for example brucellosis or rabies, are primarily endemic in animals. Man infrequently gets in the way and becomes involved with disease, but when he does, the outcome can be serious and tragic. In between, there are hundreds of infectious disease processes of varying prevalence and severity. They account for approximately 20 percent of all office calls and 20 percent of all hospital admissions.

The discipline categorized as infectious diseases is concerned with man as a principal component of the biologic ecology which fundamentally affects the quality of life. It is progressively being disturbed, just as physical pollution is occurring by the changing habits and practices of society. The development and sustenance of a broad gauge of national competence in these areas is a responsibility we all share. In recent years, there has been some reawakening about the general importance of infectious diseases, which earlier were too often considered by lay persons and physicians alike to be conquered by the new antimicrobial drugs and vaccines. The present and more realistic awareness is important and necessary. Infectious diseases as a discipline, however, still suffers administratively from a nonidentity image, owing to its broad concern with more than just a single organ system, such as heart or lung, or a single disease, like cancer. From the breadth of concept and investigation has come the realization that many diseases formerly not considered to be infections at all are in fact tissue responses to infection, even some forms of cancer and degenerative diseases.

Historically, sanitation and the isolation of persons with disease have been the modes of approach to control of infections. Isolation has always been of limited value, even with the lepers of Biblical times. Hygiene is essential and hopefully will continue as a bulwark against some diseases related to social living, although it is flagrantly violated by some as an individual right. New social mores that permit multiple sexual partners and acts, beginning at an early age, have provided an excellent medium for the interhuman transmission of a multiplicity of infectious agents. Although gonorrhea and syphillis receive most attention, other venereal diseases include chancroid, caused by a bacillus,

infection with a group of extracellular organisms called mycoplasma, a group of intracellular organisms called chlamydia, which can cause suppuration, rectal strictures, and eye diseases, and several viruses. The consequence can be acute disease. Other infections might not be even recognized and, nevertheless, cause diseases in the fetus or newborn or cause transformation of cells that possibly result in cancer of the cervix or prostate gland or recurrent herpes on the penis. The continued scientific investigation of these different infectious germs is of great importance to our understanding and improvement of health. It requires more than a vaccine, a drug, or an educational program, although each of those is welcome.

The development of vaccines has been the principal historical mechanism for the prevention of specific epidemic or prevalent diseases. The accomplishments are easy to display and readily appreciated by the public and scientists alike. No other health-related discipline has the record of accomplishment for public benefit as is credited to infectious diseases. These successes are important, and the experience should be built upon and expanded by the development of new and improved vaccines. However, the production of immunity by vaccination, which is simple in concept, is in fact very complex when applied to the diseases of multiple causes or diseases of exposed surface, or when large numbers of persons must be immunized repeatedly. Thus, it requires much work, money, time, and good fortune to find pure, potent, and effective vaccines, but this research should be endorsed and continued at very opportunity. Two examples serve as illustrations of the problems in the development and application of vaccines. First, it is necessary to know the precise cause of a disease, its epidemiology, and the pathogenesis of illness. In the case of the viruses that cause the common cold, sore throat, and bronchitis, a problem with which I have been engaged in research for more than 20 years, we have discouraged ourselves by finding more than 100 different viral causes of these common afflictions. The development of a vaccine is not an easy answer. That we continue to have funds to permit study of these viruses for their relative importance, seriousness of disease, and properties in common is important to the understanding that can lead to ultimate control. The answer will come only by persistent, sustained investigation. A problem of different nature is exemplified by influenza, where an effective vaccine can be produced. It fails on two counts.

First, it is not used adequately in the absence of disease. It is, therefore, important for us to learn what segments of the population especially need to be vaccinated, when in the year, and how often it should be given, and so forth. This requires organized study. The other side of the coin is that the virus is crafty; it frequently exercises a genetic capacity to change its coat and thus escape the protective effect of vaccine-induced antibodies. To overcome these problems requires continuing research on the genetics of the virus to learn the nature of the changes and how to overcome the escape pathways the virus uses.

After noting briefly the need for basic information about microbial causes of disease and vaccination as a mechanism for the prevention of certain specific diseases, I want to return to the theme of how we resist injections. Currently, there are two infectious disease problems of importance that are not adequately recognized and funded through appropriate channels. One is the acquisition of infections by patients in

the hospital, which is a major complication of other diseases and cause of mortality. Patients in the hospital share the same vulnerability to injection. Approximately 10 to 15 percent of all patients entering a hospital acquire a significant infection during their stay. The result, in addition to the morbidity of the patient, is prolongation of hospitalization and increased costs. About 1 in 100 to 1 in 200 patients admitted to hospitals will develop a septicemic blood infection with a fatality rate of about 40 percent. The prevalence of this and other hospital-acquired infections in this country is both an obstruction to good health care and a contributing factor in the fiscal health burden of the Nation. It requires attention at the educational level, in the training of physicians and hospital personnel, perhaps in the design and construction of new facilities, as has been done in Sweden; but certainly, research and the development of factual data on host defense mechanisms and an analysis of causes and practices related to intrahospital infections.

Antibiotics, which are hailed by everyone for the good they have produced, were believed by the uncritical or uninformed to provide a way for the elimination of infectious disease problems. One-third of all hospitalized patients, or more than 13 million per year, are given antibiotics. The average cost per patient exceeds $100. It may be that this level of use is proper owing to the fact that about 20 percent of incoming patients have an infectious disease problem, and 10 to 15 percent acquire one after admission. However, most physicians receive no special training in antimicrobial chemotherapy other than learning the current practices. We need personnel and programs for postgraduate students to investigate and learn critical features about the use of such drugs during the years when they are developing their practice habits.

I have another statement in the insert about the practice of antibiotic use. I will comment that one-third of all patients who enter the hospitals are treated with antibiotics which exceeds 13 million patients a year at an average cost of $100 per patient.

A final example I will give regarding the need for the integration of microbial research and the study of host defense mechanisms is to note that failure in the chemotherapy of cancer patients is more related to the failure to control infection in cancer patients than to failure of the anticancer treatment. Although I have no precise figures, I am told and believe that about one-half of cancer patients die because of infection. The development of potent anticancer drugs, often used in combination and repeatedly, are likely to destroy the already weak host defense mechanisms of patients and eliminate their ability to withstand infection. The frequency of bacterial blood poisoning is 50 to 100 times more frequent in patients with leukemia, 15 to 20 times more frequent in other malignant lymphomas, and about 5 times more common in patients with solid tumors than in hospital patients without cancers. The fatality of such infections is three to four times greater than in noncancer patients. Also, anticancer treatment, as well as age and other conditions, often will light up an infection of a type we all acquire during life, which is not cured but held in the body in a latent state until activated by drugs, other disease conditions, age, or physical factors. Similar problems are being encountered among the increasing number of patients with kidney transplants or recipients

of other homografts. Persons with joint prostheses or artificial heart valves are others at high risk of infection.

The intellectual resources for studying both the microbial causes and basic host defense mechanisms and for devising ways of preserving and stimulating the latter are through the NIAID grants research program. Such information has meaning for patients in every discipline of medicine with potential capability for the prevention of tumors and tumor growth as well as bacterial fungal, parasitic and viral diseases. It is a potentially rich resource of our country, but at this time, the NIAID is funding only 30 percent of research grants that are approved after vigorous and critical peer review, even after release of impounded funds. At least two former Nobel Prize winners have failed to obtain funding within the past year. Few nations treat their esteemed scientists so harshly. Such severe funding restrictions are, in my opinion, false economy and inefficient use of our talent and funds. I strongly encourage you to gain an understanding of the broad importance of the infectious disease programs administered through the NIAID and CDC and to recommend support that will permit them to grow and develop relative to their importance in addressing the health problems of the Nation.

Thank you.

Mr. SHRIVER. Thank you, Dr. Jackson.

Dr. JACKSON. I said nothing about the budget. If I might take half a moment. Others will do that. The budget might take half a moment. Others will do that. The budget request is at $110 million, which is at the previous year level after the impounded funds were removed last year. That is, it appears that the $7 million that were removed by impounding have not even been put back into the proposed budget.

The amount requested, supported or endorsed for the NIAID by the Association or American Medical Colleges was $125 million. The current approved level is $117 million.

I would just call to your attention the Institute of Allergy and Infectious Diseases is the lowest funded of the major Institutes, except for Eye and Dental, among the 10 principal Institutes that are on the NIH campus. Thank you very much.

Mr. SHRIVER. Thank you.

THURSDAY, MAY 9, 1974.

MATERNAL AND CHILD HEALTH

WITNESSES

DR. JAMES GILLESPIE, PRESIDENT, AMERICAN ACADEMY OF PEDIATRICS
DR. ROBERT FRAZIER, EXECUTIVE DIRECTOR

Mr. MICHAEL. Dr. James Gillespie, president of the American Academy of Pediatrics, and Dr. Robert Frazier, executive director.

Doctor, we are very happy to have you. We will be glad to hear your testimony.

Dr. GILLESPIE. I am James B. Gillespie, M.D., president of the American Academy of Pediatrics and with me is Robert G. Frazier, M.D., executive director.

The academy has appeared before this subcommittee before, and we

are pleased with your growing interest in the difficulties confronting the children of this Nation. This status of medical care availability is inadequate at best for too many of the Nation's low income children. As an academy we have several programs, some in partnership with Federal agencies and others with Federal support, designed to make high quality health and medical services more readily available. We are here today to suggest that a greater emphasis must be placed on keeping children healthy, assuring that they are exposed to preventive medicine and immunization, treating their diseases and illnesses early so that conditions can be eliminated and so that more serious conditions will produce less long-term handicaps. As a nation we pay too little attention to disease prevention and treating it early.

The Federal-State maternal and child health services are designed to prevent and treat early, and consequently they represent one of the best utilizations of Federal expenditures. A dollar put into maternal and child health service is a dollar well invested and provides an excellent cost/benefit ratio. Yet for some reason, still undetermined or perhaps best remaining unsaid, the percentage of the Federal health care dollar for children steadily dwindles—whereas a decade and one-half ago, 50 cents of the Federal health care service dollar was spent upon children, today we barely give 10 cents out of that same dollar for children. We are here today to speak to that trend and to urge this subcommittee to consider reversing that trend.

This subcommittee has received abundant information from governmental sources about maternal and child health services, the formula grants and special projects grants, the types of services provided, the effects of these programs upon infant mortality, sickness, and hospitalization in childhood. When scrutinzed closely, these data are impressive and show a positive impact is being made toward improving the quality of life of young infants, children, and adolescents. Yet it is quite disturbing that year after year the administration's testimony alludes to the "excess of preventable deaths, illnesses, and handicapping conditions." We need not be reminded of our standing among the developed nations in regard to infant mortality, yet we still lack a national commitment to reduce infant mortality to a more appropriate level considering our per capita income as a nation, considering the status of the art from the technical and scientific perspectives, and from the vantage point that we have proven models for effectively impacting which we are not fully utilizing.

There is one other distinction that is ours among the developed nations—we are unique in that we have no Federal agency in our bureaucracy which devotes its full resource and attention to the health care of the Nation's women and children.

In 1972 the Congress extended the special project grants for 1 year because the administration had made no attempts to prepare for the transition from formula and project grants to distribution among States solely by formula. In 1973 the situation had not been resolved by the administration and so the Congress was once again required to act again. Congress enacted in June of 1973 section 516 which extended the basic authority for project grants through fiscal year 1974, and provided that in fiscal year 1975 and thereafter supplemental allocations would be made available to States with special projects so that there could be a continuation of appropriate services to popu-

lation groups that had been receiving services from special projects.

In fiscal year 1974, $30 million could have been appropriated under the supplemental appropriation for section 516. The administration did not act, so once again the Congress was required to take the initiative and $7 million were appropriated. With the distribution of maternal and child health money via the formula, each State is required not only to maintain its existing maternal and child health activities but is also required to establish at least one of each special project: M. & I., C. & Y., dental, newborn intensive care, and family planning. So not only are new funds needed to maintain existing efforts but also additional appropriations are required to assist States in the establishment of new activities.

In attempting to identify levels of funding to propose to the subcommittee, our task this year had been greatly facilitated by past congressional action.

DHEW calculations indicate that for fiscal year 1975 approximately $36 million can be appropriated under section 516. It is understood that the administration has requested only $7 million. If special language requested by the administration is granted by the Congress so that money impounded for the past 2 years can be spent in fiscal year 1975, an additional $10.4 million will be available. These funds ($7 million and $10 million) will be applied to the $36 million shortfall funds needed for maintenance of existing effort. The administration proposes to rob Peter to pay Paul by taking money from formula grants to make up the shortfall among States with projects.

The administration had testified to the need for funding of section 516. Their support was encouraging; however, the academy recommends that $19 million be added to the budget rather than crippling ongoing maternal and child health programs.

Section 503 will require that States throughout the Nation establish a program of projects. The administration's budget justification reflects that 162 new projects will have to be established by law among the States. The Federal Government should provide some additional assistance to States as they prepare to expand their activities required by law. The academy estimates that $81 million of new money will be needed if each required project is established on a minimal to modest basis. Since it is not likely that such funds will be forthcoming, it is recommended that an incremental expansion be initiated each year so that over the next 5 years program objectives may be met. The academy recommends that 20 percent of this expanded effort be imposed in fiscal year 1975 and that $16 million be added to the MCH appropriation request for section 503, State formula grants.

MCH formula grants under section 504 support State crippled children's services for children who have chronic disabling health problems. These State programs provide comprehensively directed programs for which few practitioners have time or facilities to manage. At this point in the fiscal calendar each year physicians who refer patients to the State program usually find that the family will be told to return at the beginning of the next fiscal year when funds are again available.

And so children with cleft palate, congenital heart disease, cystic fibrosis, orthopedic problems and other chronic and disabling problems which require sophisticated attack are put off. Their problems are

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compounded, their needs are unmet, while the personnel and the systems which could help them stand idly by. Appended to this testimony is a brief two-page report on a survey of State crippled children's programs performed at this time last year. There is no reason to expect such a survey today, would uncover different findings today, for the fact remains that during the past several years there has been no increased spending for crippled children's programs.

The academy recommends that section 504 formula grants for States for crippled children's programs be increased $10 million so that some progress might be made toward reducing the tremendous backlog of cases. If we are concerned as a nation in improving the quality of life, and if justification for expanding the crippled children's program budget is necessary, let us consider for a moment the estimate that 10–20 percent of all children in the United States suffer from chronic handicapping conditions. Furthermore, at least one-third of these conditions could be corrected or prevented by appropriate care in the preschool years, and comprehensive care through age 18 would correct or prevent up to 60 percent. It is quite apparent that comprehensive programs for children and youth provide a corridor to eventual better health for the entire Nation.

In summary, it is recommended that we should spare at least 10 cents on children out of the Federal health-care dollar. Consequently it is recommended: $19 million be added for section 516 to keep existing projects in operation; $16 million be included for section 503 to help States meet their new commitments in establishing a program of projects; $10 million be added for section 504 to reduce the number of handicapped children excluded from programs.

Thank you for the opportunity to present these remarks, and for your continued interest in improving the quality of life for children.

(Attachments follow:)

IMPACT OF SHORTAGES OF FUNDS ON STATE CRIPPLED CHILDREN'S PROGRAMS

Alabama—Restricting services to a primary diagnosis only. No dental services provided. Are not able to expand diagnostic conditions.

Alaska—Reduction in Federal Title IVa funds has reduced resources to provide transportation for crippled children. Have reduced eligible diagnostic conditions.

Arkansas—Ten percent of eligible children are denied services due to restriction of funds. Physicians' services are hard to obtain because of low fee schedules. Cannot expand diagnostic conditions.

Colorado—$145,000 additional funds needed to maintain program level. Large increase in caseload referrals; 700 children are waiting for occupational therapy, physical therapy and speech care. Backlog of 13 major orthopedic, 19 neurological, and 2 cystic fibrosis. Discontinued cardiac cases on February 20. Waiting lists for hearing, cleft palate, and genitourinary treatment.

Florida—Shortage of professional personnel makes it impossible to service ever increasing patient load. Emergency transportation for infants with congenital malformations at birth has been restricted.

Georgia—Funds restricted for physical medicine. No hospitalization for last quarter. Backlog of eight cardiac cases.

Hawaii—Cannot add new diagnostic categories. Have postponed elective surgery and restricted caseload.

Idaho—Will have to seek advances from next year's State funds in order to maintain cardiac services.

Iowa—Increase in costs continue to cause further reduction in services. Clinic services have backlog of cases. No new cardiacs scheduled this year except for emergencies.

Kansas—Unable to expand services. Cannot add any new diagnostic categories.

Kentucky—Surgical cases restricted last November by 10 percent. Have curtailed hearing program. Hospitalization funds depleted.

Louisiana—Since February, elective surgery has been postponed. Crippled children's cases for hospitalization made on priority basis only.

Maine—Epilepsy has been removed as an eligible diagnostic condition.

Maryland—Have waiting lists for speciality clinics due to more referrals. Cannot extend services or diagnostic categories. State resources have been restricted.

Massachusetts—Have reduced eligible diagnostic categories. Have reduced referrals for long-term handicapping conditions. Cardiac care has been restricted.

Mississippi—All elective surgery has been postponed. Purchase of appliances and patient transportation has been cancelled.

Missouri—Would add additional diagnostic categories if sufficient funds were available. Request for state funds cut significantly. Costs are exceeding available funds. No funds for purchase of hearing aids.

Montana—Funds for emergency hospitalization only. Surgery for 20 orthopedic, 5 cleft palate, and 5 cardiacs postponed. Noticeable increase in cardiac cases. No funds for physical therapy, appliances or orthodontics.

Nebraska—Cannot adequately care for multiply handicapped and cystic fibrosis cases. No funds for malignancies, cannot include such cases.

Nevada—Has not been able to expand services for last 4 years. Surgery has been restricted.

New Hampshire—By February of each year, crippled children's funds are exhausted and care is restricted to emergency cases only.

New Mexico—Services cut back as of March—emergencies only. Costs for medications and neurological cases cut one-half in last quarter.

North Carolina—Has not been able to add any new diagnostic categories since 1964.

North Dakota—No funds for cardiac cases.

Oklahoma—State agency cannot properly care for congential heart cases.

Oregon—Are not able to add new diagnostic categories. Cannot expand services to better maintain continuity of care. Funding restrictions limit training in specialized personnel categories.

Puerto Rico—Extension of services has been curtailed due to lack of resources.

Rhode Island—Due to fund limitations, care is restricted to orthopedic and cardiac cases only. Cannot expand service facilities.

South Carolina—Does not have funds to extend services to additional areas. Has not been able to expand diagnostic categories.

South Dakota—No funds for hearing aids, metabolic and neurological cases. Backlog of heart cases. Funds for medications only for cystic fibrosis cases.

Virgin Islands—Geographic isolation of islands results in high costs for transportation of patients, escorts, and medical staff. Complicated cases must be sent to United States. Keeps caseload now in relation to need.

Washington—Increases in cost of care require limitations on caseload. Have not been able to extend diagnostic conditions. Do not have resources to care for catastrophic or long term handicapping conditions.

Wyoming—No funds for malignancies—cannot include such cases.

Mr. MICHEL. Thank you, Doctor. I am curious. In your comment with respect to what the States have or have not done, has your academy made any effort to get the States to do anything with their revenue-sharing money?

Dr. GILLESPIE. Through our chapters of the academy.

Mr. MICHEL. Have they really made a concerted effort or gone to the State legislatures?

Dr. GILLESPIE. Many of them have. I can't tell you which ones.

Mr. MICHEL. Have they all been rebuffed on such popular programs as crippled children and maternal and child health?

Dr. FRAZIER. That is hard to answer in detail, Mr. Michel. This list of programs appended was developed last year because of the efforts in several of our agencies to help their chapters obtain additional funds at the State level. We were so concerned by the problems that some of them faced that we tried to study all of them. I think that many chapters have joined with their State agencies to try to present the problem forcefully to the legislatures.

Mr. MICHEL. Thank you.

THURSDAY, MAY 9, 1974.

GENERAL MEDICAL SCIENCES

WITNESS

DR. ROBERT M. BOCK, DEAN, GRADUATE SCHOOL OF UNIVERSITY OF WISCONSIN

Mr. MICHEL. Dr. Robert Bock, dean of the graduate school of the University of Wisconsin.

We are glad to have you before the committee.

Dr. BOCK. Mr. Chairman and members of the committee, I have a prepared statement which I would ask to be placed in the record. To try to help you get on schedule, I will simply cover the highlights of this statement.

[The statement follows:]

Mr. Chairman and members of the committee—I am pleased to have this opportunity to make recommendations concerning programs in the National Institute of General Medical Science and the Division of Research Resources which have served the public very well and are now threatened with erosion or extinction. The NIGMS has the responsibility for targeting on solutions of problems of genetic disease, toxicology, trauma and other specific disease problems not falling under the catagoric institutes, it has the responsibility of bringing about advances in essential health support technology such as anesthesiology and its new competitor acupuncture, clinical chemical analysis, radiology and biomedical engineering and the Institute has the principal responsibility for basic biomedical science which underpins all of the targeted research programs.

An important decision which deserves your consideration is how to find the appropriate balance between basic and targeted research. One test of balance is to compare the quality and quantity of opportunity in various categories as judged both by broad expert reviewing panels and by the many hundreds of scientists who propose to NIH the research projects they judge to be timely, realistic and in the Nation's health interest.

These investigators have sound biological skills and broad fundamental training which permits most of them to make proposals clearly in the targeted areas when the basic understanding permits a direct attack. Yet, as judged by broad panels of experts, higher quality proposals go unfunded in basic research than in NIH overall. If our national attention is to be directed to targeted research, then funding of proposals ranked at 10 or even 20 percent lower priority than the ranking needed for basic research could be defended. However, to reach that balance, at least an additional $9 million per year, plus a new initiative in research training and restoration of the instutional grants for general research support would be required. The tests of judgment of broad panels of experts and of the health scientists themselves reveal that funding for basic research has been far below the level needed to balance the quality of targeted and basic research.

The research training program proposed for phaseout in the President's budget has been a source of new basic knowledge and skilled personnel. Fundamental problems of health are challenging and excellent training grounds for future applied scientists. Thus, the training process has been a fountain of new knowledge in addition to a source of new scientists. Its demise will pose a double threat to the long-term future health of our Nation.

The President's budget proposes zero funding for the institutional general research program. A year ago this committee spoke firmly in support of this efficient instrument by which, for a proposed 5 percent of the extramural nonprofit institution research funds, institutional decisions guide the best attack on biomedical science problems. The general research support program has been evaluated and found effective, responsive, and economical. The AAU presidents have endorsed its continuation even though they must furnish the indirect costs of research done under this program. The statement they have endorsed is attached as appendix 2. Appendix 1 is a proposed budget for NIGMS and DRR.

I would be pleased to answer questions by the committee.

APPENDIX 1

NATIONAL INSTITUTES OF HEALTH CITIZENS' BUDGET FOR FISCAL YEAR 1975

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

	Fiscal year 1974	1975 President's budget	1975 recommended
Pharmacology-toxicology	$24,654,000	$26,175,000	$26,175,000
Biomedical engineering	21,470,000	21,421,000	22,600,000
Clinical and physiological sciences	21,138,000	23,251,000	23,251,000
Genetics	45,194,000	46,087,000	48,000,000
Cellular and molecular basis of disease	47,824,000	44,925,000	50,300,000
Research management and program services	6,525,000	6,470,000	6,800,000
Subtotal	166,805,000	168,329,000	177,126,000
New training initiative	0	0	20,000,000
Total			197,126,000

It is recommended that total biomedical research training grants be restored to $33 million. The average level of this program is 1967 to 1972 was $44 million. After proper allowance for inflation and elimination of portions of the program with poor cost/effectiveness, the restored program would train two-third as many health research personnel as were needed during those expansion years. This level will permit selective, quality training of needed replacement personnel and will require careful allocation to areas where long-term manpower needs are greatest.

The President's budget as proposed covers $13 million of prior commitment training grants. In order to reach the recommended $33 million level, it will be necessary to add $20 million of new and/or renewed training grants. These new grants should be made very selectively after careful review of program priorities and cost effectiveness. Therefore, the recommendation is shown as a new initiative not yet allocated to subprograms.

It is further recommended that the General Research Support program in the Division of Research Resources be restored by adding $55 million to the President's budget recommendation for DRR. The DRR has studied policy refinements which can make this already effective and efficient program even more responsive to the Nation's changing health research needs. The Congress is urged to support such improved policies for administration of this program so that maintenance of quality and responsiveness replace those facets of the policy which aided growth.

APPENDIX 2

AAU STATEMENT ON NIH INSTITUTIONAL FORMULA GRANTS—MARCH 13, 1974

The Council on Federal Relations recommends that the presidents of the American Association of Universities place their strong endorsement on the need for significant funds administered in the format which GRSG/BSSG has shown to be so effective and economical in achieving mission goals which are shared by NIH and the grantee institution. A small percentage of NIH's budgeted resources should be used for this institutional support, even though some approved, but lower priority research project applications may go unfunded.

The remarkable efficiency and effectiveness of the use by institutions of the few percent of NIH funds that have gone for institutional support (1 percent in fiscal year 1973), persuades us to affirm the statement of the House of Representatives Select Committee of the 88th Congress who said, "The institutional grant system is an efficient complement to the project system, especially where broad agency missions are concerned. The committee (Congressional) recommends its continuance. . . ."

The formula grant program is an excellent example of "New Federalism" which has been tested and shown to be effective. By authorizing a small percentage of the budget to respond to decisions by the biomedical research institutions who perform the services, the Nation has gained efficiency, responsiveness and breadth of input into its biomedical research. At a time when the New Federalism is being installed in other areas, it seems unjustified to abandon the practice in a case where it has performed extremely well.

PERSONAL DATA OF DEAN ROBERT M. BOCK, PH.D., GRADUATE SCHOOL, UNIVERSITY OF WISCONSIN, MADISON, WIS.

Name: Bock Robert M.
Date of birth: July 26, 1923.
Place of birth: Preston, Minn.
High school: Marquette Public School, Marquette, Iowa.
Present address: 4816 Hillview Terrace, Madison, Wis.

Name and location of college or university attended	Dates attended	Years completed	Degree and date	Major and minor
University of Wisconsin, Milwaukee.	May 1946 to September 1947.	2		
University of Wisconsin, Madison.	September 1947 to January 1952.	3½	B.S. 1949; Ph. D. 1952	Chemistry (phys. chem. and biochem.).
California Institute of Technology.	February to August 1955		Postdoctoral	
Cambridge, England	February to May 1961		Sabbatical	

Ph. D. subject: Physical chemistry.

Military service: Branch, U.S. Army. From January 1943 to January 1946. Was master sergeant in charge of War Criminals Interrogation Center, Mondorf, Luxemberg, and Nuremberg trials operations battalion.

Honorary degrees and special awards: Glidden lecturer, Institute of Paper Chemistry.

Additional information: Editorial board, analytical biochemistry; member, National Research Council; Exobiology Study Committee, NIH Fellowships Panel; past chairman of Wisconsin section, American Chemical Society; science adviser to Governor of the State of Wisconsin; adviser to food processing industries, National Science Foundation; National Institutes of Health, NASA, Oak Ridge (AEC); representative of United States to Assembly of International Union of Biochemistry; past president of Association of Graduate Schools; national vice president, biological division of American Chemical Society.

Professorial promotions: Assistant professor, September 1952; associate professor, July 1955; professor, July 1961; other, February 1967—dean of the graduate school.

Summary of research program: Structure of proteins and nucleic acids, mechanisms of enzyme catalysis, mechanism of enzyme regulation, design and theory of fractionation procedures and instruments, mechanism of brain function, physical biochemistry, molecular biology, the genetic code.

Total number of research papers published: 90 (through 1973).

Membership and participation in scientific, professional, and honorary societies; American Chemical Society, Sigma Xi, Phi Beta Kappa, American Society Biological Chemists, American Society Cell Biologicals, et cetera.

ADDENDUM TO CURRICULUM VITA

ACTIVITIES OF ROBERT M. BOCK—1973–74

Dean of the Graduate School.
Professor of Biochemistry.
Professor of Molecular Biology.
Governor's Science Adviser (For State/National Science Foundation Activities.
Trustee, Argonne Universities Association.
Chairman, Research Committee—Graduate School.
Member, Campus Planning Committee.
Chairman, Biotron Committee.
Consultant, Ford-Spanish Ministry of Education.
Chairman, Ford-Peru-MUCIA—Basic Science Project.
Member, University of Wisconsin Graduate School Fellowship Committee.
Member, Chancellor's Administrative Council.
Member, Argonne Universities Association—Environmental Studies Committee.
Past President, Association of Graduate Schools.
President-elect, Biological Division of American Chemical Society.

Member, Chancellor's Academic Planning Committee.
Member-Representative, University Corporation for Atmospheric Research.
Chairman, Advisory Committee, NIH Division of Research Resources, General Research Support.
Chairman, Biology Review Committee, Los Alamos Scientific Laboratory.
Chairman, Nominating Committee, Association of Graduate Schools.

Dr. BOCK. I point out that the National Institute of General Medical Sciences has both a variety of targeted research responsibilities for programs that are new and emerging in character and have not been covered by categoric institutes and that, in addition, they have the broad basic research development responsibility of NIH.

I realize that this committee has given wisdom and very thoughtful leadership over the years in coming up with a balanced budget for our health research efforts and that you must face the very difficult decision of how much is enough. That is a difficult decision.

There are some indicators that you may find useful in the process by which the National Institute of General Medical Sciences covers its research grant awards. They review the requests for funds to conduct research by expert panels who have capability for reviewing both targeted and basic research.

The proposals are made by scientists who have a broad training background and the capability to make proposals, either for uncovering fundamental knowledge or for applying the knowledge already at hand. From their collective wisdoms, they propose the sets of projects that must be reviewed by this institute.

If one looks at the result of this process, you will find that there are many more projects which are ranked outstanding in quality which fail to receive funding in the basic research area compared to the NIH at large. If our Nation puts its priorities on the application of its research, then there rightly should be a higher priority given to the application of the knowledge. The question is how can it go?

I believe that an examination of the quality of the proposals and opportunities before this Institute will show that, in order to come to a reasonable balance, we must do at least three different things. One, there should be an addition of about $9 million put into the basic research support areas of this institute.

Second, there should be a partial restoration of two programs that support this. They are both listed in the President's budget for phase-out to zero dollars. One of these programs is the research training program. The research training program has been a very productive and excellent program. It allowed us to grow and produce the capacities that we have today for education and research in health sciences. There was evidence that parts of it were overgrown or were not urgently needed at this time. Last year my orchard was also overgrown. But I did not uproot it or cut it off at the stump. Judicious pruning is what is suggested in my budget recommendation.

I believe that we could reduce this proposal from its previous average level of $44 million a year to $33 million a year, prune out the least cost effective and tune it to our needs of today, and yet have an excellent investment in the long term future of the health of this Nation. I believe that correction by elimination was an improper start.

A third supporting aspect of the efforts of the National Institute of General Medical Sciences is in the institutional formula awards. There, over the past years, until the recent couple of years, about 3 percent to

5 percent of the extramural research budget of the National Institutes of Health were allocated to the institutions to make decisions on short term funding, emergency or new program development in the Nation's health interest. These funds are both fiscally and programatically accountable. They are excellent investments in Federal revenue sharing. That is, they allow a small percentage of your health dollar to be invested with the wisdom of the performing institution.

This program has been analyzed. Last year I served as chairman of a committee that tried to analyze the efficiency and look at the strongest feature of this program. We made suggestions for improvement and fine tuning of the program. But we found it to be excellent as it was.

The President's budget recommends zero dollars for this program. I would recommend that it be restored to the previous level. I have presented in my testimony budgets for this recommendation.

I would be glad to try to answer any questions the committee has.

Mr. MICHEL. Doctor, we are glad to have your testimony. We have said any number of times there aren't as many proponents for general medical sciences as there are for the more popular Institutes out at NIH, like Cancer, Heart and Lung, et cetera, et cetera. Nobody really suffers from the disease of general medical science.

Dr. BOCK. That is right.

Mr. MICHEL. We appreciate your coming to testify in the reasonable and rational manner in which you have. It's good for the record to have that.

Dr. BOCK. I believe it has been a good program and the program administrators are actively at work to keep it good and make it better.

Mr. MICHEL. Thank you very much, Doctor. Your testimony will be printed in full in the record.

THURSDAY, MAY 9, 1974.

MENTAL HEALTH

WITNESS

JERRY COLE, DIRECTOR AND MEMBER OF PUBLIC AFFAIRS COMMITTEE, NATIONAL ASSOCIATION FOR MENTAL HEALTH

Mr. MICHEL. Our next witness will be introduced by Mr. Shriver.

Mr. SHRIVER. It's my pleasure to introduce a friend of mine, Mr. Jerry W. Cole, who is an outstanding citizen of Wichita, Kans., which also happens to be my hometown. He has an excellent record of community service. He is a board member of our State association for mental health and a member of the board from Kansas of the National Association for Mental Health.

Mr. COLE. Thank you, Congressman Shriver.

My name is Jerry W. Cole. I reside in Wichita, Kans., and am a partner in Armfield-Cole Consultants and have been an agent for the Bankers Life for the past 12 years.

I am appearing before you today as a citizen volunteer in behalf of the National Association for Mental Health. I am a director from Kansas of the National Association for Mental Health and a member of its public affairs committee.

I have been an active volunteer in the field of mental health since 1968 when I became involved in an effort to save our local community mental health center. Since then I have served as a member of the board of the Kansas Association for Mental Health, chairman of its social action committee and as past president of the Kansas Association for Mental Health. I have also served as a member of the advisory committee of one of our comprehensive community mental health centers in Wichita, Kans.

Mr. Chairman, I wish to express my appreciation for the privilege of appearing before you today. It is an honor for me and the National Association for Mental Health, whom I represent.

The National Association for Mental Health is an organization of lay volunteers. We claim to speak for the consumers of mental health services rather than providers of mental health services.

There are several major points regarding the National Institute of Mental Health (NIMH) budget, which I wish to emphasize.

1. The importance of achieving the goal, established by Congress, of total national coverage of community mental health centers (CMHC's), by 1980.

2. The funding of 120 new staffing grants for CMHC's in fiscal year 1975 with strong preference going to new centers to keep pace with the 1980 target for completion of the program.

3. The compelling need to begin serious and persistent efforts to find the causes of mental illness and the concomitant need to increase the NIMH research budget.

4. The need to provide adequate mental health manpower funds and to firmly oppose the administration's position which would phaseout the psychiatric residency training program.

Mr. Chairman, I would like to provide background information regarding the current status of the community mental health centers program, give specific information about the important progress in one community as it developed CMHC services and finally, to elaborate on the specific need for more funds for staffing, research, and manpower training.

THE NAMH IMPOUNDMENT SUIT AGAINST THE ADMINISTRATION ON RESEARCH, MANPOWER TRAINING, AND ALCOHOLISM FUNDS

Mr. Chairman, the importance with which the National Association for Mental Health views mental health research, manpower training, and alcoholism funds, is illustrated in the successful suit which we brought against HEW Secretary Weinberger and others to release $126 million in impounded funds. Briefly, the administration had impounded $24 million in research grants, $34 million in manpower training grants, $40 million in alcoholism project grants, and $30 million in alcoholism formula grants during fiscal year 1973. NAMH led the effort to bring suit against the administration to obtain these impounded funds and enlisted the efforts of 21 organizational plaintiffs, 10 individual plaintiffs, and the States of Massachusetts and Wisconsin in bringing that action. We believed, and so stated, that the administration was not complying with the intent of Congress in withholding these funds. On February 7, 1974, Judge Thomas Flannery of the

U.S. district court in Washington, D.C., ordered that the funds be released with all speed as was administratively feasible.

Mr. Chairman, the amount of time and money that NAMH and other plaintiffs gave to this important litigation speaks more clearly than anything I could say here regarding how importantly we view the funds that have been appropriated by Congress for this important program and have been impounded.

In addition, we submitted an amicus brief in the successful litigation that promises to release $177 million in community mental health center related moneys.

BACKGROUND ON FEDERALLY FUNDED CMHC'S

As of September 1973, there were 540 comprehensive community mental health centers that have received Federal funding. Of that number, 392 are operational. Of the 540 centers, 280 were in communities designated as poverty areas.

The total number of people residing in areas that have received Federal funds for community mental health centers is 80 million or approximately 40 percent of the U.S. population. About 60 million people reside in areas where the federally funded centers are already operational.

It is important to note that community mental health centers are fairly evenly distributed through our total population. Fifteen percent of the centers are in cities of 500,000 or more. Fifty percent are in cities of 25,000 to 500,000 population and 35 percent are in cities of less than 25,000 population.

While we have repeatedly used the term "federally funded" centers, Federal funds do not provide the greatest source of income for federally funded centers. Only 27 percent of a center's total funds come from Federal NIMH staffing grants. State government provides 29 percent; local and county governments, 9 percent; patient fees, insurance payments, medicare and medicaid, and other receipts account for 24 percent. Fundraising brings in 4 percent and research and training brings in another 7 percent. As you can see from the foregoing, Federal funds have provided the important impetus to generate substantial other funds for the development of community mental health centers.

Between 1969 and 1971, in the first 100 centers developed with Federal funds, there was an increase in the amount that every dollar of Federal funds generated in non-Federal funds. In 1969, each Federal dollar generated $1.86 in non-Federal funds. In 1971, each dollar generated $2.05 in State and local, private and public funds.

The average numbers of patients seen in each center per year has increased steadily since statistics were first taken in 1968. In 1968, the average number of patients seen per center was 1,646. In 1971, that average had increased to 2,350. The total number of patients seen has also dramatically increased since 1968. In that year, 271,590 patients were seen by all centers. By 1971, that figure had increased to 693,260.

The fact that community mental health centers are becoming increasingly better known in the community is evidenced by the fact that 37 percent of all referrals to centers are either self referrals or come through the family or friend of the patient or people walking in off the street.

The next highest source of referrals is physicians and medical facilities which account for 18 percent of all referrals. Perhaps one of the most encouraging signs in the development of centers is that 77 percent of all services are outpatient and another 5 percent are partial hospitalization services. In other words, only 18 percent of the patients seen at community mental health centers are seen on an inpatient basis. This is further indication of the growing trend toward ambulatory treatment of the mentally ill.

A PERSONAL ILLUSTRATION

I would like to use the following personal example to illustrate the need for CMHC's.

One of the problems confronting children with serious nervous or emotional conditions has been the lack of facilities and lack of trained manpower to help them. Two and one half years ago, my son who was then 8 years old was diagnosed as withdrawing radically from the world around him, although we had availed ourselves of the school system's counseling services, these were not sufficient to provide the kind of help he needed.

After extensive consultation with a child psychiatrist it was decided that this 8-year-old boy must be admitted as an inpatient to an adult psychiatric ward of a general hospital. He spent 5½ months confined in this environment, as the youngest and many times the only child in the situation. The reason that this was necessary was because there was no other facility available for the treatment of children in my community, although I live in the largest city of Kansas. Moreover, there was no facility available in the State of Kansas capable of providing the kind of help he needed. This tragic lack is at last being remedied through our comprehensive mental health center, which is about to open a children's unit, the first unit of its kind in the State of Kansas. Our community mental health center was only able to create this kind of a program because of NIMH staffing funds. No non-Federal funding resource could handle this type of assignment because even the best insurance coverages are time limited and very few families could afford the costs of services of this nature over a span of several months. Hence, without NIMH's assistance there could be no effective and appropriate treatment and/or prevention of psychiatric illness with the children and youth in my community, and as a consequence, considerably more community resources would be used by these individuals as they became adults with psychiatric illnesses still unchecked and all the attendant problems still manifesting themselves.

I would like to briefly tell you what we are recommending for the budget for fiscal year 1975. We recommend that the NIMH budget for new center staffing be at the level of $80 million. We are recommending $140 million for manpower training grants. If we have the facilities we have got to have the manpower, and we very definitely oppose the Administartion's stand of reducing significantly the money for manpower. We believe that the 1975 research budget should be increased by 14 percent. Six percent of this is only for an inflation factor. So that the total research budget should be $95 million.

The Nation Association for Mental Health continues to support the emphasis for this important national movement until decent services and decent facilities are avaliable to every citizen in the United States.

We can let no miserly penny-pinching stand in our way. We must support a program which helps people change from tax recipients to taxpayers and participants of the good life that the rest of us enjoy.

IMPACT OF FEDERALLY ASSISTED COMMUNITY MENTAL HEALTH CENTERS ON THE STATE MENTAL HOSPITAL UTILIZATION

In community mental health centers in operation for 3 years or more, the inpatient rate of catchment area residents in State hospitals is significantly lower (by 30 percent) than that for the United States as a whole.

Since 1955, there has been a dramatic reduction in the number of patients in State mental hospitals. In 1955, that number was 559,000. As of June 30, 1973, there were 250,000 resident patients in State mental hospitals. Undoubtedly, there are a multitude of factors that have influenced the reduction in State hospital census, in addition to the development of community mental health centers. Certainly the development of psychotropic drugs was an exceedingly important factor in State hospital census reduction.

The reduction in census has important financial implications. From 1950 to 1955, the State hospital census increased from 513,000 to 559,000 or 9 percent. If it had continued to increase at that pace through 1973, the State hospital census would have increased by 181,000 and would now total 740,000. Instead, as noted above, there are now 250,000 resident patients in State mental hospitals. That's still too many, more than some of our major cities, but far less than would have been the case without community mental health centers, medications and improved treatment methods in State mental hospitals.

Between 1969 and 1971, the first 100 centers (1) increased the annual number of persons served by 23 percent, (2) decreased the length of inpatient episodes by 40 percent, from 28 days to 20 days, (3) decreased the percent of staff time devoted to inpatient care from 48 percent to 36 percent of the total, and increased the percent of staff time devoted to outpatient and partial care from 27 percent to 33 percent of the total.

Mr. Chairman, the foregoing represents impressive, indeed revolutionary, changes in the care of the mentally ill in this country. It provides an important foundation on which to continue building a strong centers program. However, the administration has stated that they will provide no support for the development of new community mental health centers. The National Association for Mental Health strongly opposes this position. It is our belief that every community in the country deserves some Federal support to initiate the development of similar services.

Because the centers have conclusively demonstrated their value and because Congress has chosen 1980 as a target date for completion of a national network of community mental health centers, the National Association for Mental Health recommends $80 million for new center staffing for fiscal year 1975. This would provide adequate funds to keep the program on track for completion of 1,500 centers by 1980. If Congress enacts legislation which will permit the centers to receive operational costs as well as staffing costs from their Federal grant, then the average grant will be approximately $600,000. The $80 million would permit about 133 new staffing grants in fiscal year 1975.

MANPOWER TRAINING GRANTS

Mr. Chairman, we are recommending $140 million for training grants in fiscal year 1975. In fiscal year 1972, this program received $120 million in Federal funds. The $140 million amount would be adequate to keep pace with the 1972 expenditure level. The administration has continued to make successful inroads on this program cutting it back from $120 million in fiscal year 1972 to $60 million for fiscal year 1975. The administration is cutting approximately $34 million from the training budget or approximately 36 percent. Experimental and special training grants will be cut by approximately $9 million or 72 percent. New careers will be phased out completely as will research programs related to continuing education such as programs for training physicians in areas related to the psychodynamics of mental illness. Epidemology will be cut by $92,000, or 28 percent, psychiatry residency training programs will be cut by about $10 million (33 percent), psychiatric nursing by more than $3 million (35 percent), social work by more than $3 million (27 percent) and behavioral sciences by more than $5 million (23 percent).

While the community mental health center program continues to grow, the administration continues to whittle away at support for the development of the very manpower that will be needed to provide staff for centers currently developed and for those projected for the future. As an example, the reduction of approximately 25 percent in the funds available for training of social workers, will mean that the greatest resource of staff for centers, which is social workers, will in one year effectively be cut back by one-fourth. There is no evidence to suggest that other sources of funding support for manpower training can or will supply the funds that are absolutely essential if centers are to continue to grow and flourish in this country.

The administration's proposal for the fiscal year 1975 NIMH general research program is $79,568,000. This figure represents a decrease of almost $4 million from the 1974 appropriation of $83,390,000. This cutback in the NIMH research effort, the only such cutback in any of the health institute research programs, will deal a serious blow to mental health research projects around the country. For the past several years, the general research program of the NIMH has received less and less funding. The 1972 obligation was $89 million. In a 3-year period then, the administration's obligation has decreased by almost $9,500,000 to $79,568,000.

It can no longer be said that the NIMH is characterized by a balanced program of research, service, and manpower. It is readily seen that the research program has shrunk from its original one-third of the total NIMH program to less than 15 percent.

While the NIMH research program represents only a small part of the total national mental health research effort, it should be noted carefully that the NIMH research program represents most of the total national effort in research directly related to serious mental illness such as schizophrenia, depression, and alcoholism. As a matter of fact, it is estimated that, of the mental health research into serious mental illness, 95 percent of the effort is supported by NIMH.

Non-Federal sources for support of research into serious mental illness do not represent a significant portion of the total effort. Such sources as State and local government and private foundations together

comprise only a small percentage of the national mental health research effort. It is clearly obvious that the key role in the national mental health research effort for some time to come will continue to be the Federal; and, of the Federal agencies involved, NIMH's role will continue to be of paramount importance. There must be a strong new effort by the Federal Government to provide the primary support for the national mental health research effort.

NAMH recommends that the 1975 NIMH research budget be increased by 14 percent (which includes a 6-percent inflation factor) from the present recommendation of $79,568,000 to a total of $95 million. The NIMH research budget must be increased to keep pace with the need for new knowledge in the areas of high priority such as childhood mental illness, schizophrenia and depression. A very small proportion of the total mental health enterprise is being spent to discover the causes of serious mental illness. It is for these reasons that NAMH calls for a new effort on the part of the Federal Government to support reseach into the causes of serious mental illness through basic, clinical, and applied research and biological, psychological, psychosocial, and other areas of pursuit.

MENTAL HEALTH OF CHILDREN

The administration is including no money for new children's services in community mental health centers. The need for children's mental health services is so well known that it needs little additional comment here. Numerous studies have conclusively shown that from 8 to 12 percent of all school-age children are mildly to severely disturbed. That is a statistic, but it is children who suffer. I wish each member of this committee could visit several centers where children are treated so that you can see firsthand the importance of this work. Although it makes good commonsense to provide sound mental health services for children, this need was not included in the community mental health center legislation until 1970. The $80 million figure which we have recommended for staffing of new community mental health centers would include funds so that all new centers would have enough Federal dollars to develop a service for children.

It is well known that many health and welfare needs related to children are not met in this country because, as has been so often stated, children have no effective lobby.

Mr. Chairman, we are here to state that the National Association for Mental Health finds it inconceivable that the administration would be so callous as to neglect the needs of those youngsters in this country who cannot speak for themselves. We are here to speak on their behalf and implore you to do everything within your means to assure that the full $80 million is appropriated so that new centers can start meeting the needs of children.

AN ILLUSTRATION OF A CMHC IN ACTION

Mr. Chairman, I have attached to this testimony the description of one Pennsylvania CMHC in action. I would like to read to you now the article written by a person who was served by that program.

I JUST HOPE THIS MAKES SENSE TO YOU

My parents took me to Warren State Hospital when I was 15 years old, I guess, because I was acting very strangely. I never again returned home and, after a while, my parents and my sisters quit visiting me. After awhile, the hospital was my only home and all my friends and everything I had in life was there at Warren. I stayed at Warren State Hospital for 36 years and for long periods of time, it never even occurred to me that I would ever be leaving the hospital. Once when a social worker, I don't even remember his name, talked to me about leaving the hospital I really panicked. I was so scared that it was easy for me to act crazy enough for me to stay there. You know, I really didn't like it at the hospital, but there was nowhere else to live so I guess it was all right. Those shock treatments were wicked, and I don't think they helped, in fact that made me worse. I was pretty confused, my mind you know, but there was nowhere else to go anyway.

It was only after I saw other people leaving that I thought maybe I would give it a try. A lady from Stairways used to come to the hospital and talk to us. I was really scared, I was so afraid that I wouldn't make it—I didn't know how much I would have to do on my own, and I was afraid I couldn't do much on my own. I was afraid I would let everybody down, but that didn't happen. Everyone has been so nice and kind to me since I've been here. I just hope I can keep it up, I like it here. I was just counting backward and I lived 36 years at Warren State Hospital.

You know, I did get really lost once when I left the living unit to go shopping on my own without telling anyone. I was so frightened I couldn't think but two policemen (from the crisis intervention program) got me calmed down and finally helped me to explain where I lived. They were really nice but I was embarrassed for being so dumb. Now I've learned my way around town real well. I take my own medication and I can go to the mental health clinic (Hamot Community Mental Health Center) once a month to see the doctor for medicine by myself. I've learned to cook real well and I even do some baking on my own. I like it here, it's freer than in the hospital and people help me when I need it. I just hope this makes sense to you.

It makes sense to me, Mr. Chairman. It demands that we continue this important national movement until decent services and decent facilities are available to every citizen in these United States. And no miserly pennypinching can stand in our way.

"I just hope this makes sense to you," the lady from Erie said. Now let me quote the administrator of the community mental health center she relies on for her very life. On the question of the need for Federal funding, Daniel Hatton, administrator of the county mental health mental retardation program, stated that:

> There was no possible way that the program could have gotten off the ground without Federal construction and staffing funds. Both community mental health centers received construction grants, one in 1968 (St. Vincent), and the other in 1970 (Hamot). When they first started discussing with the general hospitals the importance of developing community mental health centers, there was no assurance that they were going to get adequate State funding and it was a very difficult selling job. If it had not been for the Federal seed money, there is absolutely no question that this program would not have been developed in Erie County.

So, let us not be beguiled by those who say, "You're so great that you don't need help." Let us realize that our successes are built on a cornerstone of Federal financial and organizational help.

CONCLUSION

Mr. Chairman, if we are to achieve 1,500 CMHC's by 1980, the goal established by Congress, it will be absolutely essential that Congress provide $80 million for the funding of new centers in fiscal year 1975. We urge you to appropriate that amount.

In addition, we request that $95 million be appropriated for mental health research so that scientists may press forward with their efforts to uncover more clues to the riddle of mental illness.

More dollars for services and research are needed, but can be used to best advantage only if adequate manpower is available to provide the services and and research. We ask that $140 million be appropriated for manpower training, to make adequate services and expanded research a reality.

It is readily apparent from the foregoing information that this program has been extremely successful and I think you will agree, from the material attached regarding Erie County, that we should press forward to duplicate these kinds of services throughout the country. With the continued strong support of Congress, it will happen.

Thank you, gentlemen, very much for your time and thank you for your support in the past and the support we anticipate in the future.

Mr. MICHEL. Mr. Cole, we appreciate your testimony on behalf of the consumers of mental health.

Mr. COLE. Thank you, Congressman.

[The information follows:]

PROGRESS IN COMMUNITY MENTAL HEALTH, ERIE COUNTY, PA., 1963–73

Erie County, a community of approximately 267,000 population (1970 census) has been involved in the planning and development of community mental health services since the enactment of the 1963 mental health centers legislation.

In 1963, the primary mental health facilities consisted of the Erie Guidance Center with a professional staff of five, three psychiatrists in private practice, the Mental Health Association of Erie County with a fulltime staff of one, a private 25-bed inpatient unit and one-half-day-per-week aftercare program operated by volunteers from the Jewish Women's League. Emergency services were practically nonexistent and waiting lists for private psychiatrists varied from 3 to 6 months. The average Erie County population at Warren State Hospital in the fall of 1963 was 746 patients.

The years of 1963 through 1966 were a period of intensive data collection and planning spearheaded by the Mental Health Association with a result that in 1966 a proposal for countywide mental health services was completed. In the same year the State mental health mental retardation act was passed and in 1967 the Erie County Commissioners appointed the first members to the mental health mental retardation board. In December of 1967 the county administrator was hired and additional planning and program implementation began—Our budget for the first year of operation was less than $100,000.

By the fall of 1972, with the assistance of Federal construction and staffing funds, two community mental health centers were operational. The construction costs for the two centers were approximately $4 million with 50 percent provided through Federal construction grants and the remainder by the two community general hospitals, in which the centers are located. By the fall of 1973, both centers had Federal staffing grants. The two mental health centers provide the basic services mandated by the 1963 act and the county MH/MR program assists in support of the mental health services, as well as numerous services provided outside the mental health centers. The 90 inpatient beds in the two centers serve over 1,800 patients per year. There are now 12 psychiatrists in the community, four of whom are employed full time in the community mental health centers. There are now approximately 300 employees in mental health in the total county and extensive rehabilitation services including transitional living facilities for patents returning from the State hospital or other inpatient service. Stairways alone has gone from the original one-half day per week volunteer service to an extensive network of services with 58 full-time employees. Seven satellite centers operating in outlying areas of the county make it possible for any person in the county to be in touch with a mental health facility within no more than 30 minutes drive from their residence. Emergency outreach services are provided by a team of mental health professionals and specially trained police officers who provide on-the-spot service

to families in crisis usually within 15 minutes of the time of the initial call. This service operates 7 days a week, 24 hours a day.

There are now extensive children's services, including day care and residential programs for children with emotional problems and a special clinic for children with learning disabilities.

There is also a complete range of drug and alcoholism services including walk-in centers, short-term domiciliary care, outreach programs, detoxification, residential and educational programs. The cells in the city jail formerly known as the drunk tank have been completely emptied and are now used as storage areas. One no longer finds persons with a mental disability of any type in the city jails.

Attachment A shows the comparative patient data for Warren State Hospital for fall of 1963 and fall of 1973. Attachment B is a breakdown of the caseload for all Erie County mental health services for the fall of 1973. Attachment C is a brief statement by a client in our transitional living program, who has been returned to the community after 36 years in Warren State Hospital.

The existing comprehensive network of mental health services in Erie County is due in large part to Federal participation in construction and staffing of the mental health programs. The Federal staffing grants for the two catchment areas currently amount to approximately $1 million a year, with an additional $2 million provided through State-county funding. It is highly unlikely that any of the existing mental health facilities would have developed without the incentive provided by Federal construction and staffing funds. It is equally improbable that existing services can be maintained without continuing Federal support.

DAN A. HATTON, *Administrator.*

3-MO. SERVICES RENDERED REPORT, SEPTEMBER, OCTOBER, NOVEMBER 1973

	Number of clients	Services rendered
A. Inpatient, short term	473	5,435 client days.
B. Partial hospitalization	112	591 full days/nights; 417½ days/nights.
C. Vocational rehabilitation	272	4,716 client days.
D. Social rehabilitation and training	1,029	19,858 client days.
E. Group homes	143	4,171 client days.
F. Outpatient	4,304	14,439 client visits.
G. Emergency	273	303 client visits.

WARREN STATE HOSPITAL ERIE COUNTY PATIENT POPULATION DATA, FALL OF 1963 AND 1973

	Fall 1963	Fall 1973
I. Number of Erie County patients: [1]		
A. Mentally ill	434	221
B. Geriatrics	289	154
C. Forensic	13	13
D. Adolescent	10	10
E. Total	746	398
II. Admissions and readmissions [2]	107	40
III. Discharge factors:		
6.7 percent equal (discharges)	[2] 50	
14.7 percent equal (discharges)		[2] 58
Total population	746	398
IV. (Between Jan. 1, and Dec. 31, 1973, Stairways placed 65 Warren State Hospital patients in its residential units. 3 required return to Warren, 62 remain in the community.)		

[1] September, October, and November 1963 and 1973 averages.
[2] Total for 3-month period.

THURSDAY, MAY 9, 1974.

ALCOHOLISM

WITNESSES

DR. WILLIAM SIMPSON, PRESIDENT, NATIONAL COUNCIL ON ALCOHOLISM
MIKE GORMAN, DIRECTOR OF THE WASHINGTON PUBLIC POLICY OFFICE

Mr. MICHEL. From the Menninger Foundation, Dr. William Simpson, president of the National Council on Alcoholism, accompanied by Mr. Mike Gorman.

Dr. SIMPSON. Thank you, Mr. Chairman. Good morning, Mr. Shriver.

Mr. Chairman and members of the committee, on Saturday, February 2, there was the usual briefing session at the Department of Health, Education, and Welfare on the President's upcoming budget request for fiscal 1975. As you well know, this briefing covered more than 50 separate programs aggregating over $30 billion. Secretary Weinberger, Under Secretary Carlucci, Dr. Charles Edwards, the Assistant Secretary for Health, and Dr. Roger Egeberg, the Acting Administrator of the newly created Alcohol, Drug Abuse, and Mental Health Administration, stood on the platform before 400 reporters and defended the President's recommendations. They were doing fairly well until they came to the subject of alcoholism.

Several reporters asked why the President was recommending only $99 million for alcoholism in fiscal 1975—amost identical with his fiscal 1973 recommendation; $38 million under the amount voted by the Congress for fiscal 1974, and $57 million less than the House of Representatives voted 2 years ago. There was a bit of fumbling on the platform, and finally Dr. Edwards said the recommendation for alcoholism "isn't enough." He then went on to explain why. He then called upon Dr. Egeberg who, describing alcoholism as "the biggest health problem in this country," expressed in the strongest possible terms his deep disappointment with the fiscal 1975 recommendation for alcoholism. Dr. Egeberg was particularly critical of the administrative proposal to wipe out all new local alcoholism projects starting in 1975, with only enough money in the budget to pay for the phasing out of existing projects. He was equally vehement with regard to termination of all training programs in the field of alcoholism.

So I ask, Mr. Chairman, what's the good of being No. 1 in the hit parade of deadly drugs? We didn't nominate ourselves No. 1, the administration did, and the President's Commission on Marihuana and Drug Abuse did, after a 2-year study.

Now we found ourselves the April 22 cover story in Time. Pointing out that alcoholism is now at an alltime high, the long and thoroughly researched article points out that "after heart disease and cancer, alcoholism is the country's biggest health problem." It concludes with this comment from Senator Harold Hughes:

"I'm not optimistic that we're gaining on the problem. Instead, it's gaining on us."

Just a few weeks ago you heard the administration witnesses in this very room testify that the use of heroin had dropped appreciably and that the use of marihuana was leveling off. The new drug of choice, they all said, was alcohol. You heard Dr. Morris Chafetz, the Director of the National Institute on Alcohol Abuse and Alcoholism, testify that the use and abuse of alcohol had risen 200 percent among the males under 18 years of age and 300 percent among females under 18 years of age in just the last few years. To make his point, Dr. Chafetz described his clinical experiences at the Cambridge Clinic in Massachusetts. He had decided to concentrate on the young alcoholic. He testified that he thought he would be dealing mostly with young people in the 16 to 18 year bracket, but he discovered the majority of his clients were in the 14- to 16-year age group. If any members of this committee want verification of Dr. Chafetz' observation, they only have to visit practically any junior high school in the District of Columbia and count the number of broken bottles scattered about the schoolyard each day.

In the 22- to 25-year age bracket, more than two-thirds of our young people are regular consumers of alcohol.

We are a new Institute—we really didn't get going until fiscal 1972, when this committee appropriated the first moneys in the fight against alcoholism, but we felt we were building a solid and sound base by requesting modest sums to combat a problem which impacts adversely upon 36 million people in our country today. We were particularly heartened when the Congress voted $137 million for our programs this year. This still seems a very modest sum to those of us in the field of alcoholism when we compare it with the $10 billion in Federal, State, and local taxes collected each and every year on the sale of alcoholic beverages. We would be willing to settle for a general revenue appropriation on the order of 10 percent of this figure and, frankly, Mr. Chairman, this is our ultimate goal because at the present time, with only 94 people in the NIAAA and very limited funding, we are reaching less than 10 percent of the alcoholic population of this country.

Both the NIAAA and the National Council on Alcoholism are receiving tremendous pressure from well-motivated organizations in all parts of the country to expand our programs. For example, last September when the House Subcommittee on Public Health held hearings on the renewal of the alcoholism legislation, witnesses appeared representing the Alcohol and Drug Problems Association of North America, the National Congress of Parents and Teachers, the U.S. Jaycees Foundation, the Education Commission of the States, the National Association of County Officials, the American Indian Commission on Alcoholism, and many others. The major thrust of their testimony was the alarming rise of alcoholism among our young people, and they described some of their efforts—not very well financed but strongly motivated—to get a handle on this problem.

The committee was persuaded and impressed with the testimony from these fine organizations and, as you know, the entire House of Representatives was more than persuaded when, early this year—by a vote of 338 to 22—it authorized just under $200 million for fiscal year 1975 to combat this raging epidemic of alcoholism in this country.

In reviewing the progress of the NIAAA since its creation in 1971,

I am constantly astounded at what they have been able to do with the limited funds and personnel at their disposal. Let me give you just a couple of examples:

(1) *The drinking driver program.*—We know the frightful statistics in this area. Since 1971 the NIAAA has been working very closely with the Department of Transportation in a very effective joint effort. The Department of Transportation has 35 case-finding projects nationwide, and has already identified more than 140,000 drinking drivers who are in need of treatment. Because of the limitation of funds, the NIAAA has been able to handle only a portion of the drinking drivers referred to it by the Department of Transportation. However, preliminary figures show that 80 percent of those referred to the NIAAA treatment sites are working and have become either totally sober or have cut down tremendously on their drinking. The majority of clients referred for treatment are under 34 years of age. This is a very crucial fact, because the chances of accepting help and benefitting from the programs are so much better because clients are younger, families are still intact, the person is usually gainfully employed and the client is being acquired at an earlier stage in his problems with alcohol.

(2) *Indian alcoholism programs.*—Alcoholism is the number one health problem among Indians—50 to 80 percent of Indians and their families have alcohol problems. Although only a handful of these programs have been operating over the past 2 years, and they have reached only about 10 to 20 percent of the real need per community, they have chalked up some remarkable successes.

For example, 50 percent of Indian alcoholism program clients recover and become productive citizens. Approximately 20 percent get jobs through the program—especially important because of the exceedingly high rate of Indian unemployment. A rising percentage of Indians are going off welfare. Furthermore, and this is rather remarkable, about 50 percent of the Indians coming into the program are now self-referrals, whereas at the start of the program it was virtually zero. More than 100 Indian Alcoholics Anonymous groups have been established—a singular achievement since prior to the establishment of the program Indians absolutely and totally boycotted AA.

(3) *Poverty programs.*—The NIAAA poverty programs consist of 193 funded programs, of which 190 were transferred to NIAAA from the OEO in May 1972.

Mr. Chairman, I think it's remarkable that 50 percent of these clients have gained employment as a result of their contact with the program. When one considers that the average caseload per program is 200 clients, we are dealing with a not inconsiderable segment of the poverty population. In addition, the NIAAA has developed six training programs which have trained approximately 2,000 alcoholism counselors during the past 3 years.

In light of this record of progress, it is really heartbreaking that the admiinstration recommends no more alcoholism projects, and that it also recommends the termination of all alcoholism training programs.

Mr. Chairman, I could cite many more examples of progress in the field of alcoholism if time permitted. The National Council on Alcoholism is particularly proud of the pioneer work it has done in the res-

toration of alcoholic executives and workers to new lives of productivity and happiness. We have a labor-management division which is cochaired by Mr. James Roche, former chairman of the board of the General Motor Corp., and James Horst, international vice president, Transport Workers Union of America, from the field of labor. In a number of industries we have been able to achieve a 60- to 70-percent recovery rate at both the executive and blue-collar levels.

The NIAAA has also been very active in this field, particularly since June 1972, when it funded two occupational program consultants in each State. They have been an enormous resource to industries seeking to salvage some of their most valuable employees.

In conclusion, Mr. Chairman, may I present a brief breakdown of our budget recommendations:

Research.—We recommend a modest increase of approximately $2 million in the NIAAA research budget, bringing it to a total of $12,486,000. This is still a pitifully small sum compared to the research budgets of any of the National Institutes of Health, some of which run in excess of $100 million. It is also only about a third of the research budget recommended by the administration for the National Institute of Drug Abuse.

Training.—This is one of the most desperate needs in the NIAAA; yet the administration recommends only $1,947,000 to wind up and close out the entire training program in the Institute. In fiscal 1973 the Congress voetd $8,946,000 for these training activities. We cannot serve the close to 90 percent of alcoholics we are not reaching now without trained alcoholism counselors. We therefore recommend a minimum of $8,280,000 for the training portion of the fiscal 1975 NIAAA budget.

Project grants.—This is the heart and guts of the whole alcoholism effort, since it helps to support hundreds of grass roots projects in many of the areas which I have cited previously in my testimony—programs for the drunken driver, the Indian alcoholic, poverty groups, the public inebriate, labor-management and many others too numerous to cite here.

The administration recommendation of approximately $32 million for all these projects in fiscal 1975 is designed solely to cover remaining continuation grants and then terminating the project program. Congress appropriated approximately $84 million for these vital project grants 2 years ago; we therefore consider our recommendation of $80 million for project grants a modest one.

Formula grants to the States.—As you well know, a key section of the Comprehensive Alcohol Abuse Act authorizes these formula grants tot he States to plan and develop statewide treatment and rehabilitation programs. When this program was initiated, only a handful of States had developed alcoholism programs. At the present time all 50 States have such programs, and this program is enthusiastically endorsed by the National Governors Conference, the National League of Cities, the National Association of County Commissioners and similar governmental groups.

The administration recommends only $45,600,000 for these State formula grants compared to the $60 million voted by this committee 2 years ago. We recommend the sum of $75 million, which is below the authorization passed in the recent renewal of the Comprehen-

sive Alcohol Abuse Act, but will guarantee that no State will lose funds.

State Incentive Grants.—As this committee well knows, in 1971 the National Conference of Commissioners of Uniform Laws adopted the Uniform Alcoholism and Intoxication Treatment Act which stated as broad public policy for the first time in the history of this Republic that alcoholism is a disease—not a panel offense—and that its millions of victims should be treated instead of being thrown in jail, put on work farms, or permitted to spend a lifetime on the welfare rolls. The present administration threw its full support behind this act. It has been adopted by 12 States and is actively under consideration in another 17 States.

Th legislative committees in the House and Senate, which devised the new 1974 alcoholism treatment leigslation, received a great deal of documentation to the effect that a number of States were holding back in adopting the law because of their concern that there would be considerable additional costs in setting up treatment facilities rather than jailing the alcoholic. Furthermore, and possibly of even greater importance, many counties throughout the country, already up to and beyond their limit in tax revenues, supported the program but were concerned with the added moneys needed to carry it out.

The new legislation therefore provides $13 million for fiscal 1975 and the same amount for the 2 subsequent years to assist those States who have already adopted the Uniform Alcoholism Act. In other words, it translates words into reality. Under this provision, incentive grants are awarded each State up to a maximum of $100,000 per year plus 10 percent of the amount it receives under the regular State formula grant. Hearings on this provision indicate that most of these incentive moneys will go to the cities and counties to help them establish new alcoholism treatment facilities.

When Dr. Roger Egeberg was appointed Director of the Alcohol, Drug Abuse, and Mental Health Administration last September, he said of the three Institutes under his administration: "I feel that alcoholism is the Institute furtherest behind. I will do my best to see that alcoholism gets its place in the sun."

Mr. Chairman, there isn't much sunlight in the fiscal 1975 alcoholism recommendations of this administration.

[Attachment follows:]

COMPARATIVE BUDGET FIGURES—NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

	Fiscal year 1974 President's budget	Final congressional action, fiscal year 1974	President's 1975 budget estimate	NCA recommendation
Research	$6,901,000	$8,456,000	$10,405,000	$12,486,000
Training	3,763,000	6,900,000	1,947,000	8,280,000
Community programs:				
Project grants	40,322,000	71,556,000	32,051,000	80,000,000
Formula grants to States	30,000,000	45,600,000	45,600,000	75,000,000
State incentive grants	(1)	(1)		13,000,000
Management and information	5,435,000	5,435,000	9,863,000	10,910,000
Total budget figure	86,421,000	137,947,000	99,866,000	199,676,000

[1] New program.

Note: The President's recommendation for fiscal year 1973 for the NIAAA was $98,077,000.

Mr. MICHEL. Thank you, Doctor. Do you have anything good to say? Other than your request for money, are we making any dent in this?

Dr. SIMPSON. Yes, we are.

Mr. MICHEL. We appreciate that. Thank you very much.

Dr. SIMPSON. Thank you, sir.

Mr. PATTEN. I would like to thank Dr. Simpson for appearing before the subcommittee. Dr. Simpson is certainly known for his dedication in the field of alcoholism and for his knowledge and understanding as to how the Federal Government can act to end alcoholism as a dominant disease in our Nation.

Dr. Simpson, as you indicated in your prepared statement, project grants are the hearts and guts of the fight against alcoholism, and yet the administration seems to think that there is no need to continue some of the community projects and begin new ones. Maybe you should speak for a moment on the importance of the community projects.

Dr. SIMPSON. Mr. Patten, the community projects are the programs which provide the basic treatment services for the alcoholic. As I pointed out in my testimony, they are tailored to the individual needs of each community.

Let me give you an example. At the present time, the National Institute on Alcohol Abuse and Alcoholism is supporting approximately 200 community alcoholism projects in the poverty areas of this country—both urban and rural. As a result of participation in these grassroots programs, 50 percent of clients in the poverty category have gained not only sobriety, but employment. However, I don't want to leave the impression that we have solved the problem of alcoholism among the poor of this Nation. I don't have any exact figures, but I would guess that we are reaching about 10 to 15 percent of low-income alcoholics because we don't have sufficient funds to reach more.

In the same manner, the drinking driver, Indian alcoholism, public inebriate and labor-management programs are similarly operated at the grass roots with the use of a gratifying number of local volunteers who pitch in to help the understaffed professionals.

Mr. PATTEN. You spoke in terms of an increasing number of young people who have joined the ranks of those with alcohol problems. Would you be able to briefly describe how one generally attacks the problem of the young alcoholic in order to cure him?

Dr. SIMPSON. We are deeply concerned with the increasing number of young people who are developing problems with alcoholism at an earlier and earlier age.

In order to reverse this trend, we are using every effort to diagnose the alcoholic at an early age before he becomes a confirmed user of this dangerous drug. For many decades in this country we doctors saw only the end-stage alcoholic, and in the majority of cases we could do little for him. He was too far gone. Now, with the limited resources provided by both public and private funds, we are seeking out the young alcoholic. We have group therapy sessions, we tell the young alcoholic very frankly what will happen to him if he pursues a course of heavy drinking throughout his lifetime, and we point out, very frankly, that excess use of alcohol doesn't prove your manhood—it proves your stupidity.

In addition, Mr. Patten, we are working with many national organizations which have direct contact with young people. These orga-

nizations include the National Congress of Parents and Teachers, the U.S. Jaycees, the Education Commission of the State and many others too numerous to list here. These organizations hold meetings with young people, get out literature on the consequences of the excessive use of alcohol, produce educational films, and so on. In all of these educational endeavors, work with the parents is crucial. We have irrefutable statistics that children from heavy-drinking families are two or three times more likely to develop alcoholism.

Mr. PATTEN. You made an excellent point in your statement showing what seems to be a contradictory stance by the administration on the seriousness of the alcohol problem. The downtown spokesmen make speeches on how urgent the situation is, while the budget request presented to Congress contains little to substantiate the claim. Do you think you can make any progress in the year to come under the administration budget?

Dr. SIMPSON. Mr. Patten, I don't see how we can make any progress in the fight against alcoholism with the budget recommended by the administration. The NIAAA was established less than 4 years ago, and it is just beginning to make small inroads on the disease. For almost 200 years in this country we have stigmatized the alcoholic, or we made fun of him. It takes time and money to reverse this attitude. In the next decade and possibly beyond, it will take a tremendous effort by every level of government and the private sector to push back what I can only describe as an epidemic of alcoholism in the United States. We are not prohibitionists, and we do not want to go back to the Volstead Act, but on the other hand we have to face the fact that there are 9 million people in this country who are alcoholics. We will either win this fight against alcoholism in the next few years, or we will face a situation in which the abuse of alcohol in America will make the heroin epidemic of the last decade seem like a picnic party.

THURSDAY, MAY 9, 1974.

SOCIAL WORK TRAINING

WITNESS

FERGUS MONAHAN, DEAN OF THE GRADUATE SCHOOL OF SOCIAL WORK, MARYWOOD COLLEGE, SCRANTON, PA.

Mr. MICHEL. Dean Monahan, of the Graduate School of Social Work at Marywood College in Scranton, Pa.

Mr. MONAHAN. First of all, please convey my best wishes to Congressman Flood.

Mr. MICHEL. We will do that. Unfortunately, he had to attend a meeting of another committee this morning, at which his presence was essential.

Mr. MONAHAN. My name is Fergus Monahan. I am the dean of the Graduate School of Social Work at Marywood College in Scranton, Pa. I am testifying on behalf of the Council on Social Work Education, of which I am an active member. James Dumpson, the president of the council, who was scheduled to testify today, was unable to do so because of an urgent meeting with Mayor Beame of New York City. As you may know, James Dumpson is the administrator of the Human

Resources Administration for New York City, and the former dean of the School of Social Services at Fordham University in New York. I am sorry that he could not be here today because he could have spoken in very practical terms about the need for trained social work personnel in the administration and provision of services since he is administering one of the largest human service programs in the country.

The council is a voluntary organization of 83 graduate schools of social work and over 200 undergraduate programs of social work. The council is the official accrediting institution for these schools and programs.

A recent study by the council indicates the extent of Federal support for social work education: about 75 percent of student stipends at both the graduate and undergraduate level come from Federal social work training programs. Forty-two percent of faculty salaries in the undergraduate programs and 28 percent in the graduate schools is supported by Federal social work training programs. These programs are the mental health training program in the NIMH budget, and the social work education program in the SRS budget. About $21.5 million was appropriated for these programs in fiscal year 1974.

FEDERAL SUPPORT FOR SOCIAL WORK TRAINING

Federal support of social work students and faculty has reflected the Nation's commitment to have a pool of qualified manpower available for a low-salaried profession dedicated to these human service programs. Manpower shortages in social work are chronic. In recognition of this, the Federal Government has assisted universities to develop their capacity to educate social work students and has provided numerous students with stipends which have made their education possible. Within the last several years, the Federal Government has supported the rapid development of undergraduate social work education, in an effort to meet a manpower crisis which could not be entirely met through graduate education.

It is ironic that just as these programs are reaching maturity they are mortally threatened by the proposed cutbacks and eliminations in training support for social work education.

Federal support in the past for social work education has taken the following forms. Sventy-two percent of all graduate stipends come from Federal sources, and Government funds for stipends on the undergraduate level amount to 76.4 percent of all such stipends. Most Federal funds which support social work faculty salaries are used for instructors who supervise students in actual practice, as part of their training in public and nonprofit community agencies. In this way, clients benefit directly from Federal support of faculty.

DEMAND FOR SOCIAL WORKERS

Future demand for trained social workers to provide human services and to plan for and administer human service programs is on the increase, not the decrease. The Bureau of Labor Statistics of the Department of Labor has estimated the manpower requirements for social workers to increase from 170,000 in 1970 to 258,000 in 1980, an increase of a bit more than 50 percent in 10 years. A study recently commissioned by the Council on Social Work Education corroborates the U.S.

Department of Labor projections. This study indicates that the annual growth rate for social workers with a master's degree is about 7 percent, for social workers with a bachelor's degree is about 11 percent. The sectors in which the greatest growth is predicted to occur are the health and private social service sectors. This is true for all social workers.

Trends in Federal policy represented by newly enacted legislation and proposed legislation support these predictions. The recently enacted HMO law requires that all HMO's provide medical social services to their enrollees. The administration's health insurance bill, H.R. 12684, and the bill proposed by Senator Kennedy and Congressman Mills, H.R. 1370, and all other bills that are being considered by the Congress, set forth medical social services as one of the elements in the health system which would be reimbursed under national health insurance. Medical social services are elements of inpatient hospital services, extended care services, and home health services under all of these bills. Currently, medicare law reimburses for medical social services under the same conditions as set forth above. The enactment of the Child Abuse Prevention and Treatment Act will also generate a demand for social work personnel. Traditionally, it has been social workers who have provided such child welfare services.

FISCAL YEAR 1975 BUDGET REGARDING SOCIAL WORK TRAINING

The administration's budget proposal for fiscal year 1975 does not deal adequately with the Nation's human service manpower needs. I have attempted to establish what services social workers perform and to establish with hard evidence the future demand for such services by trained personnel. It is our conviction that the administration's budget proposal does not meet this demand. With regard to the social work training item in the SRS budget, the situation is dire. The appropriation for social work training under sections 707 and 426 of the Social Security Act in the fiscal year 1974 appropriation bill was $9 million. The administration has chosen to exercise its 5-percent impoundment authority and therefore, only $8.5 million is available for expenditure. The fiscal year 1975 budget requests no money for this program whatsoever. It is clear, however, that particularly in the field of child welfare services, which is the focus of section 426 of the Social Security Act, that more manpower is needed. It is also clear that manpower is needed for other social service programs for which SRS is responsible such as homemaker services for the elderly on public assistance, nutrition services to the poor, and particularly to the children of AFDC recipients, and day care services for mothers with children who are on welfare, services to rural recipients.

We were told by SRS that they were interested only in short-term training programs with very minor exceptions. Of the total $8.5 million, at most $800,000 will be spent on long-term training under section 707 of the Social Security Act. It is our belief that both section 426 of the Social Security Act and section 707 of the Social Security Act were intended to and have supported essentially long-term degree-granting training programs. While we do not think that short-term training programs are unimportant, they are not aimed at producing more manpower, they are aimed only at retraining. It is also our belief that $8.5 million cannot effectively be spent in programs such as 1-day conferences or 2-week courses. It is also our belief that such con-

ferences and courses do not provide the training necessary to deal with today's human service programs.

It is also the intention of the administration to terminate mental health training programs. The termination in this case is less drastic, however. The fiscal year 1975 budget represents a 50-percent reduction from fiscal year 1974 and is thus only the first in a number of phase-out steps which the administration intends to implement to terminate the program. This reduction when applied to social work training would mean that the level of support would go from approximately $13 million in fiscal year 1974 to about $6.5 million in fiscal year 1975. Yet, most all of the major health insurance proposals before the Congress would provide substantial mental health benefits. Enactment of such bills would create a major demand for mental health services which demand must be met by well-trained professionals in the fields of psychiatry, psychology, social work, and psychiatric nursing.

The administration's position is that Office of Education general student financing assistance programs will take care of all requirements for Federal support of social work training. Clearly, OE financial aid to students cannot equal prior Federal efforts because scholarships do not correspond to student stipends and faculty support. At the graduate level, scholarships are not available at all—only loans. Students with graduate education look forward to a beginning entry level salary of about $9,500, and an average salary for future years of only about $13,000. Understandably, they will not be likely to borrow the sum needed to put themselves through 2 years of graduate school. Baccalaureate social workers, of course, receive even lower salaries. For students from ethnic minorities, and for other economically disadvantaged students, the loan mechanism is even more unsatisfactory.

CONCLUSION

In conclusion, we urge you to support social work training at the same level as in fiscal year 1974, and not to accept the administration's budget request eliminating the program in the case of SRS and reducing it by 50 percent in the case of NIMH. We also urge you to include in the committee report language regarding the SRS appropriation and the NIMH appropriation which makes it clear that the funds are to be spent essentially for long-term degree granting programs. I have some draft language which I would be happy to share with you regarding the SRS budget item for social work traning. The NIMH language was sufficient in fiscal year 1974 and no new language is necessary.

[Attachments follow:]

EXHIBIT A—STATE BY STATE BREAKDOWN

Graduate and undergraduate schools of social work in the following States received NIMH mental health and SRS social work training support at about the levels listed below in both 1972–73 and 1973–74 school years. The figures for 1973–74 are perhaps a bit lower than for 1972–73. Support was for faculty salaries and student support. These amounts represent what the schools in these States stand to lose if the HEW budget request for NIMH and SRS training is accepted. (In the aggregate, there is about $3 million of the $25 million included in these figures relating to non-SRS and mental health training. It is in aging, rehabilitation, drug abuse, and alcoholism.)

Alabama	$498,000
Arizona	320,000
Arkansas	443,000
California	2,271,000
Colorado	632,000
Connecticut	211,000
Florida	489,000
Georgia	723,000
Hawaii	360,000
Illinois	644,000
Indiana	254,000
Iowa	24,000
Kansas	256,000
Kentucky	844,000
Louisiana	135,000
Maryland	203,000
Massachusetts	1,920,000
Michigan	1,782,000
Mississippi	183,000
Missouri	854,000
Montana	293,000
Nebraska	34,000
New York	3,248,000
New Jersey	481,000
Nevada	141,000
New Mexico	130,000
North Carolina	343,000
North Dakota	40,000
Ohio	1,074,000
Oklahoma	500,000
Oregon	300,000
Pennsylvania	1,428,000
South Carolina	143,000
Tennessee	583,000
Texas	922,000
Utah	78,000
Virginia	161,000
Washington	1,309,000
West Virginia	555,000
Wisconsin	975,000

Mr. PATTEN. It's a pleasure to have you.

We will insert Mr. Dumpson's statement in the record at this point.

[The statement follows:]

STATEMENT BY JAMES R. DUMPSON, PRESIDENT, COUNCIL ON SOCIAL WORK EDUCATION, NEW YORK, N.Y.

Introduction

Mr. Chairman, my name is James R. Dumpson. I am president of the Council on Social Work Education. I am also administrator of the Human Resources Administration for New York City. I was the dean and a professor at the School of Social Service, Fordham University, New York. I am the immediate past president of the National Conference on Social Welfare and, for 7 years, served as commissioner of social services for the city of New York.

As president of the Council on Social Work Education, I represent a national voluntary organization composed of 83 graduate schools of social work and over 200 undergraduate programs for social work training located in leading colleges and universities across the country. Over 40,000 students are enrolled in these programs, along with 4,000 faculty members. In addition to educational institutions, there are 4,800 members of the council comprised of voluntary and public national, State and local social welfare agencies and related organizations, faculty members, and individuals concerned with social work education. (See appendix A, CSWE Constituent National Agency Members, attached.) The Council is the official accrediting agency for all programs of social work education

in the United States and is recognized as such by the U.S. Office of Education and the National Commission on Accrediting.

I appreciate this opportunity to testify before the Labor-HEW Subcommittee on Appropriations and would like to commend the subcommittee for its consistent comment to the provision of quality services to people and to the training of qualified personnel. In particular, I would like to commend you for your position in the fiscal year 1974 appropriations bill regarding professional training programs. The restoration of support for mental health training and social work training under the child welfare and social work provisions of the Social Security Act were important steps toward improving the quality of services to people. Your recognition of the continuing need for trained professional personnel in the mental health and social service fields at a time when the administration was recommending the elimination or phasing out of professional training programs was greatly appreciated by all who are involved in the delivery of services and the education of human service personnel. We believe that you correctly saw not only the importance of trained personnel, but the weakness of the argument that student assistance programs can adequately meet all professional manpower needs.

Mr. Chairman, last year I testified that we were at a critical juncture in the history of social programs in this country. In particular, I referred to the apparent abrogation of Federal responsibility for the direction of human-service programs and the personnel to provide such services. Unfortunately, the situation is not that different on this occasion. Again, the administration proposes in its fiscal year 1975 budget to either substantially reduce and phase out or totally eliminate almost all training programs for professionals in the human-service field. The mental health training program is to be reduced by 50 percent as part of a phaseout of that program. The social work training program in the Social and Rehabilitation Service budget is to be eliminated completely in fiscal year 1975. In addition, the fiscal year 1974 appropriation of $8.5 million for social work training in the SRS budget, is being spent solely on short-term training which we believe is inconsistent with the intent of the fiscal year 1974 appropriations bill. That bill restored the social work training budget item to a level of $9 million, roughly the fiscal year 1972 level, for the purpose of restoring the program which has historically been a program of support for long-term degree-granting education programs. Finally, the administration is substantially reducing and, in some cases, totally eliminating, the health manpower training programs. It is totally eliminating all support for allied health and public health training. With respect to service programs, the administration indicates in its fiscal year 1975 budget that it will not seek to extend the community mental health center program, and it has not requested funds for a number of other health service programs.

The Council on Social Work Education fully supports restoration of funds for effective health, mental health and social service programs and is particularly concerned with the need for professionally educated manpower to meet the human-service needs of our fellow citizens. I shall, therefore, direct my testimony today toward the cutbacks in training programs and, in particular, to the cutbacks in those programs affecting social-work education. Our position can be summarized by the following propositions:

(1) Both the conscience and stability of our great Nation require a range of services designed to prevent, eliminate or reduce the complex problems which confront the vulnerable and disadvantaged groups within our population.

(2) These services must be effectively and economically planned, administered, delivered and evaluated. Additionally, the development of new ways of meeting human needs is urgently needed.

(3) These planning, management, delivery and evaluation activities require manpower who possess a specialized body of knowledge and highly developed skills. The needed knowledge and skill for social-service tasks are best learned in the programs of social-work education within our institutions of higher education. Social work shares with other professions the need for specialized professional education.

(4) The proposed fiscal year 1975 budget presented by the administration would dangerously reduce the manpower pool of qualified personnel to do the job just as the proposed fiscal year 1974 budget would have done had you in the Congress not reacted as you did.

Social-work education—what it is?

The graduate and undergraduate programs of social-work education prepare personnel for service in the following categories of social-work practice: child welfare, medical, psychiatric, family services, school systems, public assistance, community development, program planning at local, State and regional levels, the aged, drug abuse and alcoholim, juvenile and adult systems of justice, and group services in such organizations as scouts, "Y's", and settlement houses. The development of competent personnel for effective functioning in these fields is the task of social-work education.

Each student concentrates his study on one or two of these groups, although he is typically exposed to some knowledge of them all. The required knowledge and skill necessary for qualified personnel are learned in the classroom and in actual field practice learning. The social-work student is educated to know and be able to analyze social welfare policies and services. He learns how individuals, families, groups, organizations and communities develop and function. He develops expertise in helping people use such societal institutions as the church, schools, hospitals and other such resources. He develops familiarity with use of research methods and, at the graduate level, develops management and supervisory skills.

Since the social workers' services are usually made available through an organization, he learns how to contribute to the development of organizations. Each student must apply his theoretical knowledge in a recognized community agency under the educational supervision of a qualified faculty member. This period of field work training includes a significant portion of both graduate and undergraduate students' time in school. In essence, social work education is not merely an exercise in academic achievement, but includes elements of services to clients that can be evaluated and measured in terms of the students' capabilities and skills.

Services rendered by social workers

We call your attention to the Nation's need for well educated social workers to provide services to the aged, disabled and other vulnerable groups in order to make them as independent as possible—to prepare and place them in jobs when this is possible, or to enable them to live independently in their community. These objectives are both humane and cost effective. Social workers are involved in both the direct provision and the administration of these programs which serve all geographic, income, ethnic and racial groups within our Nation.

Approximately 56 percent of all social workers are employed by public agencies and 42 percent work in various types of private agencies such as United Way supported member agencies. May I point out that the large proportion of social workers who work in governmental agencies represents the public's return for its Federal stipend program.

More than one-third of trained social workers are involved in providing services in health-related settings such as community mental health centers and hospitals. Approximately 70 percent of trained social workers practice in hospitals, mental health-child guidance centers, child welfare agencies, family service agencies, colleges and universities, and residential institutions.

Permit me to cite a few examples of the tasks for which social work education prepares its graduates. Although these examples refer to particular programs, social work education is geared to provide the basic skills necessary within any type of program to restore an individual to his maximum level of functioning, whether his problem is one of physical disability, mental health, lack of education or lack of appropriate family strength. Examples:

(1) *Physical illness.*—Social workers, working together with other health personnel, participate in developing national and regional policies and programs for the physically ill; administer and plan programs designed to cope with the immediate and long term problems of the physically ill; help the patient or his family make the kind of plans and obtain the necessary resources to manage while he is hospitalized; help with plans for discharge including specific arrangements for aftercare or long term living arrangements in sheltered settings; supervise direct service personnel in aftercare institutions.

(2) *Mental illness.*—In addition to the roles described above for the physically ill, social workers head, or serve as key staff, for community mental health centers; carry responsibility for working with family members so that they may aid in, or at least not interfere with, treatment efforts; locate and supervise

foster homes for patients who are able to live in the community; train and supervise caretaker personnel; develop alternate facilities for the long term care of those not ready for independent life.

(3) *Children.*—Social workers plan and administer institutional and community based programs to cope with immediate and long term needs of children; design and program a range of services to provide equal opportunities for disadvantaged children, including services for their mothers; participate in the development of national and regional policies and programs for children; supervise caretakers in institutions for delinquent and neglected children; provide foster home placement and adoption services; undertake investigation of child abuse and make recommendations to courts concerning removal of abused children; work for rehabilitation of families in order to protect children frmo serious and irreparable damage: supervise and train a variety of child care personnel.

(4) *Aged.*—Social workers participate in programs for the aged, assist regional and local policies and programs for the aged, assist the aged person or his relatives in defining the problem for which help is needed, and in locating or developing suitable resources; recruit, train and supervise personnel to work with the aged, both in the community and in institutions; plan and administer a variety of different programs, both in the community and institutions such as foster care or leisure time activities; supervise services in institutions and arrange for alternate care and discharge from institutions where feasible.

While the specifics of what social workers do in relation to any given population group may differ, their responsibility and tasks follow, in general terms, the examples cited.

Federal Support for Social Work Training

Federal support of social work students and faculty has reflected the Nation's commitment to have a pool of qualified manpower available for a low-salaried profession dedicated to these human service programs. Manpower shortages in social work are chronic. In recognition of this, the Federal Government has assisted universities to develop their capacity to educate social work students and has provided numerous students with stipends which have made their education possible. Within the last several years, the Federal Government has supported the rapid development of undergraduate social work education, in an effort to meet a manpower crisis which could not be entirely met through graduate education.

It is ironic that just as these programs are reaching maturity they are mortally threatened by the proposed cutbacks and eliminations in training support for social work education.

Federal support in the past for social work education has taken the following forms. Seventy-two percent (72%) of all graduate stipends come from Federal sources, and Government funds for stipends on the undergraduate level amount to 76.4 percent of all such stipends. Most Federal funds which support social work faculty salaries are used for instructors who supervise students in actual practice, as part of their training in public and nonprofit community agencies. In this way, clients benefit directly from Federal support of faculty.

Demand for social workers

Future demand for training social workers to provide human services and to plan for and administer human service programs is on the increase, not the decrease. The Bureau of Labor Statistics of the Department of Labor has estimated the manpower requirements for social workers to increase from 170,000 in 1970 to 258,000 in 1980, an increase of a bit more than 50 percent in 10 years. A study recently commissioned by the Council on Social Work Education corroborates the U.S. Department of Labor projections. This study indicates that the annual growth rate for social workers with a master's degree is about 7 percent, for social workers with a bachelor's degree is about 11 percent. The sectors in which the greatest growth is predicted to occur are the health and private social service sectors. This is true for all social workers.

Trends in Federal policy represented by newly enacted legislation and proposed legislation support these predictions. The recently enacted HMO law requires that all HMO's provide medical social services to their enrollees. The administration's health insurance bill, H.R. 12684 and the bill proposed by Senator Kennedy and Congressman Mills, H.R. 1370, and all other bills that are being considered

by the Congress, set forth medical social services as one of the elements in the health system which would be reimbursed under national health insurance. Medical social services are elements of inpatient hospital services, extended care services, and home health services under all of these bills. Currently, medicare law reimburses for medical social services under the same conditions as set forth above.

The enactment of the Child Abuse Prevention and Treatment Act will also generate a demand for social work personnel. Traditionally, it has been social workers who have provided such child welfare services.

Fiscal year 1975 budget regarding social work training

As I mentioned in the beginning of my testimony, the administration's budget proposal for fiscal year 1975 does not deal adequately with the Nation's human service manpower needs. I have attempted to establish what services social workers perform and to establish with hard evidence the future demand for such services by trained personnel. It is our conviction that the administration's budget proposal does not meet this demand. With regard to the social work training item in the SRS budget, the situation is dire. The appropriation for social work training under sections 707 and 426 of the Social Security Act in the fiscal year 1974 appropriation bill was $9 million. The administration has chosen to exercise its 5-percent impoundment authority and therefore, only $8.5 million is available for expenditure. The fiscal year 1975 budget requests no money for this program whatsoever. It is clear, however, that particularly in the field of child welfare services, which is the focus of section 426 of the Social Security Act, that more manpower is needed. It is also clear that manpower is needed for other social service programs for which SRS is responsible such as homemaker services for the elderly on public assistance, nutrition services to the poor, and particularly to the children of AFDC recipients, and day care services for mothers with children who are on welfare.

An additional problem is that which I alluded to in the beginning of my testimony; the problem of the use of fiscal year 1974 funds. We do not believe that the $8.5 million available for expenditure will be spent in fiscal year 1974, and if it is it will not be spent for worthwhile programs. We believe this because we were told by SRS that they were interested only in short term training programs with very minor exceptions. Of the total $8.5 million, at most $800,000 will be spent on long-term training under section 707 of the Social Security Act. It is our belief that both section 426 of the Social Security Act and section 707 of the Social Security Act were intended to and have supported essentially long term degree-granting training programs. While we do not think that short term training programs are unimportant, they are not aimed at producing more manpower, they are aimed only at retraining. It is also our belief that $8.5 million cannot effectively be spent in programs such as 1-day conferences or 2-week courses. It is also our belief that such conferences and courses do not provide the training necessary to deal with today's human service programs.

It is also the intention of the Administration to terminate mental health training programs. The termination in this case is less drastic, however. The fiscal year 1975 budget represents a 50 percent reduction from fiscal year 1974 and is thus only the first in a number of phaseout steps which the Administration intends to implement to terminate the program. This reduction when applied to social work training would mean that the level of support would go from approximately $13 million in fiscal year 1974 to about $6.5 million in fiscal year 1975. Yet, most all of the major health insurance proposals before the Congress would provide substantial mental health benefits. Enactment of such bills would create a major demand for mental health services which demand must be met by well trained professionals in the fields of psychiatry, psychology, social work, and psychiatric nursing.

The Administration's position is that Office of Education general student financing assistance programs will take care of all requirements for Federal support of social work training. Clearly, OE financial aid to students cannot equal prior Federal efforts because scholarships do not correspond to student stipends and faculty support. At the graduate level, scholarships are not available at all—only loans. Students with graduate education look forward to a beginning entry level salary of about $9,500, and an average salary for future years of only about $13,000. Understandably, they will not be likely to borrow the sum needed to put themselves through 2 years of graduate school. Baccalaureate social workers, of course, receive even lower salaries. For students from ethnic minorities, and

for other economically disadvantaged students, the loan mechanism is even more unsatisfactory.

The Administration argues that the marketplace will answer problems of demand for social workers without any institutional aid. According to the Administration's view, if there is a sufficient demand for social workers, their salaries will rise and individuals will enter training for the profession, borrowing where necessary and paying back the loan with the increased salary. The market does not work this way, however, for social workers. No one is paying them a fee. They generally work in public agencies or publicly-supported agencies which provide publically-subsidized services. Their salaries are still extremely low, as I mentioned previously, and any increase that has occurred is demonstrably less than the increases in demand for services. Manifestly, the dynamics of the marketplace do not work outside of the free marketplace; public service employment, whether in social work, the military or the postal service, requires manpower development programs fundamentally different from those of the private entrepreneur professions.

The administration also has argued that general revenue sharing funds will provide institutional support if such is necessary because student aid is not adequate. First of all, general revenue sharing funds at the local level cannot be used for educational purposes. Secondly, general revenue sharing financing has been mortgaged many times over already. It also should not become a catchall of support for all of the eliminated categorical programs. If it is so viewed, State and local governments have no real discretion at all, assuming most categorical programs meet some real needs. Finally, from 1 year's experience, it appears that little or no general revenue sharing funds are being spent on social work education.

Conclusion

In conclusion, Mr. Chairman, I urge you to restore funds for social work training in the Social and Rehabilitation Services and National Institute of Mental Health budgets to their fiscal year 1974 level. We believe it is clear that there must be a continued role of Federal institutional support for the training of such individuals, otherwise the documented manpower shortages cannot be met; the proposed substitutes for stipends cannot adequately meet the manpower needs. We also believe that continued Federal aid to educational institutions is an effecvite and economic program justifying Federal support.

We also urge you, Mr. Chairman, to make clear in the committee report on the fiscal year 1975 appropriation bill, that funds appropriated for social work training in the SRS budget and funds appropriated for all mental health training in the NIMH budget are to support esentially long-term and degree-granting training programs. Language in the fiscal year 1975 Committee Report adequately dealt with this matter with regard to the NIMH budget. However, because there was no specification that social work training in SRS should be essentially long-term degree-granting training, SRS turned the program into a short-term training program which, as we have argued above, we believe is inconsistent with congressional intent. We will submit with this testimony proposed language which might be used in the committee report to deal with this problem if you would premit us to do so.

We would welcome the opportunity to work with the Congress in reviewing the goals of social service programs and the needs for trained manpower. We would be pleased to participate in the review of different forms of institutional aid for training the needed manpower, particularly with no evidence that current proposals for aid will meet that demand, would be highly irresponsible in our view.

May I close as I began, with the recognition that the conscience and stability of our society requires the provision of effective and economical services to vulnerable and disadvantaged citizens; that these services require educated manpower if they are indeed to be effective and economical; that this manpower pool can best be developed within the programs of social work education of our system of higher education. Finally, the continuity of these educational programs, and the financing of their students, depend upon restoration of Federal support for social work education to at least the level of fiscal year 1972 with an adjustment reflecting the subsequent inflation.

Mr. Chairman, the National Association of Social Workers endorses this testimony, I am grateful for your, and the committee's courtesies and attention.

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THURSDAY, MAY 9, 1974.

PROGRAMS FOR CHILDREN

WITNESS

GEORGE HECHT, CHAIRMAN, THE AMERICAN PARENTS COMMITTEE, INC.

Mr. PATTEN. Mr. George Hecht of the American Parents Committee.

Mr. HECHT. I will try to make it brief. I came from New York, I am a businessman, a magazine publisher, a publisher of Parents Magazine. For 27 years I have been Chairman of the American Parents Committee whose only function is to work for Federal legislation on behalf of the Nation's children.

Once again, as on so many similar occasions in past years, The American Parents Committee, Inc. expresses its appreciation for the opportunity to submit to you its views with respect to continuing and expanding Federal financial support for essential programs affecting the children of our Nation.

There is no resource more vital to the future of this country than its children: their health, their education, their moral and psychological strength, their potential for self-realization.

Your subcommittee, Mr. Chairman, plays a unique role in the process by which our national Government expresses its concern for the well-being of our young people. I am confident that you will fulfill your arduous task of defining priorities and funding programs accordingly.

At a time when economic recession threatens and inflation prevails, The American Parents Committee has pledged itself, during its well-attended Board of Directors meeting on January 31 of this year in New York City, to oppose with utmost vigor any attempt to seek illusory relief for the Federal Treasury by reducing expenditures for programs for children and youth.

We therefore strongly urge that appropriations for such programs approximate as closely as possible existing legislative authorizations. In addition, we urge Congress to exercise its prerogative to override a Presidential veto, rather than to make concessions that will induce a Presidential approval at the cost of hindering implementation of vital health, education, and welfare services for children.

We continue to support the concept of categorical grants as the only available means of targeting Federal funds to specific needs. We reject the idea that revenue-sharing or bloc grants are proper mechanisms for social welfare programs.

Before commenting on specific budget items, may I also express to you the strong insistence of The American Parents Committee that Congress, by law and by expression of legislative intent, require the States and local authorities to maintain their own level of effort in the funding of these programs. Simply to substitute Federal dollars for State and local funds does not advance our commitment to America's children.

CHILD WELFARE

The American Parents Committee believes the time has come to broaden our country's capacity to cope with the needs of that large proportion of our children who are neglected, ignored, abused, and indeed abandoned.

I am speaking in particular about appropriations under title IV–B of the Social Security Act for child welfare services. Until last year, the Congress had never approved more than $46 million for the important programs authorized under this title for foster care, adoption, and other services aimed at protecting the most vulnerable of our young people.

Even though the conferees on your bill last year did agree on a modest increase in child welfare appropriations—to $50 million—the authority granted the President in the conference report to reduce any Labor-HEW program funds by 5 percent could in effect wipe out almost all of the $4 million appropriated increases.

It is worthy of note that in the 1975 budget request of the Department of HEW the sum of $47.5 million was recommended for child welfare services, an amount approximately the same as actually made available for these purposes under the fiscal 1974 Appropriations Act.

The number of children and families needing help under these programs has risen every year, as has our total population. We are talking about such basic humanitarian programs as foster care of children in homes or institutions; adoption for children without functioning parents; services to prevent, to the degree possible, the abuse, neglect or exploitation of defenseless children; homemaker services; and, of growing importance, of day-care services for children of working mothers.

The American Parents Committee urges that, at the very least, the Congress appropriate $10 million more than the agency has requested—$57.5 million for title IV–B child welfare services. This is nowhere near enough, of course, especially as compared with the congressional authorization of $211 million.

MATERNAL AND CHILD HEALTH

On June 30 of this year an extraordinarily successful program, the special project grants under title V of the Social Security Act, is scheduled to terminate.

There are presently 62 regional children and youth programs and 61 maternal and infant care programs in existence which deliver comprehensive health care to over one-half million children and youth of lower socioeconomic levels in central cities and rural areas.

For the past 7 years these projects have been rendering quality medical care at low cost to mothers and children in low-income families within medically deprived communities. Medical services include hospital services, family planning, dental care, nursing and social services, speech and hearing therapy, nutritional services, psychological services, physical and occupational therapy, health education, transportation, and followthrough on patients.

We are all aware, I am sure, of the serious consequences which can result from poor medical care during pregnancy and childhood, that is, poor nutrition can cause mental retardation; infant deaths and

birth defects result from poor prenatal care; and lead poisoning leads to brain damage.

In spite of rising inflation and the high quality of care provided by these projects, the average cost per child for the project grants is still less than half the national average. And even with this low cost, results have been impressive. Hospitalization is less for indigent children in children and youth projects than for indigent children not enrolled, and their average hospital stay is shorter. Also, infant mortality rates are down across the board in areas with maternal and infant care projects.

The current authorization for these projects under title V terminates on June 30, at which time 90 percent of the funds will be given to the States under the formula grants with a proviso that each State provide a full complement of project grants. It was the intent of Congress that the existing projects not be discontinued, but that with continued increases in funding for maternal and child health programs, the projects would be funded by the States.

First in 1972 and then again in 1973, these projects which were scheduled to terminate, were extended by Congress because funding increases had not been provided and the money was not available for the States to assure continuation of the projects.

In 1973 Congress passed an amendment to title V, section 516, which assured that in fiscal year 1975 and thereafter, funding would be available to insure that project grants could continue at existing levels. For fiscal year 1975, $36 million will be needed for section 516. Without these funds, many of these projects will be forced to close.

If the special project grants are forced to terminate, there is no program presently available to provide the important medical services to the population being served. It would clearly be a tragedy if these programs, which have so consistently proven their tremendous value, are discontinued. The American Parents Committee thus strongly urges you to provide full funding for section 503 of title V and in addition, to insure that the $36 million for section 516 be made available.

CHILD ABUSE

In 1973, the Senate Subcommittee on Children and Youth launched a major investigation into child abuse. The subcommittee hearings brought to light the fact that here in this country an estimated 60,000 children are subjected to serious harm each year. It was also disclosed that no Federal agency or full-time staff person has ever been assigned to focus on this problem. Early this year, the Child Abuse Prevention and Treatment Act was passed by Congress and signed into law by the President. The major thrust of the law is to at least subsidize those persons and agencies eager to take action on child abuse and neglect but who previously lacked funds to do so. Another aim is to provide the expertise and other resources needed to increase and expand child abuse prevention efforts. The $20 million authorized under this bill for fiscal year 1975, although sufficient, is nevertheless the absolute minimum amount needed to launch a meaningful nationwide program to prevent, identify, and treat the very real and increasing problem of the neglect and abuse of our Nation's children. I therefore

strongly urge you, Mr. Chairman, and the other members of this committee, to appropriate full funding for this important and worthwhile program.

MENTAL HEALTH

It is estimated that 1 in every 10 children and adults in the United States, about 20 million in all, have or will have some form of mental or emotional illness, ranging from mild to severe. About 1,600,000 persons are under care in public and private mental hospitals, psychiatric services of general hospitals, and Veterans' Administration psychiatric facilities. Most of these patients are in governmentally operated institutions.

The administration has asked for fiscal 1975 only $368 million for all mental health programs, including services, research, and manpower training. It is conservatively estimated that the Federal support needed for 1975 which is to include financing of new services for mentally ill children, is approximately $500 million.

FAMILY PLANNING SERVICES AND POPULATION RESEARCH

The American Parents Committee feels strongly that adequate Federal Government funds should be appropriated for family planning services and population research. This is provided for in title II of the Health Revenue Sharing Act, the renewal of which is assumed in the near future. For fiscal 1975 $135 million is asked for family planning services including project grants; $100 million is what the Government appropriated for fiscal 1974; and $10 million extra is asked for increased expenses due to inflation. Twenty-five to thirty million dollars of this $135 million amount will come from soon-to-be released impounded funds; $55 million additional is asked for fiscal 1975 for population research.

ELEMENTARY AND SECONDARY EDUCATION ACT

Most vital, of course, of all Federal appropriations on behalf of children is the aid given to elementary and secondary schools. It is recognized that the Elementary and Secondary Education Act has not yet been renewed, but we doubt the President will again veto the renewal of this bill, particularly for 1975. In fiscal 1974 title I of this act received an appropriation of $1,719 million. For fiscal 1975, because of inflation and because of a new distribution formula—due to a new school census population—it has been calculated that $2,100 million needs to be appropriated for title I of this act.

Regarding titles II and III, others who know more about that than I do will probably be testifying.

The American Parents Committee opposes appropriations of funds for parochial schools believing such action to be unconstitutional.

EDUCATION OF THE HANDICAPPED

The American Parents Committee fully supports extension of authority contained in title VI of S. 1539, currently pending before the Senate, to continue programs for children with special learning disabilities, and urges full funding in fiscal 1975 of $218 million for

State programs, centers and services, personnel training, research, and instructional media and special services adapted to the needs of the handicapped. After 7 years' experience with these special programs, it should be obvious that they are important not only for the unfortunate children suffering disabilities but also for their parents. We are doing our whole country a disservice if we do not do all we can to assist handicapped children to perform to the fullest measure that our modern knowledge and techniques can provide. This takes Federal leadership and Federal funds.

OTHER ESSENTIAL PROGRAMS FOR CHILDREN

We also urge upon you full appropriations for other programs, which, while general in application, have significant bearing on the welfare of children. I mention the Emergency Health Personnel Amendments of 1972; the Communicable Disease Control Amendments of 1972; the National Institute of Child Health and Development; and the National Health Service Corps and its scholarship program. All these, we believe, merit your favorable attention.

To conclude, Mr. Chairman, the American Parents Committee renews its urgent plea that the Congress, through the appropriations process starting here in your subcommittee, provide the financial means for the protection, the care, and the education of our American children.

Mr. PATTEN. Thank you, Mr. Hecht.

Mr. HECHT. Thank you, sir.

THURSDAY, MAY 9, 1974.

REHABILITATION RESEARCH

WITNESSES

DR. WILLIAM BERENBERG, HARVARD MEDICAL SCHOOL DEPARTMENT OF PEDIATRICS

ROBERT STILWELL, PROFESSOR, WEST VIRGINIA UNIVERSITY

Mr. FLOOD. We will have Dr. William Berenberg and Prof. Robert Mann of the Harvard Medical School, Department of Pediatrics, on vocational rehabilitation.

STATEMENT OF DR. WILLIAM BERENBERG

Dr. BERENBERG. Professor Mann was unable to come today. I have with me Professor Stilwell, retired chairman of the department of foreign languages at West Virginia University.

Mr. Chairman and members of the committee. I have a brief statement as to the importance of increasing funds for research technology and its potential for restoring thousands of severely handicapped individuals to productive living.

On March 8 of this year, a panel of the most distinguished experts in the country in the field of the application of technology to the severely handicapped appeared before the House Select Subcommittee on Education. They noted that only $20,596,000 was appropriated for research in the Rehabilitation Services Administration for fiscal 1974, of which only 20 percent—or roughly $4 million—was allocated to

rehabilitation engineering research centers. There are only five rehabilitation engineering research centers in existence at the present time, and all of the witnesses at the March 8 hearing agreed that the technological and medical potential existed for at least two to three times this number of centers.

H.R. 8070, the Rehabilitation Act of 1973, specifies that a minimum of $25 million shall be devoted to rehabilitation research and that 25 percent of this research sum shall be allocated to the establishment and support of rehabilitation engineering research centers to develop innovative methods of applying advanced medical technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems through planning and conducting research, including cooperative research with public or private agencies and organizations, designed to produce new scientific knowledge, equipment, and devices suitable for solving problems in the rehabilitation of handicapped individuals and for reducing environmental barriers.

Mr. Chairman, this would allow us only $6 million for the support of these vital rehabilitation engineering research centers in fiscal 1975.

We are pleased to note that on April 11 of this year a bipartisan coalition of Congressmen introduced a 1-year renewal of the Rehabilitation Act of 1973, which authorizes $30 million for research in fiscal 1976. However, as we stated in lengthy testimony before the relevant Education and Labor Subcommittee in March of this year, we scientists and doctors feel that we are merely on the threshold of tremendous technological breakthroughs which will improve and enhance the lives of thousands of our fellow citizens.

I would like to quote from a copy of the oversight hearings before that committee.

> The Select Committee on Education came to order on March 8, 1974, for the purpose of conducting a hearing regarding the application of technology in meeting the needs of handicapped Americans and for the purpose of learning more about new developments in biomedical research for improving the lives of handicapped persons.

We are just at the beginning of strong cooperative relationships with the National Aeronautics and Space Administration, the National Institute of Medicine and other organizations; they share our enthusiasm for this marriage of technology and medicine in the neglected area of new scientific techniques for the relief of the severely handicapped.

We therefore respectfully request that this committee vote the full amount of $25 million for research authorized in the Rehabilitation Act of 1973.

Dr. BERENBERG. That concludes my formal statement and in the next couple of minutes I would like to introduce Prof. Robert Stilwell, the retired chairman of the department of foreign languages at West Virginia University who is blind, and I thought rather than describe in sentences some of the exciting things we have been able to do I would ask Professor Stilwell to talk about and demonstrate to you a device which permits the blind to read the newspapers of the day, what is before you or before me.

STATEMENT OF DR. ROBERT STILWELL

Dr. STILWELL. The Optacon was developed largely through the support of the Department of Health, Education, and Welfare and because of this money which was put into it I or any other person in my situation can read any kind of material. There are other ways of reading for blind people. You can read Braille, of course, if you can get material, but specialized material you are unable to get in Braille unless it is copied, a very expensive and time-consuming matter. There is also the talking book program supported by the Library of Congress which is a great help, but there again you are limited to material that is of general interest.

In my own case as a specialist in linguistics perhaps 95 percent of the material that I need is available to me only in regular print. The Optacon enables me to read this, and it is only for the last 2 years this has been possible. It is an enormous advance, a breakthrough of the magnitude of the discovery of Braille or the invention of Braille which occurred more than a century ago. It completes the picture so to speak and enables the person to read anything. You can read your own mail, for example, for the first time.

This is a camera which senses the letter as it is passed along the line. This little window has two tiny lights underneath which produce the light that reacts on the ink as it comes across the sheet and transmits the impulses through this cord here to the Optacon itself, and the Optacon converts the light impulses from the camera into vibrations which are reproduced on a rectangle of pins in here.

The person reading feels exactly what the camera sees. It doesn't transfer it into Braille, it simply reproduces the exact letter except it is larger. We have a zoom lens so we can control the size of the letter.

I have an attachment to this, what we call a visual display, and that enables the sighted person to see what I am feeling.

[Demonstration.]

Dr. STILWELL. You see how it works. The letter that I feel, for example, appears now to me as being a little over a half or three-quarters of an inch long, something like that. This is the word "last."

Of course, to me as a sightless person this is just a sheet of paper. I can't tell you whether there is anything on it or not with my fingers. If a book is handed to me and I am asked to look up something, the minute I turn this on it comes alive and I can feel precisely what is there. If I want to look up a word in the dictionary, I can use the dictionary. If I want to use the encyclopedia I can do it. Anything that is readable is available to me.

I read in several languages. It is like a miracle actually. If I had had it from childhood on, I would probably have amounted to something.

Are there any questions?

Mr. FLOOD. For the first time in my checkered career I am speechless. I couldn't imagine adding anything to what you said. Thank you very much.

Dr. STILWELL. Thank you.

Dr. BERENBERG. I would like to show you this, Mr. Chairman.

Mr. FLOOD. The witness is now showing me what is called a pocket communicator, serial No. 18. I am holing it in my left hand and in his right hand he has the other communicating instrument.

Dr. BERENBERG. A blind man trying to find his way across the room nears this table and if heading in the wrong direction I would know by the sound of this and could go through an open door without hitting it.

Mr. FLOOD. The witness is now walking in the direction of the committee and in front of the chairman, and the statements he has just made were made as he approached the chairman with the communicating instrument, which as he approached me closer and closer the volume of the sound increased.

Dr. BERENBERG. That will help the blind and prevent them from walking into objects yards away from them. Still very often he is at the mercy of what is immediately in front of him. If there is an open manhole what I just showed you would not pick it up. This will.

Mr. FLOOD. The witness now holds what appears to be a long cane with an instrument on top which is collapsible. It is broken within several parts and within it is a communicating chain.

Dr. BERENBERG. If you were on a plane or sitting in this room, the cane might be able to save your life or lead you off.

Mr. FLOOD. The witness has now broken up this long, straight cane into a series of parts, holding it in one hand, which are less than a foot in length and could be placed in the side pocket of a coat or a lady's purse.

Dr. BERENBERG. We have demonstrated only a few things in one area, Mr. Chairman. We could go on. I know the time is very short but we do have an apparatus available at the moment where if you have a paralyzed leg, had a stroke and can't work and earn a living, you put a signal device in the heel of your left foot, if the right one is paralyzed, send a radio signal to here and here [demonstrating].

Mr. FLOOD. The witness is demonstrating but does not have the instrument present.

Thank you very much.

THURSDAY, MAY 9, 1974.

ADULT EDUCATION

WITNESSES

JAMES DORLAND, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION FOR PUBLIC CONTINUING AND ADULT EDUCATION

DR. GARY EYRE, EXECUTIVE DIRECTOR, THE NATIONAL ADVISORY COUNCIL ON ADULT EDUCATION

DR. WILLIAM FLOWERS, ADULT EDUCATION ASSOCIATION OF THE U.S.A.

Mr. FLOOD. The National Association for Public Continuing and Adult Education. Mr. James Dorland, executive director.

STATEMENT OF MR. JAMES DORLAND

Mr. DORLAND. I am accompanied by two other members of the adult education community. To my left is Dr. Gary Eyre, executive director of the National Advisory Council on Adult Education, and to his

left is Dr. William Flowers, representing the Adult Education Association as chairman of their legislative policies commission. He is the associate dean of extension of Virginia Polytechnic Institute and State University, Blacksburg, Va., popularly known as Virginia Tech.

I am representing a whole host of education groups, including the Coalition of Adult Education Organizations. I am reminded of the fact that previous witnesses were dealing with physically handicapped adults; we are speaking of adults who are educationally handicapped. I have a statement to submit for the record.

In addition to that statement, I would like to highlight three main points:

One is that adult education, which has been in existence for 10 years—federally funded—is an extremely prudent program. The average annual expenditure for an adult student for 190 hours of classroom instruction is $100, which averages out to considerably less than $1 an hour.

Second, adult education is an accepted program. In every State, almost every school system of any size has enthusiastically embraced this program.

Our problem hasn't been how to recruit students; our problem has been how to screen effectively so as to make the best selection of the students who can take advantage of this program.

My third point is that it is a needed program. We have touched the lives of 5.5 million adult Americans in the past decade under federally funded programs. My question is, What about the lives of the countless other millions of educationally handicapped adults?

Mr. FLOOD. At what year of age does adulthood begin?

Mr. DORLAND. In our definition the age is 16 years and not in school. Almost one out of every four Americans in that age category hasn't completed high school.

We are pleased that the proposed authorizing legislation in both the House and the Senate continues our program as a categorical program, and we are aware of your problem of making appropriations for legislation which hasn't been enacted.

We are proud we are together, and I would like to introduce my colleagues and give them an opportunity to make their statements. First, Dr. Eyre.

[Mr. Dorland's statement follows:]

STATEMENT ON USOE ADULT EDUCATION APPROPRIATIONS FOR FISCAL YEAR 1975

[Presented by James R. Dorland, National Association for Public Continuing and Adult Education, National Council of State Directors of Adult Education, National Council of Urban Administrators of Adult Education, Coalition of Adult Education Organizations]

Chairman Flood and members of the Labor-HEW Appropriations Subcommittee, it is a distinct privilege to appear before you today discussing the fiscal year 1975 budgetary needs for adult education. Again this year I have been permitted to coordinate the testimony for adult educators, and I am delighted to be joined by my colleagues from the Adult Education Association of the U.S.A. and from the National Advisory Council on Adult Education. I am appearing before you this afternoon not only as executive director of the National Association for Public Continuing and Adult Education (NAPCAE) and its two major, national affiliates—the National Council of State Directors of Adult Education and the National Council of Urban Administrators of Adult Education—but also as chairman of the legislative committee of the Coalition of Adult Education Organizations, which includes 15 national groups having a major in-

terest in adult education. As usual your subcommittee faces a monumental task as you make budget decisions for the coming fiscal year and as you give consideration to the many requests from public witnesses such as us. On behalf of the adult education organizations which I am representing today, I would like to make the following brief comments:

More than almost any other segment of education, adult education is truly "together" in its programs, in the cooperative spirit which helps unite the various elements of its highly diversified governance structure, and—most importantly—in the overwhelming need which continues to exist for its services. This year marks the end of the first decade during which the Federal Government has played an active role in helping to provide a minimum level of education for our country's functionally illiterate adults through a program which has become widely known as adult basic education. During this past decade more than 5½ million Americans have enrolled in adult basic education classes which have received 90 percent of their funds from the Federal Government under provisions of legislation which since 1966 has been known as the Adult Education Act. Measured by such varied criteria as cost effectiveness, increase in personal productivity, decrease in dependence on welfare, preparation for employment, job upgrading, and enhanced self-esteem, this program represents a success story which is probably unequaled in the annals of American education. Yet, this is not enough. For the past 4 years Congress has given States and local communities the legislative authority to provide adult education programs through high school. This is in contrast to an upper limit of the eighth grade, which had been imposed on federally funded programs from 1964 until 1970. But the necessary funds never followed the legislative authority, and we still have an almost exclusively adult basic education program. Only one thing is lacking for us to get underway in adult high school education—money.

How long must we wait to receive enough Federal funds to embark upon an ambitious educational program designed to make adult education instruction available to a significant portion of the millions of people who have not yet completed high school or its equivalency, a group which include approximately one out of every four people in the United States 16 years of age and over. We are aware that in a very real sense we are competing for our fair share of the Federal allocation for education. While we are also aware that our country has a basic commitment to provide the opportunity for a free public education through high school for every child, our question is simply, "Why don't we really commit ourselves to the concept of free public education through high school for every person, regardless of age?" Perhaps part of the answer can be found within this hearing room.

I will not regale you with a bewildering bombardment of statistics today. Our case has already been impressively documented in a variety of places, including such excellent publications as the National Advisory Council on Adult Education's Annual Report for 1974 and its State Demographic Data, copies of which you are receiving today as a part of the adult education testimony. However, I do wish to call to your attention the results of a survey conducted by our Association and reported in the 1974 Public Continuing and Adult Education Almanac. During the 1972–73 school year local districts spent at least $55.6 million in their own funds for adult education programs (exclusive of income from fees), and State legislatures appropriated more than $111.5 million for adult education, which amounts to a direct local/state investment of more than $167 million. I mention these figures as evidence of the fact that in a very real sense adult education represents a Federal/State/local partnership which is working effectively.

Based upon realistic needs as expressed by our constituents, we respectfully request that your subcommittee recommend that State-grant programs of adult basic education and adult high school education be funded at the minimum level of $103 million for fiscal year 1975 and that this amount should include an earmarked item of $199,000.00 for continuance of the National Advisory Council on Adult Education at its present level of funding. We request a continuance—also at its present funding level—of $10 million for research and demonstration projects and staff development programs. Our total request is for $113 million for fiscal year 1975 for programs such as those which have been funded through the Adult Education Act. We like to feel that we are speaking on behalf of millions of our country's adults who still need at least a high school education to be able to get a decent break in our highly competitive society. Thank you for permitting those of us from adult education to have our voices heard.

Statement of Dr. Gary Eyre

ADULT EDUCATION APPROPRIATION—FISCAL YEAR 1975

Dr. Eyre. Chairman Flood and members of the committee, a year ago, May 17, the National Advisory Council on Adult Education had the opportunity of appearing before you to testify on appropriation levels for the Adult Education Act (Public Law 91-230). Since that time, an additional 1 million adults have been enrolled in adult education program under provisions of that act. Special projects and professional staff development contracts have provided new thrusts to help solve the educational deficiencies of a large target population who, as adults, have not finished secondary education.

Last year, you and two members of the committee asked questions concerning the composition of that target population, and how that population relates to program dollars.

In partial answer to your inquiry, the Council has presented you and the committee with program and demographic documents in addition to this written statement on an appropriation for fiscal year 1975. The Council requests that these documents be included in today's proceedings.

It would be redundant to reemphasize the need for an adequate level of funding to serve the 57 million adults over 16 who have not completed high school and are not enrolled in school. The Council's annual reports of the past 3 years clearly speak to that need, and you have received those reports and reviewed that material.

As an example, in your own State, the State of Pennsylvania, 3.5 million adults over that age of 16 who are not in school have not completed secondary education.

Mr. Flood. What do you mean by secondary education?

Dr. Eyre. The completion of K through 12 or a commensurate level of education in mathematical skills or reading.

Unfortunately, we do not, as of today, have a specific piece of legislation on adult education passed for fiscal year 1975. The existing act terminates next month. On the other hand, both the House and Senate have an adult education title within H.R. 69 and S. 1539. Differences between these two legislative documents will be resolved in conference in the near future resulting in an Adult Education Act commencing in fiscal year 1975.

In the past, the Council has recommended that an appropriation of not less than the authorized amount of the act, $225 million, be implemented. The Council supports that level of funding; however, recognizing what has been the history of appropriations, the Council is recommending the following appropriations for fiscal year 1975.

Adult education, fiscal year 1975

Grants to States[1]	$102,801,000
Staff development	3,000,000
Special projects	7,000,000
National Advisory Council on Adult Education[2]	199,000
Total	113,000,000

[1] With 2 percent reserved for the outlaying areas, and the balance distributed with a basic amount of $150,000, and the remainder distributed on the basis of those 16 and over without a certificate of graduation from high school. 1970 census figures to be used.
[2] NACAE operating level of $199,000 as an earmarked appropriation item.

The Council strongly emphasizes that an appropriation figure of $113 million is approximately half of the present authorization. This lower level does not imply that appropriations for adult education should be diminished—just the opposite. The Council can substantiate that Federal funding for adult education continues to be insufficient and should be increased.

The Council is confident that this committee will continue to provide Federal support for adult education. In order to provide for program growth, and the implementation of a priority for secondary education programs for adults, and to cope with inflation, the Council recommends Federal financial support for Adult Education Services in the amount of $113 million for fiscal year 1975.

I appreciate your time today.

STATEMENT OF DR. WILLIAM FLOWERS

Dr. FLOWERS. The Adult Education Association of the USA includes within its membership persons and institutions engaged in all facets of adult education: cooperative extension, university extension, professional continuing education, industrial and leadership training, adult basic education, and other less compartmentalized areas of adult learning, as well as those engaged in the academic and professional preparation of adult educators in institutions of higher education. It includes persons and institutions engaged in programs that are operated with public funds and those that are financed from nonpublic sources.

AEA/USA is represented here today because every segment of our membership, whether directly involved operationally in the kinds of adult education programs funded through the Adult Education Act or not, feels very deeply that the continuance of education programs designed to assist those who have reached adulthood with serious gaps in their basic education, is dependent on a more realistic level of funding for fiscal year 1975 than has been the case since 1966. We feel that the very modest expansion of this program which would result from a level of funding of $113 million dollars for fiscal year 1975 is essential if our society is to begin to cope with socioeconomic problems which are greatly aggravated by the inability of significant segments of our adult population to function as useful, productive citizens because of educational deficiences.

Further, an increase by the Congress in Federal support of adult education for fiscal year 1975 to a level of $113 million would reflect a recognition by the Congress that the fundamental educational needs of adults, which are so effectively delineated in the statements submitted by my two colleagues, Dr. Dorland and Dr. Eyre, together with the two reports prepared by the National Advisory Council on Adult Education, cannot begin to be met without this kind of commitment at the Federal level.

In view of the fact that AEA's appearance before this committee is part of a cooperative effort to make the most efficient and productive use of time and space, we would like to direct our specific attention to those funds requested, $10 million, for research and staff development efforts related to adult education programs in fiscal year 1975. Anyone in adult education is constantly made aware of the extent to which research and evaluation have the capacity to help determine whether

adult education or adult reeducation programs are productive, accountable or valid in assumption and application.

We believe that this level of appropriation for fiscal year 1975 is essential to support continued research in adult education involving those methods, systems, materials, and programs which show unusual promise in promoting a comprehensive, coordinated, accountable approach to citizens with educational deficiencies or reeducational needs.

The key to success for any educational program is the plan and the teacher. Both need constant examination or reexamination of relevant facets of the training process. Just as research and critical evaluation is indispensable to the achievement of accountability and effective integration of resources, so the training and development of staff is indispensable to the achievement of learning results commensurate with the needs of the adult learner and with the investment of human and material resources the program requires.

Using funds appropriated under the Adult Education Act, thousands of men and women have been enlisted to teach adults who have educational deficiencies. This is not an easy, uncomplicated task. They must do more than teach adults the three R's; they must also assist these people to cope with problems of daily living and to increase their effectiveness as citizens, parents, and workers.

Summer institutes, regional staff development programs, and regional educational laboratories have been made possible by funds provided. Even though these programs have resulted in more productive and effective teaching than could possibly have been done otherwise, the continuing constraints imposed by the absence of trained personnel in proportion to the need and the necessity for extensive use of paraprofessionals in ABE programs can only be lessened by continued funding at the Federal level. The level of funding sought, $10 million, for this purpose for fiscal year 1975 is modest, indeed, for such an important nationwide effort.

In summary, we strongly feel that:

(1) A minimum of $103 million for grants to the States is required to keep existing programs functioning at present levels due to inflationary increases in cost, and to make a modest beginning in meeting the need, cited in the reports of the National Advisory Council on Adult Education, of providing opportunities for adults to complete their high school education.

(2) An additional $10 million for fiscal year 1975 is required to continue that minimum level of staff development and research which is absolutely indispensable to the most effective utilization of the funds provided for operation of the programs.

The Adult Education Association of the United States, therefore, urges this committee to respond favorably to its request for a funding level of $113 million for fiscal year 1975 for programs administered under the Adult Education Act.

Mr. FLOOD. Thank you.

THURSDAY, MAY 9, 1974.

PROGRAMS FOR THE HANDICAPPED

WITNESSES

MRS. DOROTHY LEBER, CHAIRMAN OF BOARD OF THE UNITED CEREBRAL PALSY ASSOCIATION OF ILLINOIS
E. CLARKE ROSS, FEDERAL PROGRAMS CONSULTANT TO UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

Mr. FLOOD. United Cerebral Palsy Associations, Inc., and Mrs. Dorothy Leber, chairman of board of United Cerebral Palsy Association of Illinois, and Mr. E. Clarke Ross of the UCPA Washington office.

Mrs. LEBER. I appreciate the opportunity of appearing before this subcommittee. You have before you our written statement. I would like it to submit it for the record.

[The statement follows:]

STATEMENT ON FISCAL YEAR 1975 APPROPRIATIONS FOR SELECTED HEW PROGRAMS SERVING THE HANDICAPPED, IN BEHALF OF UNITED CEREBRAL PALSY ASSOCIATIONS, INC., NEW YORK, N.Y.

WITNESSES

Dorothy Leber, chairman of the board of United Cerebral Palsy Associations of Illinois, Inc., and vice president of the United Cerebral Palsy Associations, Inc. Midwest district. Mrs. Leber is accompanied by E. Clarke Ross, Federal programs consultant, UCPA Washington office.

Mrs. Leber's son, John, diagnosed as athetoid cerebral palsied, is currently a student at Carleton College in Minnesota. Mrs. Leber presently serves as a member of the Illinois State Development Disabilities Advisory Council. She has formerly served as past president of the Allied Agency Center in Peoria, past president of the Community Workshop and Training Center in Peoria, and past president of United Cerebral Palsy Associations of Illinois.

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INTRODUCTION

United Cerebral Palsy Associations, Inc., is a voluntary agency supported by the public for the twofold purpose of research into the causes and prevention of cerebral palsy and of providing community services for America's children and adults with cerebral palsy. Although some of our over 300 affiliates have been in existence long before the national organization, UCPA, Inc. was founded in 1949.

The overriding priority of UCPA during the last year has been services for individuals severely handicapped by cerebral palsy. The severely handicapped have been denied access to existing programs for the handicapped and have suffered undue hardship and limitations because of neglect and discrimination. Our priority of serving the severely handicapped is consistent with and complementary to the IHF Plan, The Individual With Cerebral Palsy and His Family, the major program thrust of UCPA in the 1970's. The IHF plan identified

two broad areas having the highest programing authority: (1) prevention and early treatment of infants and (2) programing for nonemployed adults.

DEVELOPMENTAL DISABILITIES

The Developmental Disabilities Services and Facilities Construction Act technically expires on June 30, 1974. As such, there are no authorization levels for the program for fiscal year 1975. However, both Chambers of the Congress and the administration have expressed sincere commitments to the continuance of the program.

Formula grants to States

UCPA believes the DD legislation is absolutely essential to the eventual satisfactory programing for severely and multiply handicapped individuals. The present departmentalized delivery systems have for the most part chosen to ignore the severely and multiply handicapped and to relegate them in their thinking, planning, and service development to some pattern of institutionalized existence out of the mainstream of society. The DD act with its targeting of this population for planning and services, its mandate for coordinating service programs across department lines, and its involvement of consumers in the process of planning and decisionmaking has taken a giant step in helping our most severely disabled citizens move toward achieving their human and civil rights.

The administration has requested the same appropriation as fiscal year 1974, $30,875,000. The House Subcommittee on Public Health and Environment's DD extension bill, H.R. 14215, proposes $50 million for fiscal year 1975. The Senate Subcommittee on the Handicapped's DD extension bill, S. 3378, proposes $40 million. UCPA supports the full funding of the authorization levels of whichever extension bill ultimately is enacted into law.

Special projects and national significance grants

UCPA feels very strongly that sizable sums of money should be available at the Federal level for projects of national significance and at the HEW regional level for special projects.

Last week, UCPA learned that a new Rehabilitation Services Administration policy ruling undermines the objectives and scope of DD special projects. Each fiscal year, RSA transfers $12.5 million to the Division on Developmental Disabilities for special projects. The new RSA policy requires that all DD special projects must only fund projects for adults with employment potential. This policy undermines the deinstitutionalization initiative that States are now undertaking. It is also contrary to congressional intent. Page 36 of Senate Report 93-318 on the Rehabilitation Act of 1973 clearly states "The Committee points out that this section includes authority for special projects to the developmentally disabled and for individuals who are homebound or institutionalized."

To illustrate how important these funds are for the deinstitutionalization initiative, we would like to call the subcommittee's attention to our Mini-Team project. Three years ago, with the aid of a grant from the Division of Developmental Disabilities, UCPA developed skills, techniques, and a new strategy for getting bedfast, multiply handicapped individuals from back wards in institutions, out of bed and into supportive wheeled equipment so that they could leave the wards and participate in institutional programs. Mini-Teams, consisting of at least a nurse, an occupational therapist, and a physical therapist, learned to cross discipline lines and share skills and knowledge. The results were individualized programs of self-feeding, supportive positioning in wheel chairs, sensory stimulation, physical exercise, and socialization. This program could never have been initiated under RSA's new ruling. Though an area of responsibility of the appropriate congressional authorizing committee, UCPA felt that this subcommittee should be aware of this new RSA policy decision.

THE REHABILITATION ACT OF 1973

Formula grants to States

UCPA endorses the recommendations of the Council of State Administrators of Vocational Rehabilitation and the National Rehabilitation Association for full appropriation authority funding of basic vocational rehabilitation services

at the $680 million level. Figures collected by the Council of State Administrators of Vocational Rehabilitation reveal that States have funds available sufficient to match far more than the $680 million authorized in the law. Since the new law authorizes reallotment to States with extra State money of unused State allotments, all of the money appropriated will be spent. The additional funds should result in the rehabilitation of approximately 5,000 additional persons.

Expansion grants

The administration would phase out expansion grants. These grants carry a 90 percent Federal share and have been most useful in the past to stimulate expansion of programs to groups of handicapped individuals not adequately served. Funds are alloted to the States on a population basis. Projects developed under this program may be administered by either State agencies or voluntary agencies with State approval. A large part of expansion grants program has been carried out through the voluntary agencies.

During the last 2 or 3 years, practically all appropriations under this section have been used to support projects designed to increase the numbers of public assistance recipients being rehabilitated. Although funds will be available under the Social Security Act to pay for rehabilitation services for individuals drawing SSI benefits (blind and totally and permanently disabled), this fund cannot be used for rehabilitation services to parents of children on AFDC benefits, which group provides most of the public assistance rehabilitation case load.

In previous legislation, the Secretary's priorities prevailed in the selection of expansion grant projects. In the new legislation, at least one-half of the sum appropriated will be expended under State priorities. The National Rehabilitation Association is recommending $30 million to be used in the expansion of services to the severely disabled. Their recommended priorities include:

	Millions
Spinal cord injuries (40 projects)	$8.0
Expansion of services to older blind (40 projects)	4.0
Expansion of services to epileptics (25 projects)	2.5
Expansion of services to deaf (40 projects)	4.0
Expansion of services to renally disabled (20 projects)	4.0
Continuation of special projects for public assistance clients (40 projects)	7.5
Total	30.0

United Cerebral Palsy Associations, Inc., endorses NRA's recommendations. However, we recommend $35 million. This, we believe, should be targeted upon the victims of rubella who are generally neglected by both education and rehabilitation, upon the deaf-blind mentally retarded, and upon the severely multiply handicapped. This $35 million figure remains below the $39 million appropriation authority contained in Public Law 93–112.

Special projects and demonstrations

Although the appropriation authority for special projects and demonstrations under Public Law 93–112 is $17 million plus additional such sums as necessary, the administration has requested only $2.2 million. This pitifully small appropriation recommendation is made in the face of the new legislation which calls for a vastly expanded program in the areas of services to older blind, the deaf, victims of renal disease, spinal cord injured, and severely handicapped individuals. The $12.5 million of section 304 special project funds transferred to the Division on Developmental Disabilities has been discussed in our review of DD appropriations.

It is impossible to calculate the value the special projects and demonstrations program has been to the development of rehabilitation since 1954, when this program was inaugurated. It would be tragic if this program should fold up, as it will certainly do under administration recommendations.

UCPA supports the National Rehabilitation Associations' recommendation for a $20 million appropriation. Their proposed expenditures include:

	Millions
Continuation of special projects in industry	$1
Continuation of new careers for handicapped projects	1
Client assistance projects	1
Continuation of existing miscellaneous projects	3
New projects in the areas referred to above	5
Migratory worker projects (mandated by law)	2
New projects in areas of housing and transportation for the handicapped	2
Miscellaneous new projects	5
Total	20

It is UCPA's recommendation that an additional $5 million (indicated as miscellaneous new projects above) be transferred from section 304 to the Division on Developmental Disabilities. There is a pressing need for more precise program evaluation methodology designed to measure the extent and quality of services to the severely handicapped. The momentum of deinstitutionalization with the unavailability of community programs for the nonemployed severely handicapped adult is need enough for this additional $5 million appropriation.

Other rehabilitation authorities

UCPA endorses the position of our sister agency, the National Rehabilitation Association, in the other areas of rehabilitation. NRA is far more expert and knowledgeable of these areas than we are but they have convinced us of the need for increases in these programs. Those recommendations include:

	Millions
Training	$45.4
Facilities construction and staffing	20.0
Facility improvement and training	15.0
Mortgage insurance	1.0
Research	30.0

William Berenberg, M.D., UCPA vice president for medical affairs and professor of pediatrics at the Harvard Medical School, will appear before this subcommittee at a later date to amplify on the needs of increased rehabilitation research appropriations. Dr. Berenberg will be accompanied by Prof. Robert Mann of the Massachusetts Institute of Technology.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Mental retardation and associated developmental disabilities is a multidisciplinary problem and is the National Institute of Child Health and Human Development's special assignment to pursue research on both its biological and social aspects. This research is indispensable to the 126,000 mentally retarded children born every year and must be stepped up if prevention is to become a more realistic prospect.

In growth and development programs, the National Institute of Child Health and Human Development has offered services to crippled children and has funded children and youth projects to provide preventive and comprehensive health services and treatment. But in this area, nutritional counseling and immunization programs have been neglected, and accelerated research is required into the cause and prevention of those conditions which compromise optimum child development. The NICHD holds the promise, because it works from a developmental focus, of comprehending the pediatric antecedents of those diseases in adults which are the special interest of other institutes.

The administration's fiscal year 1975 request of $124,897,000 is far below the fiscal year 1974 appropriation level of $130,254,000. UCPA supports the Coalition for Health Funding's recommendation of $143,270,000.

The problems of the National Institute of Child Health and Human Development's mental retardation research program should be called to the subcommittee's attention. Under a congressional mandate initiated by President Kennedy, NICHD was given a 20-year mission to attack problem that surround the multiple causes of mental retardation and to explore alternatives to treatment. The MR Research Centers are fighting for survival because of inadequately funded program projects. Program projects earmark special research in mental retardation. In addition to the administration's request of $5.6 million for core support, UCPA believes an additional $5 million is required for program projects

to make the MR Research Centers as fully productive as they have potential for being. Program project support is absolutely essential to give reality and substance to the mission of the MR Research Centers.

NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND STROKE

The National Institute of Neurological Diseases and Stroke is charged with the mission of increasing our knowledge of the brain, the nervous system, and the mechanisms of human communication. Of particular interest to UCPA is NINDS' research into epilepsy, muscular disorders, minimal brain dysfunction, neurological aspects of learning and behavior. We look with particular expectation at NINDS' 1975 emphasis upon genetic and developmental disorders and its further analysis of data collected from its collaborative perinatal project.

But the President's budget fails to propose adequate funding for the National Institute of Neurological Diseases and Stroke's important mission. The President's request calls for about $10 million less than was appropriated 3 years ago, a rollback that can not be incurred during these inflationary years. NINDS officials have repeatedly stated that needed research and training in the area of speech and language disorders is at a standstill because of financial limitations. Therefore, UCPA endorses the Coalition for Health Funding's request for an appropriation of $137,500,000. This is $12.5 million above the fiscal year 1974 level and over $17 million above the President's request.

EDUCATION FOR THE HANDICAPPED

Education of the Handicapped, Title VI, Elementary and Secondary Education Act

(1) The State grant program under title VI B has acted as a vital catalyst to local and State program growth. Yet, it has been incredibly underfunded. For example, in fiscal year 1973, the authorization level was set at $220 million, yet appropriations were only for $37.5 million. Appropriations in that year were only 17 percent of authorization. With mandatory education legislation being passed by State after State, with more and more States under court mandates to provide education for the handicapped, and with congressional support of education for all handicapped children growing, it is absolutely essential that the Federal Government help States initiate new programs. Not only is basic education services needed immediately, both parent counseling and sibling counselling have been almost totally neglected. UCPA endorses the recommendation of her sister agency, the Council for Exceptional Children, that the appropriation level for fiscal year 1975 be increased to $80 million. This is $34.5 million above the administration's request.

(2) *Early Childhood Education*

The committee has appropriated $12 million for this program (title VI, part C) in the last 2 fiscal years. However, the President's budget request has asked for an increase to $14 million in fiscal year 1975.

This program of demonstration models is a tremendous success. It is this program which partially funds the UCPA Collaborative Infant Project—Nationally Organized Project to Provide Comprehensive Services to Handicapped Infants and Their Families—the project has been extremely successful in identifying the dynamics of the early habilitative processes of infants with cerebral dysfunction, from which program models are being formulated for broad application. From the original five Consortium Centers 3 years ago, 15 Ripple Centers have been subsequently added. Ten additional centers are expected to be undertaken in 1974.

While the $2 million increase requested by the administration will offset the inflationary spiral and will insure the growth of project replication at the State and local level, no new early childhood centers and models can be undertaken. Because of our sincere belief in the necessity for early intervention with young children, UCPA suggests an appropriation level of $16 million to insure the development of additional new models of early childhood education.

(3) *Other Title VI Education for the Handicapped Programs*

UCPA endorses the recommendations of our sister agency, the Council for Exceptional Children, regarding the other programs established by title VI of the Elementary and Secondary Education Act.

	Millions
Regional resource centers	$9
Media services and captioned films	15
Specific learning disabilities	5
Innovation and development	10
Special centers and services, that is—deaf blind centers	18
Special education and manpower	40
Recruitment and information for professional development	6

Project Head Start

UCPA is deeply committed to the 10-percent set-aside of enrollment opportunities for handicapped children in the Head Start program. UCPA conducted an initial training session in serving the handicapped for 300 Head Start teachers and aides in New Jersey. Two UCPA staff members are consultants to HEW Region II to assist Head Start programs in that region serve the handicapped.

The administration seeks an increase of $39 million above the present appropriation level of $407 million. But this will only cover the inflationary factor. The Council for Exceptional Children is asking for two additional increases. They request $20 million so that the established guidelines of minimal levels of service in the overall program, such as establishing the proper teacher-child ratios. And, CEC requests $18 million to provide additional services for handicapped children beyond the basic services for handicapped children. UCPA endorses the Council for Exceptional Children's request for a $484 million appropriation for Project Head Start.

Title I, Elementary and Secondary Education Act

The Congress is currently deliberating the formula for education for the handicapped as established by Public Law 89-313 under title I of the Elementary and Secondary Education Act. UCPA encourages the Congress to provide a hold harmless provision, based on fiscal year 1974, for the handicapped regardless of which formula ultimately passes the Congress.

SOCIAL SERVICES

Although Congress placed a $2.5 billion ceiling on Federal matching funds for social services as authorized under titles IVA and VI of the Social Security Act, the Administration plans to allocate only $1.9 billion in fiscal year 1975. This arbitrary allocation is undermining program operation in many States.

For example, UCPA of San Francisco and the Association for Retarded Citizens of San Francisco currently operates an adult activities programs for 54 unemployed Supplemental Security Income recipients. The thrust of the program is upon normalization activities (travel skills, independent living skills, adult education, cultural activities, recreation, socialization, and arts and crafts). While the youngst consumer is 26 years of age, the majority are in their late 30's or early 40's. The city of San Francisco Department of Social Services claims they are receiving $1 million less than they had last year. With this cutback, the adult activities program may not receive funding after June 30, 1974, even though all program participants are eligible for social services. UCPA requests the Committee to permit Federal matching up to the $2.5 billion ceiling for every State that can utilize and match these funds.

ILLINOIS: DEVELOPMENTAL DISABILITIES AND EDUCATION AS CASES IN POINT

As a parent, and because of my experiences in planning State and local needs, I am now serving on the State of Illinois Developmental Disabilities Advisory Council. We have approximately $1 million to allocate this year in Illinois to help fill the gaps of missing services, provide links between the network of community services, and particularly help develop programs for those returned from State institutions to community based residences.

Our council received 228 letters of intent requesting $3.2 million—three times our budgeted amount of this year. We know and I know personnally of many of these needs; almost all are worthwhile so it is very difficult to choose.

Our age 0-3 children's program, based out of our allied agency center in Peoria, shows graphically the value of the investment 3 years ago from the Bureau of Education for the Handicapped. This project served over 200 infants. There are over 20 other 0-3 projects being started in Illinois. Estimate 50 chil-

dren per program x 20 programs=1,000 infants and their families to be assisted. Brain development in early years is most important. A number of our children served since early infancy are now able to enter a regular nursery school with just a bit of counseling. The benefits to the children, their families, and the community has been tremendous. This 0–3 infants program has now been adopted as a statewide priority in our Developmental Disabilities State Plan.

I truly believe in the extension of purchasing power in the marriage of the tax dollar and the volunteer effort. You get more services, more vital community interest, and can require a professional level of program that benefits everyone. One last point—rather an aside—but a serious problem in the development of community services. Office of Management and Budget circular A–102 is being interpreted in Illinois to prohibit in-kind matching of private agencies receiving grants within Illinois. This prohibition badly hurts the ghetto programs and other not-for-profit agency efforts. Many good programs were started with a church basement as an in-kind rent support which wouldn't have happened at all without this process.

CONCLUSION

The rights of handicapped individuals are being more clearly defined and more militantly pursued in State after State. We close with a quote from President Kennedy's statement regarding the need for a national plan in mental retardation. It is equally applicable today to all the handicapped.

"The manner in which our nation cares for its citizens and conserves its manpower resources is more than an index to its concern for the less fortunate. It is a key to its future."

Mrs. LEBER. I would like to point out several key points in our statement.

The overriding priority of UCPA during the last year has been services for individuals severely handicapped by cerebral palsy. The severely handicapped have been denied access to existing programs for the handicapped and have suffered undue hardship and limitations because of neglect and discrimination. Our priority of serving the severely handicapped is consistent with and complementary to the IHF plan, the individual with cerebral palsy and his family, the major program thrust of UCPA in the 1970's. The IHF plan identified two broad areas having the highest programing authority: (1) prevention and early treatment of infants and (2) programing for nonemployed adults.

DEVELOPMENTAL DISABILITIES

The Developmental Disabilities Services and Facilities Construction Act technically expires on June 30, 1974. As such, there are not authorization levels for the program for fiscal year 1975. However, both chambers of the Congress and the Administration have expressed sincere commitments to the continuance of the program. UCPA supports the need for the full funding of the authorization levels of whatever DD extension bill is utimately enacted into law.

UCPA believes the DD legislation is absolutely essential to the eventual satisfactory programing for severely and multiply handicapped individuals. The present departmentalized delivery systems have for the most part chosen to ignore the severely and multiply handicapped and to relegate them in their thinking, planning, and service development to some pattern of institutionalized existence out of the mainstream of society.

The DD Act with its targeting of this population for planning and services, its mandate for coordinating service programs across department lines, and its involvement of consumers in the process of planning and decisionmaking has taken a giant step in helping our most severely disabled citizens move toward achieving their human and civil rights.

As a parent of an individual with cerebal palsy and as a planner of services at the State and local level, I am a member of our Illinois Advisory Council. We have approximately $1 million this year in Illinois to help fill service gaps, to provide links between services and to develop the programs of those returned from the institutions to the community. This year our council has received 228 letters of intent, mainly from volunteer agencies providing community services. They need $3.2 million; three times our current budget. Our council and I personally know of many of these programs, the validity of their need, and I feel that this is a most important part of our program.

Mr. FLOOD. If you are from Peoria, Ill., I imagine you receive an audience from Mr. Michel of this committee, don't you?

Mrs. LEBER. Yes; Mr. Michel has been most interested in our program. We have just come from his office where we discussed the activities of the Allied Agency Center in Peoria.

This developmental disability pattern of activities is very close to a personal belief of mine. I really see my tax dollar and my volunteer time as going further and doing a better job when we involve the Government, the local people, and the personal interest in the need.

In the Developmental Disability Council, which includes the heads of the State departments, the people that provide the service, and the consumers and parents that need the service, we have had a lot of hassles, but I think we have done more with the tax dollar for the people that need it the most. I feel this is a very valuable part of the future of our Government process.

I will skip some points here but they are in our statement and are important. Please consider our requests. I call special attention to the mental retardation research activities of the National Institute of Child Health and Human Development and the early childhood education program of the Bureau of Education for the Handicapped.

We do feel the human field is most important, particularly the work with the severely handicapped. Must has been done with the severely handicapped in Illinois. Unfortunately, this is not the case across the country. We used to feel you couldn't do it all. But now, there are benefits. In Peoria, at the community workshop program, there is an annual cash outlay of about $20,000 for the severely handicapped. This is compared with a probable cost of $180,000 per year to the taxpayers for the kinds of care that would have to be provided as an alternative if there were no workshop.

The vocational rehabilitation budget is extremely important for integrating the handicapped into society. Our communication workshop in Peoria, which serves several counties recently completed made a research study. This was done by a man who worked for the Department of Mental Health and is now a consultant. Entitled the "Economics of the Peoria Community Workshop and Training Center," it clearly demonstrates the value of rehabilitating the severely handicapped. Without this kind of local programing for severely involved adults they most probably would be institutionalized. So the economic value of the kind of programing that our statement supports is valid as well as of human value.

This economic valve can be even more clearly documented in regard to young handicapped children. You have our statement on this point.

Thank you, sir.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 9, 1974.

NATIONAL INSTITUTES OF HEALTH BUDGET

WITNESSES

DR. JOHN COOPER, PRESIDENT, ASSOCIATION OF AMERICAN MEDICAL COLLEGES
DR. JOHN SHERMAN, VICE PRESIDENT, ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Mr. FLOOD. The Association of American Medical Colleges, Dr. John Cooper, president.

Dr. COOPER. Thank you very much. I have with me an old friend of yours, Dr. John Sherman, who has appeared before as a member of the staff of NIH and now is vice president of the association.

Mr. FLOOD. We are glad to have him back on board. We know him long, favorably, and well.

Dr. COOPER. Mr. Chairman and members of the subcommittee, the Association of American Medical Colleges welcomes this opportunity to appear before the subcommittee during its consideration of the Persident's fiscal 1975 budget for the health programs of the Department of Health, Education, and Welfare.

Now in its 98th year, the association represents the whole complex of persons and institutions charged with the undergraduate and graduate education of physicians. It serves as a national spokesman for all of the 114 operational U.S. medical schools and their students, 392 of the major teaching hospitals, and 60 learned academic societies whose members are engaged in medical education and research. The association and its membership thus have a deep and direct involvement in the many programs whose appropriations requests this subcommittee is now reviewing.

The association's comments today are limited to those programs funded in the Labor-HEW appropriations bill for which there are authorizations for fiscal 1975. These include the research activities of the National Institutes of Health. Authorities for other major Federal health activities—such as health manpower training, medical library assistance, and hospital construction—will expire at the end of fiscal 1974. Since these authorities have not yet been extended, the association will not offer its fiscal year 1975 recommendations at this time, but would like to request an opportunity to appear before this subcommittee when those authorities are extended. Authority for the National Cancer Institute will also expire on June 30 of this year. Because of the unique interrelationship between all of the NIH research activities, the association will refer to NCI appropriations, in order to place its recommendations for the other NIH institutes in context, but it will not make recommendations for the NCI.

BUDGET IN CONTEXT

Assessing the impact of the administration's fiscal 1975 budget request for the NIH research activities is complicated by the injection into the budget process of released fiscal 1973 funds which had been

impounded by the administration. Approximately $230 million in fiscal 1973 NIH budget authority for research, appropriated by Congress, was impounded by the Office of Management and Budget and was not released for obligation until December 1973. The funds are to be obligated in fiscal 1974 and expended through fiscal 1975.

ASSOCIATION PRIORITIES

Charts of the association's recommendations for appropriations for the research institutes and divisions of the NIH, excluding the National Cancer Institute, are attached to this statement. In making its recommendations, the association has identified four areas of priority. In descending order these priority recommendations are:

Program balance.—Restore and maintain balanced, effective research efforts at the NIH by appropriating a total of $1.5 billion for NIH research and training activities, and mandate that staffing be distributed equitably throughout the institutes and research divisions to accomplish this purpose.

Regular research grants.—Add $115 million to the NIH budget to raise regular grants for each institute to at least the fiscal 1972 level plus a cast-of-research increase of 10 percent per year.

Research training.—Direct the continuation of NIH research training programs and add $122 million to the NIH research budget to maintain these activities at the fiscal 1972 level plus a cost-of-training increase of 10 percent per year.

General research support.—Direct the continuation of the general research support programs, and appropriate an additional $66 million for the NIH research budget to maintain these activities.

Mr. Chairman, the association would like to comment in detail upon these recommendations.

ASSOCIATION RECOMMENDATIONS

Importance of program balance

The NIH is divided administratively into 12 institutes and research divisions. Taken individually, each of these entities has responsibility for a specialized area of scientific research activity—such as cancer, arthritis, child health, or general medical science. Taken collectively, they have a far greater responsibility—the conduct and support of research which will improve the health of the American people.

The research activities of the NIH are inextricably related. Discoveries in one area—such as basic viral research—may have profound effects upon research in another area—such as the understanding of the cause of cancer. The complex set of interconnecting relationships among various fields of biomedical research was perhaps best described by a former NIH director, Dr. James A. Shannon:

> The inescapable fact is that biomedical science is a complex, interrelated, n-dimensional universe. One can wish it were not, but it is. True, there are within it some large confluences of great density, such as cancer, but even this is inseparable from other large islands such as aging, human development, et cetera, which in turn relate to atherosclerosis and stroke. To look at any isolated fragment, no matter how large, apart from its innumerable major and minor connections in the vast network of relationships, would be at best naive and at worse

self-defeating. This reality animates the processes that the scientific community has institutionalized in the NIH, to view biomedical sciences, to the extent possible, holistically and thereby to assess opportunities not in isolation but in the context of the past state of the art and recent changes in contiguous domains of science.

The administration's fiscal year 1975 budget request looks only at isolated fragments. For fiscal 1975, the administration has requested approximately $1.8 billion for all of the NIH research institutes and divisions, an increase of $52 million over budget authority for fiscal 1974. This increase is composed of a $73 million increase for the National Cancer Institute, a $23 million increase for the National Heart and Lung Institute, a $44 million decrease for the Division of Research Resources, and an increase of only $1 million for all the other NIH research institutes combined.

The administration's fiscal 1975 request is only the latest in a series of events which have threatened to destroy the vital program balance at the NIH. During the past few years, for example, budget requests and staff positions for the National Cancer Institute have increased dramatically, while the total budget request and staffing for the remaining research components of the NIH have been reduced. During these years, the NIH as a whole has suffered an outright loss of approximately 600 permanent full-time staff positions. In addition, over 350 more positions have been transferred from the other institutes of the NIH to the NCI and the National Heart and Lung Institute. The net result has been a loss of approximately 950 staff positions elsewhere within the NIH.

A closer look at these statistics reveals the extent of the imbalance in staffing at the NIH. For fiscal 1975, the administration has budgeted a total of 10,459 positions for the NIH. This is an increase over the fiscal 1974 level of only 64 new positions. The administration would allocate these new positions as follows: 35 positions—or 55 percent of the increase—for cancer; 1 for heart; 10 for child health; 3 for research services; and 19 for the Clinical Center. The administration would allocate no new positions to the institutes sponsoring research in dental health, arthritis, neurology, allergy, general medical sciences, eye, or environmental health. No new positions would be allocated for research resources, research grants, the Fogarty International Center, the National Library of Medicine, or for computer research and technology. Finally, the staff of the Office of the Director of NIH would be decreased by six positions.

As compared to fiscal 1968, the administration's fiscal 1975 staffing request represents an increase of almost 28 percent for the National Cancer Institute, and a decrease of almost 10 percent for all the other NIH activities combined. This pattern of staffing has seriously compromised the ability of the NIH staff to conduct and administer the programs under its direction.

The exact relationship between increased resources for cancer and heart programs and decreased resources for other NIH programs is not clear. Since the passage of the National Cancer Act of 1971, for example, the administration's budget requests, staffing allocations, and general attitudes toward the remaining NIH institutes seem to indicate its belief that Congress intended to place a funding ceiling on NIH, necessitating a constant redistribution of NIH funds in order to allow continued growth in the cancer and heart programs.

Since fiscal year 1971, budget requests for cancer have increased dramatically. The administration's increased requests for cancer, as well as for the specially targeted heart research, were accompanied by negligible increases—and often by decreases—for other NIH research institutes and divisions. The Congress has continually attempted to raise funding levels for these other activities, but the administration has withheld and impounded congressionally appropriated funds. Almost without exception, the administration's budget for all NIH programs other than cancer for each fiscal year since 1971 has requested funding below that appropriated for the previous fiscal year, while always increasing the request for the NCI. A comparison of fiscal 1968 appropriations and the fiscal 1975 budget requests illustrates this trend. Since fiscal 1968, funding for the National Cancer Institute is up over 248 percent, while funding for all other NIH research institutes and divisions is up only 36.3 percent—an increase which cannot keep pace with spiraling inflation.

The administration's recurring "status quo" budget requests and staffing allocations for the other NIH institutes and divisions since enactment of the cancer authority has resulted in severe program imbalance and major lost opportunities in all areas of bioscience. Advanced investigations into arthritis, organ transplantation, spinal cord injury, influenza, and birth defects have been impaired due to insufficient funding. Studies in trauma, mental retardation, the debilitating effects of diabetes, and the mutogenesis of environmental agents have been similarly impeded.

The Nation's foremost scientists, medical and educational experts, and NIH career professionals have repeatedly stressed the need for equitable and stable support for biomedical research. The administration has nonetheless continued to hold back staffing and funding for the NIH bioscience programs. In addition, the demise of the post of Science Adviser to the President and the President's Science Advisory Committee, as well as the removal from the White House of the Office of Science and Technology, have resulted in the loss of virtually all high-level scientific input which might guide the administration in its planning and funding decisions. As a result, American preeminence in medical research—and more importantly, America's hopes for the best possible health for all of its citizens—are seriously threatened.

The association urges the Congress to carefully scrutinize future NIH staffing patterns and to appropriate funds that will restore and maintain the vital program balance at the NIH. To accomplish this, the association recommends that 11,460 positions be budgeted for NIH, and that $1,526,882,000 be appropriated for the research and research training activities of the NIH, excluding NCI. This figure is based on budget authority for fiscal 1972, compounded by a 10-percent inflation factor. Fiscal 1972 was the last year of stable research support before the funding situation was complicated by two successive Presidential vetoes of the fiscal 1973 appropriations bill; the impounding of NIH research and research training funds; and the major changes in the NIH research training programs.

[The attachments follow:]

[The inflation-factor increase for programs listed under "Other" in the attached budget table is intended to allow increased funding under Direct Operations for NIH staffing and salary increases:]

AAMC recommendations: Fiscal year 1975 staffing

National Cancer Institute	1,965
National Heart and Lung Institute	765
National Institute of Dental Research	310
National Institute of Arthritis, Metabolism, and Digestive Diseases	645
National Institute of Neurological Diseases and Stroke	610
National Institute of Allergy and Infectious Diseases	665
National Institute of General Medical Sciences	185
National Institute of Child Health and Human Development	610
National Eye Institute	155
National Institute of Environmental Health Sciences	285
Research Resources	85
Fogarty International Center	65
National Library of Medicine	510
Director, NIH	560
NIH management fund	3,420
Services, supplies	625
Total positions	11,460

PRESIDENT'S FISCAL 1975 BUDGET (in thousands)

Research Institutes and Divisions	Regular Research Grants	Research Training Programs	General Research Support Grants	General Clinical Research Centers	Other Activities	Total
Cancer	$[115,140]*	$ [18,163]*	$ --	$ --	$[466,697]*	$ [600,000]*
Heart	171,653	12,685	--	--	124,961	309,299
Dental	12,646	6,285	--	--	25,028	43,959
Arthritis	102,996	5,529	--	--	44,436	152,961
Neurology	69,555	7,156	--	--	43,247	119,958
Allergy	56,690	8,960	--	--	44,754	110,404
Gen. med. sci.	81,925	43,867	--	--	42,537	168,329
Child health	62,042	11,674	--	--	51,181	124,897
Eye	25,460	4,647	--	--	9,840	39,947
Envir. health	8,716	1,775	--	--	18,193	28,684
Research resources	--	334	7,270	42,485	32,611	82,700
Fogarty Intern'l. Ctr	--	1,195	--	--	3,589	4,784
TOTAL	$ 591,683	$ 104,107	$ 7,270	$42,485	$ 440,377	$ 1,185,922

*no FY 1975 authorization

ASSOCIATION OF AMERICAN MEDICAL COLLEGES FISCAL 1975 RECOMMENDATIONS [1] (in thousands)

Research Institutes and Divisions	Regular Research Grants	Research Training Programs	General Research Support Grants	General Clinical Research Centers	Other Activities	Total
Cancer	$[115,140][2]	$ [27,180][2]	$ --	$ --	$[376,396][2]	$[--][2]
Heart	184,653	39,147	--	--	136,200	360,000 [3]
Dental	18,417	8,834	--	--	28,985	56,236
Arthritis	124,572	27,670	--	--	40,751	192,993
Neurology	77,802	22,716	--	--	47,544	148,062
Allergy	73,735	16,639	--	--	47,855	138,229
Gen. med. sci.	111,652	78,898	--	--	30,594	221,244
Child health	72,756	18,359	--	--	58,626	149,741
Eye	31,098	6,220	--	--	9,721	47,039
Envir. health	11,934	4,500	--	--	17,913	34,347
Research resources	--	635	73,486	56,143	43,021	173,285
Fogarty Intern'l. Ctr	--	2,498	--	--	3,208	5,706
TOTAL	$ 706,619	$ 226,216	$73,486	$56,143	$ 464,418	$ 1,526,882 [2]

[1] Except for Heart figures and Cancer "Regular Research", all figures are based on fiscal 1972 budget authority compounded by 10 percent inflation factor. "Other" recommendations include increases for Direct Operations for NIH salaries and staffing.

[2] Cancer authorizations expire June 30, 1974. No fiscal 1975 funding has been authorized, therefore no AAMC recommendation is made. Bracketed figures are included for purposes of comparison.

[3] Heart figures are based on President's budget request plus increases, based on professional judgment, to implement National Heart Program.

	Budget authority, in thousands		
	1973	1974	1975
Conduct of research, total	$1,548,538	$1,596,441	$1,663,652
Regular research grants, total	669,912	684,771	706,823
Noncompeting	(1)	425,151	516,997
Competing	(1)	232,620	189,826
Other research grants, total	280,312	290,054	280,721
General research support	60,700	52,250	7,270
Multidisciplinary centers	104,502	120,401	153,775
Other special programs	115,110	117,403	119,676
Direct operations, total	598,314	621,616	676,108
Intramural collaborative research	118,946	132,887	139,934
R. & D. contracts	308,896	295,987	325,821
Other direct operations	109,500	131,137	143,255
Cancer control	5,222	34,055	45,098
Cancer construction	55,750	27,550	22,000

[1] Breakdown not available.

The thrust of biomedical research is to find the scientific basis for the subsequent development of improved methods for the treatment of disease. The leading edge in biomedicine is comprised of the new ideas and the new researchers which can be developed and encouraged through new research grants. The scientific advances generated by NIH-supported research continue to improve and enhance the quality of human life, by alleviating pain and suffering and by eradicating dread disease. The success generated by the atmosphere of scientific inquiry at the NIH is evidenced by the fact that, in 1973, 54 Nobel laureates had been either employed or supported by NIH research programs.

The regular research grant mechanism is a key component of NIH research activities. The administration's budget request does not provide adequate funds to maintain this meritorious program. Funding and awards for new and competing research grants, for example, are decreased by over 18 percent from 1974 levels. In those institutes where the number of these awards will increase, the funding request is not increased proportionately. The result is to award a few additional—but smaller—grants. Thus, in spite of increases in the numbers of new and competing research grants, there is an actual decrease in funding of almost $43 million.

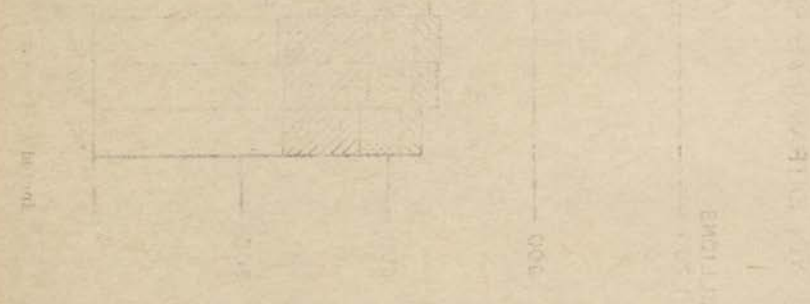
It is not clear whether the sums which are requested would be for single-year or multi-year funding. The request of $190 million for new and competing research grants could represent 1 year of funding—or could represent the total grant award. It is imperative that these grants not be multi-year funded. This would allow a further inroad for the administration to seriously weaken or even phase out these new basic research grants.

The administration's proposed 18-percent reduction of new and competing regular research grants is accompanied by a proposed 10-percent increase in funds for research and development contracts. The administration's request will accelerate past trends away from investigator-initiated basic research and toward targeted research by contract. It should be pointed out that most contract research is not

basic research, and thus cannot be viewed as an equal substitute for the regular research grants. To reduce the basic research activity in other fields, while increasing activity in a highly targeted field, may, in fact, foreclose important, unforeseen advances in the targeted area.

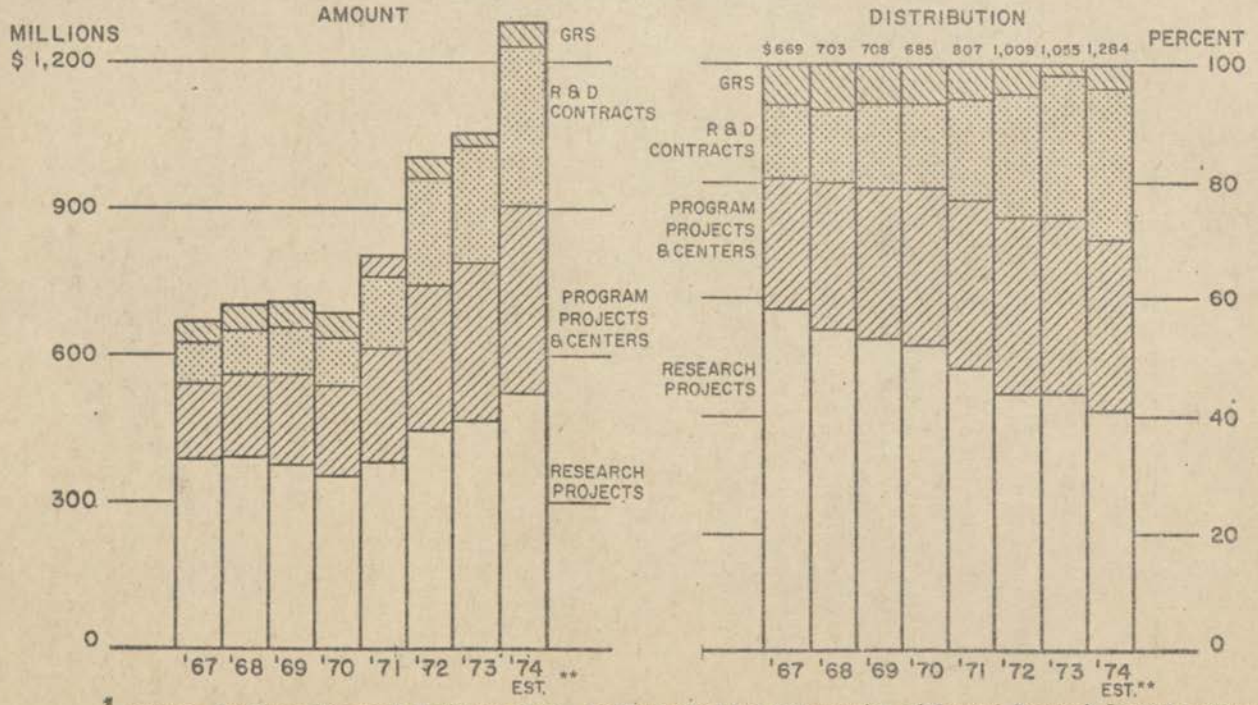
Scientists have repeatedly stressed that major breakthroughs in medical science cannot be directed, but can only be discovered. The failures of the contract approach have recently been pointed out by a blue ribbon committee of scientists who evaluated aspects of the national cancer program.

In spite of such criticism, the administration has continued to increase directed research, and has done so at the expense of investigator-initiated research projects. This gradual increase of contract research and the acompanying decrease in investigator-initiated research is readily apparent in comparisons of the distribution of research funds over the past several years. The graph on the following table illustrates this trend. The association urges the Congress to maintain the regular research grant programs and recommends that $706,619,000 be appropriated for this purpose.



NIH EXTRAMURAL RESEARCH PROGRAM AWARDS AND THEIR PERCENT DISTRIBUTION*

FISCAL YEARS 1967–1974 EST.**



* Includes Institutes/Research Divisions only. Excludes NIMH and NIMH portion of General Research Support programs.

** Excludes $160 million in FY 1973 funds released for use in FY 1974.

RESEARCH TRAINING

	Budget authority, in thousands		
	1973	1974	1975
Conduct of research training, total	$168,172	$137,040	
Fellowships	19,706	40,073	61,155
Training grants	148,466	96,967	61,115

Predoctoral and postdoctoral research training programs are key elements in the overall NIH research activities. These programs have assured a constant flow of individuals with advanced training in the latest, most sophisticated research methods to replenish and enlarge the Nation's pool of bioscientists.

Over the past year the traditional research training grant and fellowship programs of the NIH have been shifted over to the "Weinberger" plan of postdoctoral fellowships in selected areas of research need. In addition, the Congress is considering legislation, H.R. 7724, which would make further changes in the NIH training programs. Regardless of the exact mechanism which is finally selected to accomplish this vital training—training grants, fellowships, or research service awards—funding for four essential elements must be included. These elements are: Stipends for trainees; funds to support the training environment; selection of the training site, based on quality; and continuity of the training program.

The training stipend enables the trainee to devote total effort to the process of research training. It allows the trainee to subsist, travel, and contribute to the support of his or her dependents. The institutional funding is necessary to assure that the trainee will have access to adequate training services and facilities. The institutional funds should cover such essential support services as supplies, equipment, staff, general research support, overhead, and appropriate portion of faculty salaries.

The development of high caliber researchers necessarily depends upon the quality of the training site. There is absolutely no substitute for excellence of the training environment. In order to assure that recipients of Federal training stipends receive the best training possible, training should be undertaken only at an institution which has qualified specifically to provide such training. In order to qualify as a suitable location for research training, an institution should be judged by both its training capabilites and resources and its willingness to undertake the obligation of conducting advanced, highly specialized biomedical research training.

The final essential element of a national research training program is continuity of the training program at the training site. Institutions which are qualified and willing to undertake the obligation of producing the highest caliber of research scientists in the world must be assured of a stable source of financial support. This fiscal stability will also permit the institution's research program directors to plan their programs logically in advance, with some estimate of the number of trainees and the amount of special institutional support that will be available to them.

The association believes that the recognition and inclusion of these elements will result in the most effective method of producing skilled bioscientists, by the most efficient use of Federal funds.

The association recommends that $226,216,000 be appropriated for predoctoral and postdoctoral biomedical research training programs supported by the NIH.

GENERAL RESEARCH SUPPORT

	Budget authority, in thousands		
	1973	1974	1975
General research support	$60,700	$52,250	$7,720

The value of Federal funds directed to the support of specific research projects is multiplied by some additional funds providing general research support. These funds can be used at the discretion of an institution in the development of new research programs, providing initial support for young investigators, undertaking pilot projects and feasibility studies, and supporting centralized facilities and services needed by multiple investigators. General research support funds enable an institution to balance its various research programs and to support research along a broad front of related fields.

The administration has proposed to eliminate the general research support program. In citing its rationale for discontinuing the program, the administration noted that, "The institutions receiving this general support are now among the strongest research institutions in the world." The association believes that this strength is due in no small part to the past investments of general research support. It is both illogical and unsound to remove the very support which has enabled these institutions to reach this position of excellence. Abolishing this Federal support now would create significant financial hardships on these institutions and would unwisely eliminate a comparatively small, but very important, component of the base of our national biomedical research enterprise.

It is essential that the administration's latest attempt to destroy this program be quashed if the Nation's biomedical research programs are to remain strong and steady. Funding for the GRS program must be continued. The association recommends that the program should be funded at a level of $73,486,000 to accomplish program objectives.

OTHER ASSOCIATION RECOMMENDATIONS

Lister Hill Center

In addition to its comments concerning appropriations for the research activities of the National Institutes of Health, the association would also like to point out that the administration has again failed to request funds for the construction of the Lister Hill Center for Biomedical Communications. This facility was authorized by a joint resolution of the Congress in 1968, and final plans are scheduled to be completed this year. The association recommends that $19.5 million be appropriated to build this Center, which will serve as a fitting monument to Senator Hill's efforts on behalf of the health of the American people.

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Health Resources Administration

The concern of the association does not end with the National Institutes of Health. It is also concerned about the needs of those other elements of the Federal health establishment which have to do their jobs properly if significant improvement in the health and well-being of our citizens is to be achieved. The Health Resources Administration (HRA) has been in existence for a little less than a year, but many of its programs of support for students, schools, and other health-related institutions have been in operation for more than 10 years. During the current fiscal year, due to the appropriations for fiscal 1974 plus impounded funds released, HRA will be administering more dollars than ever available in the history of its programs, $1.5 billion.

The funds appropriated by the Congress for the programs now administered by the HRA have exceeded $1 billion each year for the past 4 years, while the staff available to administer such funds has consistently declined. In 1970, 2,600 positions were available to administer these programs; in 1974, a total of 1,889 positions were authorized.

The number of positions requested in the budget for fiscal 1975 is 2,075. The budget line "Program Management" shows a drop from $50.9 million in 1974 to 43.2 million in 1975. The association strongly urges that both funds for "Program Management" and the number of positions be restored to former levels—$50.9 million and to 2,600 positions.

Coalition for health funding

Finally, the association would like to acknowledge its membership in the Coalition for Health Funding, an organization of over 40 non-profit professional associations, health professional education groups, higher education organizations, health care providers, and consumer and voluntary health organizations. The association supports the recommendations of the coalition for other major Federal health programs not discussed in this statement.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
NATIONAL INSTITUTES OF HEALTH

COMPARABLE POSITIONS FY 1968 - 1975

	1968	1969	1970	1971	1972	1973	1974	Pres. Budget 1975
NCI	1,453	1,411	1,355	1,426	1,665	1,736	1,820	1,855
NHLI	619	564	558	584	618	647	655	656
NIDR	301	291	283	289	288	290	265	265
NIAMDD	633	615	588	597	585	584	551	551
NINDS	732	711	588	583	557	534	515	515
NIAID	706	695	676	665	623	610	590	590
NIGMS	207	191	180	164	167	150	153	153
NICHD	405	400	415	435	482	516	514	524
NEI	--	--	85	92	117	122	127	127
NIEHS	169	176	202	220	235	230	233	233
NLM	491	489	461	462	465	460	455	455
FIC	62	46	48	47	59	53	49	49
DRR	148	135	82	83	78	75	71	71
DRG	537	459	425	417	407	398	390	390
DCRT	314	302	284	281	270	266	258	258
DRS	637	592	572	552	529	529	503	506
OD	1,997	1,949	1,888	1,893	1,843	1,874	1,793	1,787
CC	1,580	1,476	1,443	1,461	1,395	1,434	1,453	1,474
Total	10,991	10,502	10,133	10,251	10,383	10,508	10,395	10,459

APPENDIX II

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
NATIONAL INSTITUTES OF HEALTH

COMPARABLE POSITIONS FY 1968, 1974, and 1975

	1968	FY 74	Var. 68-74	%	Pres. Budget FY 75	Var. 68-75	%
NCI	1,453	1,820	+367	+25.3	1,855	+402	+27.7
NHLI	619	655	- 36	- 5.8	656	+ 37	+ 6.0
NIDR	301	265	- 36	-12.0	265	- 36	-12.0
NIAMDD	633	551	- 82	-13.0	551	- 82	-13.0
NINDS	732	515	-217	-29.6	515	-217	-29.6
NIAID	706	590	-116	-16.4	590	-116	-16.4
NIGMS	207	153	- 54	-26.1	153	- 54	-26.1
NICHD	405	514	+109	+26.9	524	+119	+29.4
NEI	-	127	+127	-	127	+127	-
NIEHS	169	233	+ 64	+37.9	233	+ 64	+37.9
DRR	148	71	- 77	-52.0	71	- 77	-52.0
FIC	61	49	- 12	-19.7	49	- 12	-19.7
NLM	492	455	- 37	- 7.5	455	- 37	- 7.5
DRG	537	390	-147	-27.4	390	-147	-27.4
DCRT	314	258	- 56	-17.8	258	- 56	-17.8
DRS	637	503	-134	-21.0	506	-131	-20.6
OD	1,997	1,793	-204	-10.0	1,787	-210	-10.5
CC	1,580	1,453	-127	- 8.0	1,474	-106	- 6.7
Total	10,991	10,395	-596	- 5.5	10,459	-532	- 5.0
NCI	1,453	1,820	+367	+25.3	1,855	+402	+27.7
Rest of NIH	9,538	8,575	-963	-10.0	8,604	-934	- 9.8

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 9, 1974.

DIGESTIVE DISEASES

WITNESS

DR. THOMAS HENDRIX, JOHNS HOPKINS SCHOOL OF MEDICINE, DIRECTOR OF GASTROENTEROLOGY DIVISION

Mr. FLOOD. Dr. Thomas Hendrix, Johns Hopkins School of Medicine, director of gastroenterology division.

Dr. HENDRIX. Mr. Chairman, I deem it a privilege to testify before you on behalf of the National Institute of Arthritis, Metabolism and Digestive Diseases, and for the many medical scientists and research institutions working with research support from this Institute. Digestive disease is my own field of research teaching and clinical activity, hence I am vitally concerned with the work of this Institute.

I would like to stress three points presented in my written testimony:

1. Digestive disease is a major unresolved health problem.

2. The development of effective preventive and curative measures is solely dependent upon research providing the understanding of these diseases; and

3. A continuing flow of trained people is essential, first to develop understanding of the basic mechanisms, second to test the feasibility of applying these new insights to the treatment of digestive diseases, and third to provide these new approaches to the public.

Digestive diseases, which encompass disorders of the esophagus, stomach, intestine, colon, liver, gallbladder, and pancreas, affect about 13 million Americans and are second only to diseases of the heart and circulation in resultant physician visits. One-seventh of hospital discharges, one-third of all surgery are for digestive disease, and one-fourth of all cancer deaths are due to cancer arising in the digestive system.

Digestive diseases, however, do not make the headlines the way cancer and heart disease do primarily because they are not leading causes of death. On the other hand, digestive diseases are most frequent in the productive years of life whereas cancer and heart disease most frequently strike in the twilight years.

When calculating the cost of digestive disease, we have not only the large direct cost, but also the loss of income due to disability caused by digestive disease. As a cause of economic loss, digestive disease ranks third exceeded only by cardiovascular disease and accidents.

Effective prevention and treatment of disease develop only through understanding of the biologic basis of the disorder. In the past, research funds for digestive disease have not been commensurate with the magnitude of the digestive disease problem. As a consequence, our understanding of the fundamental basis of digestive disease is extremely limited; hence, our treatment of digestive disease is usually, of necessity, only symptomatic, costly, and rarely curative.

In the past 20 years, we have been building up the much needed basic physiologic and biochemical understanding of digestive disease. It is now possible to begin a logical effective attack on the common digestive diseases, such as gallstones, peptic ulcer, cirrhosis, hepatitis, and colon cancer.

My colleagues and I are concerned that this momentum which has taken much work, time, and money may be lost, just at the time it promises to pay off. Momentum, once lost, cannot be regained without repeating the costly and time-consuming buildup. I would stress that we do not as of now have rational, effective therapy for peptic ulcer, hepatitis, cirrhosis, gallstone disease, pancreatitis, cancer of the colon, inflammatory bowel disease, nor common diarrheal and motor disorders. It will be unfortunate, indeed, if we direct most of our resources to the delivery of empiric, symptomatic treatment, which does not correct the causes of these important diseases. New understanding of each of these disorders has developed in the past 5 years. The next 5 years should see translation of many of these new insights into practical application in the form of improved treatment and prevention.

We recognize that funds for research are limited and it is unrealistic to expect that every promising lead can be exploited immediately. For this reason, the National Institute of Arthritis, Metabolism, and Digestive Diseases recruited a task force of experts in digestive diseases to define the needs, opportunities, and priorities in digestive disease research.

The National Institute of Arthritis, Metabolism, and Digestive Diseases supports research with the Institute in Bethesda as well as in universities, hospitals, and research institutes throughout the country. It is the desire of the Institute to increase the size and scope of their intramural research program in digestive disease. In their Digestive Diseases Branch, at the present time, there are only two investigators, one for gastroenterology, and one for liver diseases. I would submit that this is less than adequate emphasis on digestive disease research and I hope that the budget for fiscal year 1975 would recognize this deficiency and provide resources for its correction.

Time does not permit detailing the aims, accomplishments of the major research programs mentioned in the written testimony. Nevertheless I would like to point out that these programs are essential for converting new understanding of disease mechanisms into effective treatment. On the other hand, the new insights on which to base future programs will come, as they have in the past, from individual research projects. Columbus did not plan to discover America, he was looking for a way to beat the Portuguese to the riches of the Orient. Individual research effort makes the fundamental discovery, cooperative research projects and big program project grants are designed to exploit the new discoveries.

Finally, Mr. Chairman, our primary goal, indeed our reason to be, is to develop and provide improved care for patients with digestive diseases. I have touched on the essentiality of maintaining a vigorous research program if we are to provide rational therapy for these common diseases. Of equal importance, if we are to achieve this goal, is to provide a continuing flow of trained investigators, teachers, and practicing clinicians.

We have already lost our momentum in the production of this essential resource. With fewer investigators and teachers, the quality and quantity of our research and teaching will decrease. It will not be noticed this year or next, but when it becomes obvious 5 to 10 years hence, it will be too late; the momentum of our training activities will have been lost and will not be regained without a 5- to 10-year lag.

At this time, when an awareness of the importance of digestive diseases has awakened, how are we to provide the trained personnel to meet this challenege? The personnel needs for digestive disease are impressive. Hardly a week goes by that I do not receive a letter or call from a medical school, medical center, or community hospital asking if we do not have some trained young person to go and upgrade their program in digestive disease.

The training programs of the National Institutes of Health, including those in Digestive Disease, have been severely criticized because all of the trainees have not stayed in academic medicine. This was an unrealistic expectation. If the National Institutes of Health is not going to be permitted to provide leadership and funds for training, then those responisble for the welfare of our citizens must come up with alternative solutions.

Mr. Chairman and members of the committee: I have taken a great deal of your time but permit me to summarize.

Digestive disease is a major health problem. To handle this problem effectively we need to: (1) maintain the research momentum it has taken 20 years to build up; and (2) regain our momentum in providing a continuing supply of trained individuals to meet the unfulfilled needs of digestive disease research, teaching, and patient care.

The proposed budget for fiscal year 1975 for this Institute is very inadequate for the important function which it is supposed to serve. The proposed citizens' budget introduced earlier in the testimony by my colleague, Dr. Becker, is a realistic one which takes account of the true needs and responsibilities of the Institute for the coming year and recognizes the underlying health problems and needs of our population. Specifically, it calls for maintaining our research momentum, regaining momentum in training urgently needed personnel and increasing the research effort in digestive disease within the Institute. I urge you strongly to consider the well-thought-out figures in the citizens' budget when you formulate the budget recommendations for this Institute for the coming year.

I wish to thank you for the privilege and opportunity to present my views on these important issues to you today.

[The statement and attachment follows:]

FISCAL YEAR 1975 BUDGET PROPOSED BY CITIZENS FOR THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES

[Dollar amounts in thousands]

	1975 President's Budget		1975 Citizen's Proposal	
	Positions	Amount	Positions	Amount
Extramural grants:				
Research grants		$109,736		$125,736
Centers		(4,000)		(10,000)
Fellowships		4,023		8,023
Training		1,506		16,506
Total extramural		115,265		150,265
Direct operations:				
Laboratory and clinical research	427	22,064	457	22,703
Research and development contracts [1]		8,475		15,475
Epidemiology, biometry and field studies	18	1,249	18	1,249
Research management and program services	106	5,908	134	6,308
Total direct operations	551	37,696	609	45,735
Total	551	152,961	609	196,000

[1] To outside institutions.

PREPARED STATEMENT ON BEHALF OF THE ACTIVITIES OF THE NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES BY DR. THOMAS R. HENDRIX, PROFESSOR OF MEDICINE AND PHYSICIAN IN CHARGE, GASTROENTERLOGY CLINIC, JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Mr. Chairman and members of the committee, I appear before you today to speak on behalf of the research and training activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases, and particularly its digestive disease program. My name is Thomas R. Hendrix, and I am a doctor of medicine, having obtained my degree from the Johns Hopkins University School of Medicine. I am professor of medicine and physician in charge of the gastroenterology clinic at the Johns Hopkins University School of Medicine. I am the recipient of the U.S. Army Outstanding Civilian Service Medal and a fellow, American College of Physicians. I am thoroughly familiar with the activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases, having served in the past on the NIAMDD Committee on Training in Gastroenterology and Nutrition. I am a member of the editorial board, Johns Hopkins Medical Journal, and a former member of the editorial board and current clincial concepts editor, Gastroenterology. I am consultant physician, USPHS Hospital and a former director, Commission on Enteric Infections, Armed Forces Epidemiological Board. I am a member of the American Federation for Clinical Research, of the American Gastroenterological Association, of the American Society for Clinical Investigation, and many others.

I deem it a privilege to testify before you today on behalf of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD), and for the many medical scientists and research institutions all over the country working with research grant support from this Institute. Digestive disease in my own field of research, teaching, and clinical activity, hence I am vitally concerned with the work of this Institute.

By way of introduction, digestive diseases encompass disorders of the esophagus, stomach, intestine, colon, liver, gallbladder and pancreas. Included in these disorders are familiar diseases, such as peptic ulcer, hepatitis, cirrhosis of the liver, gallstones, Crohn's disease and ulcerative colitis.

Digestive diseases do not make the headlines the way cancer and heart diseases do primarily because they are not leading causes of death. On the other hand, cancer and heart disease most frequently strike in the twilight years, whereas, digestive diseases are most frequent in the productive years 20 to 60.

It has been estimated that digestive diseases affect about 13 million Americans and are second only to diseases of the heart and circulation in resultant physicians visits. Although they do not lead to death, the economic cost in direct medical costs and time lost from work is enormous. One-seventh of hospital discharges and almost one-third of all surgery are for digestive diseases. One-

quarter of cancer deaths are due to cancer arising in the digestive system. Add to this toll cirrhosis of the liver, which is the fifth most common cause of death in men in the United States, and peptic ulcer, which strikes 1 out of every 10 men at some time during their lifetime, the impact of digestive diseases on the health of the Nation can be seen to be impressive.

The annual economic loss due to peptic ulcer and its complications of hemorrhage, perforation, and need for surgical therapy is estimated at just under $1 billion. The loss due to digestive disease-related disability and loss of income due to premature death has been calculated at $11 billion annually. Of all disease categories, digestive disease ranks third in causing economic loss, exceeded only by cardiovascular disease and accidents.

In view of the magnitude of the digestive disease problem, research and training funds have not been commensurate. In the past, a disproportionately small research effort was mounted to provide a physiologic basis for understanding of the varied and complex functions of the digestive organs. Because of the paucity of our understanding, our treatment of digestive disease is usually, of necessity, only symptomatic, costly, and rarely curative. There are, however, exceptions; for example, when I was an intern, patients with celiac disease would often spend a month or two each year in the hospital. Nearly everyone thought that it was due to some dietary factor and all sorts of diets were advocated but none were clearly effective. Today, we know that these individuals are intolerant of the protein of cereals, hence exclusion of these dietary items leads to healing of the disease. Understanding the basic defect of the disease makes costly and lengthy hospitalizations unnecessary and permits these individuals to lead a normal life. Another striking example is Whipple's disease. In the past, this diagnosis carried the same ominous prognosis as cancer of the liver, but now with the discovery that the disease is a result of a peculiar bacterial infection, these patients can all be cured by the appropriate antibiotic.

I am not suggesting that spectacular answers for all the common digestive diseases are just around the corner; nevertheless, we have spent the last 20 years in building up a critical mass of personnel, basic scientists, clinical investigators, and practicing physicians, and the much needed basic physiologic and bomedical understanding of digestive function. This critical mass of trained personnel and basic science information is just beginning to bear fruit. It is now possible to begin a logical, effective attack on these common digestive diseases. My colleagues and I are concerned that this momentum, which has taken much work, time and money, may be lost just at the time it promises to pay off. Momentum, once lost, cannot be regained without repeating the time-consuming and costly buildup. I would stress that we do not have rational, effective therapy for peptic ulcer, hepatitis, cirrhosis, inflammatory bowel disease, gallstone disease, pancreatitis, cancer of the colon, nor the common diarrheal diseases and motor disorders of the gut. It will be unfortunate, indeed, if we divert most of our resources to the delivery of empiric, symptomatic treatment which does not get at the cause of these important diseases. New understanding of each of these disorders has developed in the past 5 years. The next 5 years should see the translation of many of these new insights into practical application in the form of improved treatment.

We recognize that funds for research are limited, and it is unrealistic to expect that every promising lead can be exploited immediately. For this reason, in 1973, the National Institute for Arthritis, Metabolism, and Digestive Diseases recruited a comprehensive task force of experts in gastroenterology to define the problems and needs in digestive disease research. The task force, consisting of 11 working groups, is establishing priorities in existing research areas, and also has been charged to identify untapped areas of research relevant to the problems of digestive disease.

The National Institute of Arthritis and Metabolism and Digestive Disease supports within the Institute at Bethesda, as well as the extramural research programs in universities, hospitals and research Institutes throughout the country. It is the desire of the Institute to increase the size and scope of their intramural research program in digestive diseases. At the present time, in the digestive diseases branch, there are two staff investigators, one for gastroenterology and the other for liver disease. I feel that this represents an inadequate representation of digestive disease in the intramural programs of the Institute. Practically every medical school in the country has at least two faculty members devoted to digestive disease. I would hope that the budget for fiscal year 1975 would recognize this deficiency and provide the resources for its correction.

I would like to review briefly some of the major digestive disease programs to support my contention that much of the basic knowledge we have painfully

accumulated over the past 20 years is beginning to be applied directly to developing better patient care.

First is gallstone disease. It is estimated that about 15 million Americans have gallstones. Although in many the gallstones are silent or asymptomatic, they frequently require surgery for relief of symptoms, and occasionally lead to severe complications such as cirrhosis or abcesses of the liver. At present, the available therapy is removal of the gallbladder and its stones when they begin to give symptoms. Some 375,000 gallbladder operations are performed each year. Since many of these are performed as emergencies in elderly individuals, there are about 6,000 deaths as complications of this surgical procedure. Until recently, we had no notion of how gallstones formed; however, lessons learned from physical chemistry, biological chemistry and physiology have provided insight into how gallstones are formed. With this insight, rational preventive and therapeutic approaches can be suggested. Research supported by this Institute has demonstrated that the long-term oral administration of a natural bile salt, chenodeoxycholic acid, increases the solubility of cholesterol in bile, and results in the dissolution of cholesterol gallstones. This demonstration raises the possibility that the composition of bile may be modified so that formation of gallstones can be prevented in susceptible individuals and that gallstones can be dissolved in those individuals shown to have gallstones. This observation is particularly relevant to the elderly patient with symptomatic gallstones; for many of these individuals surgery is a hazard that one is reluctant to face, yet symptomatic gallstones left in place also constitute a significant health hazard to these people. Last July, the Institute awarded a contract to Dr. Leslie J. Schoenfield of the Cedars-Sinai Medical Center in Los Angeles to supervise and participate in a long-term collaborative clinical study of the effectiveness and safety of the use of chenodeoxycholic acid in the treatment of gallstones. Such clinical trials, although time-consuming and costly, are important to perform before a new therapy is made available to the general public. This comprehensive study is planned to involve nine medical centers throughout the country and with an enrollment of 900 patients. The progress of this study will be carefully monitored by clinical and research gastroenterologists to determine the safety and effectiveness of this chemotherapeutic approach to gallstone disease.

If proven free of undesirable side effects, it will provide an alternative to surgery for many patients. Since this therapy is administered on an outpatient basis, millions of dollars in hospital and related costs may be saved each year.

Another important area of Institute-sponsored research is peptic ulcer disease. Advances in immunology now make it possible to measure the hormones involved in the control of gastric secretion. This new information is being used to identify the physiologic abnormality in different types of ulcer disease and to tailor the therapy appropriately. In the past, our approach to ulcer disease was to neutralize the excess acid secreted into the stomach. Preliminary clinical trials now suggest that metiamide, a histamine antagonist developed in Great Britain, may effectively inhibit the production of excess gastric secretion. This new approach is still viewed with cautious optimism, but may represent a rational physiologic approach to peptic ulcer control, and should open up a new approach to the control of ulcer disease. In addition, evaluation of new surgical procedures for peptic ulcer, also developed in Great Britain, are being conducted. These operations are less mutilating and more physiologic than those currenty employed. It will require at least 5 years, however, to be sure that the long-term results support the view that these procedures are more effective.

Crohn's disease or regional enteritis is the most disabling chronic intestinal disease we encounter. The disease often begins in adolescence, interferes with growth, schooling and education which prepares one for his life's work. Complications of the disease often lead to prolonged and repeated hospitalizations and frequently necessitates surgery for resection of the involved segments, drainage of abscesses and closing of fistulous connections. Our understanding of the cause of this disease is unlikely to advance until we have some knowledge of the immunologic and inflammatory responses of the intestine. Although we have no understanding of the causes of this disease, the Institute has stimulated us to organize what information we do have into the most useful form for the treatment of these patients. A cooperative study involving 14 medical centers is now underway for the evaluation of the drug treatment of Crohn's disease. Three drug regimens are being compared to determine their effectiveness in suppressing this disease and preventing its recurrence. One of the distressing features of

this disease is its tendency to recur after corrective surgery. It is hoped that this study will demonstrate the most effective way to prevent recurrences.

The final research area in digestive diseases I will discuss in diarrheal disease: a major cause of absenteeism, a threat to the success of every military operation and frequently the most memorable event of a trip or vacation. My own research is to determine the pathogenesis of mechanism of diarrhea. The pragmatists might ask, "Why study cholera? There hasn't been a case in Baltimore for more more than 100 years?" True, but nevertheless, cholera continues to be one of the most feared plagues to the world's most populous areas. In the visible future, these people are unlikely to have the protection from cholera that we take for granted, namely, an efficient method of keeping drinking water and sewage separated. Hence, if they are to be spared the ravages of this disease, other effective measures must be developed.

In the context of our discussion today, cholera's importance is that it has given us a useful model for the study of diarrhea in the laboratory. This interest in cholera has focused attention on intestinal secretion as a source of diarrheal fluid loss, an area of physiology which has remained dormant for over 40 years.

Studies of cholera have led to many new important insights. I will mention just two. First, the cholera bacteria produce a toxin which is the cause of the diarrhea. In the course of studies of cholera it was discovered that in certain circumstances the common intestinal bacteria, E. coli, could produce a toxin with consequent diarrhea, a mini cholera if you will. E. coli, unlike the cholera organism, is not limited to Asia. In one study in Chicago, it was shown that two-thirds of the cases of childhood diarrhea severe enough to require admission to the hospital were caused by toxigenic E. coli. The lessons learned from cholera research are directly applicable to E. coli diarrhea.

The second observation of direct practical importance is that intestinal absorption is normal in the face of the massive diarrhea. The cornerstone of treatment for severe diarrhea has been intravenous fluid replacement, which is costly in terms of materials and personnel. It has been shown that the fluid losses in most cases of diarrhea can be replaced by mouth with glucose and salt containing solutions. Thus, it is possible to treat epidemics of diarrheal disease with a minimum of technical personnel. This form of therapy has been shown to be effective not only in areas where cholera is an important health problem but also in areas of the United States where diarrheal disease is a major cause of illness and death in children, specifically, in the Indian populations of the Southwest.

Mr. Chairman, our primary goal, indeed our raison d'etre, is to develop and provide improved care for patients with digestive disease. I have discussed the essentiality of maintaining a vigorous research program to develop the fundamental understanding essential for rational therapy of these common diseases.

The second and equally important condition for achieving our goal is a continuing flow of trained investigators, teachers, and clinicians. Already we have lost our momentum in the production of this essential resource. If you believe that I exaggerate, I would urge that you look at the attendance figures for the recent meetings of the Federation of American Societies for Experimental Biology and combined meetings of the clinical investigation societies, the American Federation for Clinical Research, the Amercian Society for Clinical Investigation and the Association of American Physicians. It is at these meetings that fundamental observations that are to become the basis of the improved practice of tomorrow are presented and discussed. With fewer investigators and teachers participating in this important exchange and simulation of ideas, the quality and quantity of our research and teaching will decrease. It will not be noticed this year or next, but when it becomes obvious 5 to 10 years hence, it will be too late; the momentum of our training activities will have been lost and will not be regained without a 5–10 year lag.

At this time when an awareness of the importance of digestive diseases as a major health and economic problem has awakened, how are we to provide the trained personnel to meet this challenge? The personnel needs for digestive disease are impressive. Hardly a week goes by that I do not receive a letter or a call from a medical school, a medical center or a community hospital asking if we do not have some trained young person to come and upgrade their program in digestive diseases.

Because of the prevalence of digestive disease and the paucity of trained gastroenterologists, the bulk of digestive disease care is provided by family physicians and internists. How do they acquire and update their knowledge of digestive disease? First, in medical schools and residency training. This training pro-

vides the basis for their practice. It has been inadequate in the past because there is hardly a medical school in the country with an adequate staff of teachers and investigators in digestive diseases. This inadequacy is also reflected in the National Institute for Arthritis, Metabolism and Digestive Diseases. There are only two digestive disease investigators in the Institute. One for each of the two words added to the title of the Institute. An important mechanism for keeping digestive disease care delivered by the family doctor up to date is his day to day contact with the trained gastroenterologist in his hospital. If none is available it is unlikely that digestive disease care will keep up to date.

The training programs of the NIH, including those in digestive disease, have been severely critized because all of the trainees have not stayed in academic medicine and many have gone into practice. It was unrealistic for several reasons to have expected all of them to stay in research. First, because there have never been enough research funds to accommodate but a fraction of them in continuing research, and seecond, many have perceived that they can make important contributions to digestive disease care in ways other than a career in research. The process is not unlike that employed in profootball—not every promising college player makes it in proball. Unlike the unsuccessful football draft choice, however, the trainee in digestive disease continues to use his training to the betterment of digestive disease care. He does this in three ways.

First, the expert digestive disease care that he renders personally; and second, he has been trained in a teaching environment and he can not resist teaching digestive disease care to his colleagues in family practice, internal medicine, pediatrics, and surgery. It is very much like the adage, "you can take the boy out of the country but you can't take the country out of the boy." Third, because of the contacts he developed at the medical center and his knowledge of its special resources, patients from his community will be referred to the special services of the medical center at the appropriate time.

I have taken a great deal of your time but permit me to summarize.

Digestive disease is a major health problem. To handle this problem effectively we need to: (1) maintain the research momentum it has taken 20 years to build-up; and (2) regain our momentum in providing a continuing supply of trained individuals to meet the unfulfilled needs of digestive disease research, teaching and patient care.

Mr. Chairman and members of the committee. Permit me to sum up in saying that the proposed budget for fiscal year 1975 for this Institute is very inadequate for the important function which it is supposed to serve. The proposed citizens budget introduced earlier in the testimony by my colleague, Dr. Becker, is a realistic one which takes account of the true needs and responsibilities of the Institute for the coming year and recognizes the underlying health problems and needs of our population. Specifically, it calls for maintaining our research momentum, regaining momentum in training urgently needed personnel and increasing the research effort in digestive disease within the Institute. I urge you strongly to consider the well-thought out figures in the citizens budget when you formulate the budget recommendations for this Institute for the coming year.

I wish to thank you for the privilege and opportunity to present to you today my views on these important issues.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 9, 1974.

HYPERTENSION

WITNESS

DR. FRANK FINNERTY, DEPARTMENT OF MEDICINE, GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE

Mr. FLOOD. Dr. Frank Finnerty, Georgetown University Medical Division.

Dr. FINNERTY. Mr. Chairman, I am not really going to sound like a professor of medicine or sound like somebody from NIH for sure.

Mr. FLOOD. You look awfully healthy for a doctor.

Dr. FINNERTY. Hypertension represents the major health challenge in the country today. It is the leading cause of strokes, heart failure, and kidney failure and is a major risk factor in heart attacks. Hypertension is the major cause of death in blacks. I don't come here as an evangelist for the blacks, but we certainly see them here.

More than 23 million people in this country currently have hypertension less than 50 percent of them do not know they have it, and less than 10 percent are under effective treatment.

What can be done in a practical way about this epidemic? Let me tell you what we are doing about it here in Washington. As part of the Hypertension Detection and Follow-up program sponsored by the National Heart and Lung Institute, several summers ago our group went out into the inner city and set up shop in supermarkets. During one weekend we screened 500 subjects, 204 of whom were found to be hypertensive. These activities continued until 700 hypertensive subjects were found. They were then referred to our special clinic at D.C. General Hospital where the elevated blood pressure was verified. These patients were then randomly assigned to be followed either by us or in the general medical clinic at D.C. General Hospital.

Those patients followed by us were cared for primarily by paramedical personnel and by the same paramedical person at each visit which allowed for the development of a personal relationship. Long waiting times were prevented by scheduling appointments at a particular time, for example, at 8:15 a.m. on Monday morning instead of just on Monday morning. Finally the medication was supplied by the clinic instead of sending the patient to the pharmacy where he would usually wait an average of 2 hours.

Those patients have now been followed for more than a year. In the group followed by us there has only been a 7 percent dropout rate, whereas in the group followed in the general medical clinic, the dropout rate has been 78 percent. Indeed 40 percent of the patients referred to the general medical clinic did not even "show up" for the first visit.

More important was the observation that in 83 percent of the patients followed in our special clinic, the blood pressure was brought to normal whereas in those patients who returned to the general medical clinic, normal blood pressure was obtained in only 12 percent. Particularly significant was the observation that in 74 percent of the patients whose blood pressure was brought to normal in our clinic, antihypertensive therapy consisted of just a pill a day. These findings go a long way to emphasize that the diagnosis of hypertension is easy and painless, and that treatment is simple, frequently as simple as a pill a day. The problem is getting the asymoptomatic patient to remain under treatment and continuing to take medication.

Let me mention two other of our studies which really have provided an excellent yield with very little input. We have taken high school students, taught them to take blood pressures and, under the supervision of a nurse, have placed them in clinics in the city hospital where blood pressures are not routinely recorded, for example, surgical, ear, nose, and throat, dermatology, et cetera.

Seventy-five percent of the first 600 patients examined had a blood pressure of over 140/90 mm Hg. The elevated blood pressures were immediately verified in our hypertension clinic. Being a hospitalized patient is no guarantee for having your blood pressure recorded. We

recently sent one of our nurses around the hospital checking blood pressure on patients not on the medical or obstetrical services. Of the first 1,300 hospitalized patients checked, 400 had elevated blood pressure and only 8 knew about it.

You say but this is D.C. General. Let's go to Georgetown. Georgetown has the same incidence of hospitalized patients and the same thing in the clinic. Routinely blood pressure is not taken just because you are in the hospital.

Mr. FLOOD. You are chief of cardiovascular research at Georgetown?

Dr. FINNERTY. Right. This is not being done routinely unless you are on medical service.

In addition to utilizing already existing facilities, we must make progress in three different areas: (1) Physicians must be reeducated to consider that strokes, kidney failure, and heart failure are all preventable complications of hypertension and therefore, that all patients with hypertension, even mild hypertension should be treated; (2) patients must be educated to seek medical care, not just when they are sick but in order to stay well; (3) the basic structure of medical delivery—private practice and clinics—must be reorganized with emphasis on personalized care.

Mr. FLOOD. The people are going to have blood tests?

Dr. FINNERTY. More than that, it is simple to treat, but the most important point is how do you get healthy people, black or white, to keep coming back to the doctor when they feel fine.

Mr. FLOOD. There is nothing painful about the tests.

Dr. FINNERTY. Right. And the pills are not painful when you get the disease early.

In July 1972, Secretary Richardson launched a national hypertension information program, a cooperative effort combining all health forces for the Government and organized medicine to fight one disease. This program is not attempting to finance health care for hypertensives but rather to provide a focal point for those organizations, be they private, voluntary, or professional. This program is currently funded at $2 million. Increasing the funding by $3 million would go a long way toward halting this silent killer.

We need help on three further points:

1. Continuation of basic research on the mechanism and etiology of hypertension for this, indeed, may be a curable disease (increase funding by $3 million).

2. Supporting specialized centers for research (increase funding by $4 million).

3. Support community demonstration projects, for example, HDFP and Mr. FIT (increase funding by $25 million).

Mr. Chairman, there is a real sense of urgency. We don't need to build new medical centers nor, for that matter, do we need more doctors. We now have the tools and the "know-how" to prevent the complications of high blood pressure, for example, strokes, kidney failure, heart failure, and premature death. We desperately need $35 million to take the needed action now!

[The attachment follows:]

The Hypertension Problem

What We Can Do About It

HYPERTENSION represents the major health challenge in the country today. It is the leading cause of strokes and heart failure, and is a major risk factor in heart attacks and kidney failure. Hypertension is the major cause of death in blacks. More than 23 million people in this country currently have hypertension, less than 50 percent of them do not know they have it, and less than 10 percent are under effective treatment.

What can be done in a practical way about this epidemic? Although our community screening and follow-up program in inner city Washington[1] has enjoyed much success, it must be emphasized at the outset that 1) the majority of patients screened were not under any medical care; 2) a well organized facility in the geographic center of the area screened was available for follow-up; 3) heavy reliance was placed on paramedical personnel; and 4) probably most important, the program was government financed. Screening the millions of undiagnosed hypertensives in other communities, particularly where the majority of patients would be under private medical care, would frequently frustrate the patient, antagonize the physician, and cause chaos in already overcrowded offices. In order for community screening programs to be successful (and it is my strong belief that this method of attack is the only practical way to manage the millions of hypertensives) three changes must be made: 1) Physicians must be re-educated to consider that strokes, kidney failure, and heart failure are all preventable complications of hypertension and, therefore, that all patients with hypertension, even mild hypertension, should be treated. 2) Patients must be educated to seek medical care, not just when they are sick but in order to stay well. 3) The basic structure of medical delivery (private practice and clinics) must be reorganized with emphasis on personalized care.

If physicians would recognize, appreciate, and take advantage of the currently available therapy and fully utilize already existing facilities, not only would the stage be set for successful community screening in the future but millions of hypertensives would immediately be brought under care and treatment. Effective medical treatment is presently available for preventing most of the major complications. Treatment is frequently simple and can be administered by any physician or by specially trained nurses or allied health personnel working under the direction of a physician. In this regard, the beneficial effects of a combination of a thiazide plus reserpine in the VA studies[2] should be emphasized. The addition of a third drug, hydralazine, resulted only in a 4 mm Hg further reduction in diastolic pressure. If such "simple therapy" controlled the arterial pressure in these patients with moderately severe hypertension, it should most assuredly be effective in the vast majority of undiscovered hypertensives, 75 percent of whom would have mild disease. A recent study in an inner city population[1] demonstrated that in 70 percent of newly discovered hypertensive patients, the blood pressure was brought to normal by a combination tablet of reserpine plus chlorthalidone, e.g., a pill a day.

Many physicians recognize that effective treatment of the more severe types of hypertension reduces morbidity and mortality but are not convinced that antihypertensive agents are beneficial in patients with moderate or mild forms of the disease. Many university centers place the highest priority on the diagnosis of unusual secondary forms of hypertension and place little emphasis on therapy. This emphasis on diagnosis has led to the practice of routinely performing expensive, sophisticated tests on newly discovered hypertensives. Indeed, the expense has been a barrier to physician and patient alike and has frequently delayed institution of effective therapy. The American Heart Association has recently recommended that the only tests indicated in the routine workup of the asymptomatic newly discovered hypertensive patient over age 35 years are determinations of glucose, creatinine, and potassium, the cost of which is under $10.00.[4]

The cavalier attitude that many physicians take regarding patients with mild and moderately severe hypertension is demonstrated by the recent studies

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of Schoenberger et al.[3] which revealed that 55 percent of newly discovered hypertensive patients in the offices of cardiologists and internists were not even given a second appointment. The message found in the VA[2] and Public Health Studies,[2] i.e., control of arterial pressure significantly reduces morbidity and mortality, has obviously not reached the practicing physician. Indeed, the Schoenberger study[3] suggests that a smaller percentage of hypertensives are being treated today than several years ago.

Many physicians do not routinely record blood pressure. Think of the number of subjects who would immediately be screened if psychiatrists, dermatologists, otolaryngologists, etc. would routinely record blood pressures. Indeed, any person who visits a physician or dentist, or any medical facility for any reason should automatically have his blood pressure checked. The lack of routine recording of blood pressure is not peculiar to office or clinic practice. The recording of blood pressure is not a routine on all services in the average hospital. A nurse working with our group recently recorded blood pressures on hospitalized patients in a city hospital who were not on the medical or obstetrical services. Of the 1300 blood pressures recorded, 400 were over 150/100 mm Hg, 285 patients did not know they were hypertensive, and only 8 were under therapy.

Discovering that the patient has hypertension and placing him on therapy really solves nothing. All the advances in therapy are not going to be realized—strokes, congestive heart failure, heart attacks, and renal failure are not going to be prevented—unless the patient continues to remain under medical care and takes his medication. It has been my experience both in private practice and in the clinic that patients (particularly the asymptomatic ones) will not remain under care and on medication unless they are properly motivated, and such motivation can only result from a good doctor-patient relationship. (Recent experience with an inner city population has attested to the fact that a well-trained, understanding, paramedical person may well be substituted for the physician in this relationship.) Once this relationship has been established, time can then be spent in educating the patient rather than in just reassuring him.

Let us be honest with ourselves! Our expertise as cardiologists has centered around the unravelling of complicated diagnostic problems or treating the patient in the emergency-crisis situation. The long term routine care of the hypertensive patient offers no challenge. Just as we rely on specially trained nurses in the coronary intensive care unit, we must become aware of their value in the follow-up of hypertensive patients. Once the hypertensive patient has been initially evaluated and placed on a therapeutic regimen by a physician and has reached a status quo situation, the patient can ideally be followed by a nurse or health assistant working under the nurse. The nurse is challenged by this assignment, and establishes a meaningful relationship with the patient which then allows her to motivate the patient to take medication and remain under care for the rest of his life.

Wherever such projects have been carried out they have been successful. The Amos Project at Ft. Belvoir, the Ambulatory Care Project at the Beth-Israel Hospital in Boston, and the Hypertension Detection and Follow-up Program in inner city Washington are a few examples. Utilization of the specially trained nurse and paramedical personnel goes a long way toward eliminating the overcrowded clinics and teaches patients and doctors that it is not necessry for the doctor to examine the patient on every visit.

With a trained nurse effectively directing the clinic in consultation with a physician and assisted by two paramedics, 30 to 40 patients can easily be seen per day. Doubling the paramedical personnel (ours are recruited from the community and trained by the clinic staff), can usually double the number of patients such a clinic can handle. Considering the roughly eight-to-one cost ratio of physicians to paramedical personnel, this arrangement leads to substantial economic savings and frees the doctor to carry out other duties.

Nursing schools are accepting this challenge by changing their curricula to prepare the nurse as an independent professional so she can practice the discipline of nursing as an independent member of the health care community. She will not only be able to hang out her own shingle in private practice and see clients for nursing services, but with further preparation she will specialize as a pediatric or hypertension nurse-practitioner. Such a program has already been implemented through the junior year of the Georgetown University School of Nursing and the first class of "future nurses" will graduate in 1974. During the past year leaders in the hypertension field have also taken up the challenge. Drs. Edward Freis in Washington and Joseph Wilber in Atlanta have been training nurses in the diagnosis and fundamentals of treatment of hypertension so that they can "take over" the

operation of hypertension clinics. Schools of pharmacy are also taking up the challenge, changing their curricula to prepare students to practice pharmacy and not to own pharmacies—to play a key role in drug selection, and to become active members of the health care community.[6]

Once a sufficient number of nurses, health assistants, and pharmacists specially trained in hypertension are available, they can be placed in already existing facilities, e.g., in the private practitioner's or private group office, in VD clinics, in birth control clinics, and in general medical clinics in hospitals where the back up facilities would be immediately available. When this stage has been reached, community screening and programming can then be launched. The key to the success of this program lies in the basic assumption that 75 to 80 percent of the estimated 23 million hypertensives have mild to moderate disease. Once screened, verified, and placed on a therapeutic regimen (90 percent of which can be accomplished by paramedical personnel), they can then be followed three to four times a year without fear of overloading the system.

The government has already started to attack the problem. The National Heart and Lung Institute is currently sponsoring a program in 14 different communities to demonstrate that intensive therapy of all types of hypertension reduces the incidence of death, strokes, and heart attacks. Emphasis in this program is placed on reorganization of clinics, full utilization of paramedical personnel, and finding ways to motivate patients so that they will stay on medication and remain under medical care.

In July of 1972, HEW Secretary Richardson launched a National Hypertension Information Program, an unprecedented cooperative effort combining all health forces for the government (National Institutes of Health, Federal Drug Administration, Veterans Administration, Department of Defense, Health Services and Mental Health Administration) and organized medicine (American Medical Association, American Heart Association, American College of Cardiology, industry, and insurance and pharmaceutical companies) to fight one disease. The main thrust of this program is and will be educational, making every citizen aware of the frequency of hypertension, its complications, what can be done about it, how to take advantage of already existing facilities, and re-educating physicians to consider that strokes, kidney failure, and heart failure are all preventable complications of hypertension. This program is not attempting to finance health care for hypertensives but rather to provide a focal point for those organizations, be they private, voluntary, or professional. Its immediate objective is to create public awareness which later can be translated into community action programs, e.g., providing expertise in initiating community control programs. Ideally the cardiologist should provide the leadership, not only in the academic setting but also at the community health level.

FRANK A. FINNERTY, JR.

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Mr. FLOOD. Thank you very much.

THURSDAY, MAY 9, 1974.

STRENGTHENING DEVELOPING INSTITUTIONS

WITNESSES

DR. THOMAS VOSS, PRESIDENT, TUSCULUM COLLEGE, TENNESSEE
DR. JACK LEE KAPLAN, DEAN OF FACULTY

Mr. FLOOD. Dr. Thomas Voss, president, Tusculum College, Tenn., and Dr. Jack Lee Kaplan, dean of faculty of the same college, testifying on higher education.

Dr. VOSS. Good afternoon, gentlemen, I am Thomas G. Voss, president of Tusculum College, Greenville, Tenn., and an executive committee member of the Conference of Small Private Colleges. The conference is an organization of private 4-year colleges ranging from Kansas to Maine to Florida. We have organized this conference because of the mutual concerns and goals of the small private colleges, two of which I list:

1. Pursuant to objective IV of the National Commission on Financing Post Secondary Education, a better presentation of the necessity for encouraging institutional diversity is essential so that some 535 small private colleges, which constitute one-fifth of the colleges in this country, may be better recognized for their service to the Nation.

2. Continuance of ongoing Federal programs which are relevant to the needs of and the broadening of such programs as well as the initiation of new approaches.

A small college has been defined as one with an enrollment less than 1,100.

Mr. FLOOD. In Pennsylvania we have quite a history of small colleges from colonial days.

Dr. VOSS. I will refer to my own college as an example of the problems many of us face. Tusculum College, Greenville, Tenn., which was founded in 1794 and is the oldest functioning college in the southeastern part of the Nation; it has, and has had, for 100 years, a student body of 400. As is the case of many of the small colleges in this country, the majority of our budget is based upon student fees. In an era of inflation, tuition costs in the private sector must be raised but, in turn, cannot be raised to an extent that would render us economically uncompetitive. Nevertheless, we still must raise one-third of our student educational costs, and much of our operating costs, through gifts and grants. With over 40 colleges last year merging or closing, with the media indicating small colleges are dead or dying, and with the traditional support of churches and alumni dwindling, it does not put the small private college in an enviable situation in the seventies. In spite of the commitment stated in the report of the National Commission of Post Secondary Education and the many statements of concern issued from State capitols, there is very little being done to continue diversity in higher education.

My point so far may be stated by referring to Aeschylus' Prometheus.

Chorus: What cure do you provide against sickness?

Prometheus: I placed in them blind hopes.
Chorus: That was a great gift you gave to men.

In two ways, some of the announcements of the higher education legislation of 1972 have been such blind hopes for the small private college.

Since 1965, the program to strengthen developing institutions has been an important source of seed money and program support as well as a source of funds to enable institutions which are out of the main stream of higher education to have the opportunity to initiate development activities. Suddenly, during fiscal year 1973, the program to strengthen developing institutions was divided into two separate and distinct programs by the Office of Education. The original program has now been entitled basic institutional development program (BIDP). The other is called the advanced institutional development program (AIDP).

Initially, the advanced institutional development program was focused upon aid to institutions serving certain identifiable ethnic groups. Meetings were held in Atlanta, New York, Los Angeles, Las Vegas (New Mexico), and other cities in order to explain projected parameters for the new programs. This minority-oriented thrust, incidentally, not specified in Public Law 92–318, decreased in importance, and the new justification for the advanced institutional development program became moving developing institutions to developed status.

The fact is that AIDP, as it is called, was originated in order to give large, one-time grants to developing institutions deemed somehow capable of becoming developed. These grants, some of which ran as high as $2,150,000 during fiscal year 1973, were scheduled to be spent over a 3-to-5-year period. Then, with each succeeding year, other developing institutions were to be given such grants until all developing institutions had been accelerated beyond developing status. This, of course, is an ideal.

It is interesting to note that while the intent of the new advanced institutional development program was to accelerate more advanced developing institutions to a point of self-sufficiency, the fiscal year 1973 award list for that program demonstrates that such was not the true intent since institutions are included on that list which either never before participated in the developing institutions program or which has been dropped from the developing institutions program because they were no longer considered to be developing. The realities are that many of these institutions need, and indeed merit, ongoing program support. In addition, foundations which used to serve private higher education—or at least the elite of higher education—have now gravitated to a public higher education support. With this occurrence, the concept of title III basic institutional development program money as seed money to reinterest private donors is quite important to our group of colleges because it assists the colleges in improving their profile of institutional financial and programmatic viability.

Specifically, the Conference of Small Private Colleges strongly urges that this committee attach an amendment to any appropriations which would increase funding title III, strengthening developing institutions. It is our strong feeling that such an amendment should

include a prohibition against utilizing any more than the current $48 million in the advanced institutional development program.

Second, the emergency assistance for institutions section of the act (Public Law 92-318, sec. 122, as amended) has not been funded. This section would grant loans to colleges as a national resource and thereby allow them to continue; the authorization of $40 million was never appropriated. It would be well if a small college division were organized to administer these loan and grant programs as well as to serve as an information base for varied programs—NSF to HUD—which could prove of benefit to the small private college.

Therefore, to go back to Aeschylus Prometheus, we of the small private college have not lost hope, but we are not blinded. We also recall the next line in Prometheus:

Besides this gift, I gave them fire.

And we also remember that Heracles who was half man and half God saved Prometheus at the end. We are not asking Congress for salvation, we are asking you specifically to both continue the two ongoing programs, by broadening the funding for the basic title III program and to appropriate funds for emergency assistance to college programs so that we may have the right to survive. We are asking you then for the fire that will be used to continue diversity and to preserve educational options for students in American higher education in this decade.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 9, 1974.

UNIVERSITY COMMUNITY SERVICE PROGRAM

WITNESSES

RICHARD CHESTEEN, UNIVERSITY OF TENNESSEE
DR. DAVID DU BOSE, LAMBUTH COLLEGE, JACKSON, TENN.

Mr. FLOOD. Mr. Richard Chesteen, University of Tennessee, and Dr. David DuBose, Lambuth College, Jackson, Tenn., testifying on the university community service program.

STATEMENT OF RICHARD CHESTEEN

Mr. CHESTEEN. Mr. Chairman, committee members, and staff assistants, I consider this moment a most unique opportunity in my life. For over 10 years I have stood before college students and lectured on "the art of the impossible"—politics. During that time I have, at various moments, both castigated and exalted the august institution you represent. Whereas for you this may be one more committee meeting to squeeze into a busy schedule, let me assure you what I am about here is not routine to me. Both my mind and heart are quickened at having an opportunity to present oral testimony to this subcommittee. Why, after having studied for so long this institution, should I sit here in awe? Congressmen, I think I can safely say that while Americans today may rank some of those who occupy positions of public trust in low esteem, they continue to possess a deep and abiding faith in their institutions and the political system they represent. Today you allow one humble American a few moments to reaffirm that faith, and for that I am deeply grateful to each of you.

I was asked by Paul Martin, Tennessee director of the HEA title I program, to come before you today to present some of my views about the need for continued funding of the university community service program. My reply to Paul was an enthusiastic "yes", because I sincerely believe in the "community service" concept for higher education.

My personal involvement with HEA title I began in 1971, when the University of Tennessee at Martin received funding for a $4,800 program entitled "Task Force Planning for Community Development." This was our first endeavor at UTM in such a community service project, and we were not sure this was the right step to take. Nearly a dozen of the best faculty members at Martin agreed to work with the city to evaluate the community's capabilities and weaknesses. By the end of the project we had judged the Martin police department by comparing it against several surrounding communities, analyzed the local water and sewage systems, studied the local ecology, inspected the city personnel policies, examined the library facilities, and proposed historical site preservation and restoration. As a result of our study, a number of accomplishments already achieved by the city received wide publicity and problem areas in need of attention were highlighted. Throughout the project, university and city personnel worked closely together. I will not sit here and say we accomplished miracles, but I am confident that for the tax dollars spent, the UTM-Martin attempt at community improvement was a good investment, not just in dollars but in human motivation and generated goodwill. Last week I was happy to learn that, at a conference here in Washington, our effort received one of two national awards for community service projects from the National Association of Development Organizations. I must confess that I particularly relish this honor, not for the glory, but for vindication. Community service is a new and growing concept at my school. Only now are high level administrators beginning to actively voicve support for it.

When Congress passed the Economic Opportunity Act of 1964, the preamble of the act stated, among other things, "the United States can achieve its full economic and social potential as a Nation only if every individual has the opportunity to contribute to the full extent of his capabilities and to participate in the workings of our society." This is a most noble statement, one certainly worthy of our support. Yet, where is the most logical place to begin to build such individual initiative and involvement if not at the local level, in thousands of communities scattered throughout this great land.

I remember well when I first became interested in the role of UTM in community development. It was when I received a brochure from one of our State colleges that was sponsoring a workshop jointly with the Office of Economic Opportunity on the subject. In the cover of the brochure was the picture of a very young black child, dirty, stomach distended, reaching up to an adult hand as if to say, "Please help me." Suddenly I asked myself, what was the sense of all the books, all the imparted knowledge, and all the expertise if they could not be put to use to solve local problems.

I am reminded of President Abraham Lincoln, when at the beginning of the Civil War he undertook a number of military related acts without congressional authorization. When confronted with the possibility of these acts being illegal, Lincoln's reply was that it did him

little good to be President of a nation, if there was no nation to govern. I would say in the same light what good does it do our intellectual community to amass a wealth of knowledge for mankind's future if we cannot free ourselves long enough to deal with the present problems of those around us.

The people of Tennessee have paid out millions of dollars to support higher education in their State. They have developed fine institutions, staffed by highly qualified personnel. They have commissioned these institutions to provide the State's youth the knowledge and skills necessary to prepare them for a productive and enriched life. Yet there are those both in and out of higher education who question whether or not we have too narrowly drawn the scope and mission of our colleges and universities and their personnel. In northwest Tennessee, UTM represents, a tremendous reservoir of facilities, research material, technical expertise, and human motivation. If the people of the area do not draw upon such resources and relate positively to them, they will have allowed their sizable investment to be poorly developed and utilized.

Americans of all political spectrums have in recent years called for Government revitalization at the local level. The bigness of modern government and its distal relationship to the people it serves have been criticized for generating a high level of alienation and apathy. How, at a time when national leaders speak so eloquently of a "return of government to the people", can the administration or Congress seriously consider letting a most valuable program, whose main objective is the stimulation of thought on and solutions to community problems, go without adequate funding?

You have instituted revenue sharing as an effort to assure local communities some economic control over their own destinies in terms of governmental services. Other Federal programs through agencies such as Health, Education, and Welfare; Housing and Urban Development; and the Department of Transportation have also sought to encourage local participation and initiative in planning and policy implementation. I cringe to think where we would be today if not for Federal programs in sanitation, health, welfare, education, pollution control, economic development, and several other areas.

Efforts such as the workable program in HUD have sought to assure maximum citizen involvement through local citizen advisory committees. This approach, combined with revenue sharing, presents two important concepts: local determination of needs and active citizen participation. There are those who deny that we can realistically rely on this approach to work. I, too, feel we have a long way to go before we can really boast with pride that the system is working as well in reality as it appears on paper. However, this is not to deny the worthiness of the attempt or its possible success. Certainly centralization of authority and decisionmaking have not been a panacea for all our national ills.

The loss of faith by many Americans in goverment responsiveness cannot be restored with political rhetoric or gandiose governmental actions. It must be a grassroots movement. Capital, courthouse, and city hall all suffer from public invective. Through national financial support, affirmative State action, local imagination, public commitment, and the maximal utilization of our resources the skills we can

preserve and strengthen our political system at all levels as we move into the third century of our Nation's history.

The HEA Title I university community service program is and can continue to be a vital element in the game plan for securing America's future. It makes no sense to build governmental program upon program, to proliferate agencies, or to pour millions of dollars into solving local problems without a cadre of local leadership with the ability to spend dollars wisely or to fully draw upon local resources. Local citizens are confused and overwhelmed. There are so many problems to deal with and so little money and time for decisionmaking, that community leaders often wind up seeking "political" solutions instead of "community" solutions. In Tennessee we are now launching, with the help of HEA Title I funds, a statewide program in "Community Growth and Leadership Development." Before it is over, we hope to have committed hundreds of higher education personnel to assisting local people identify and solve community problems.

Over the last several years, the Tennessee community service program has assisted in a number of governmental training programs with the University of Tennessee Center for Government Training and the University of Tennessee Municipal Technical Advisory Service. It has been instrumental in the creation of a community services center at Memphis State University and the establishment of the statewide local government training system. Also, the agency points with pride to its support for the past 3 years of a statewide consumer education program, which has reached thousands of State citizens and won national recognition.

Nationally, 1,236 colleges and universities have participated in creative and cooperative community service activities. In 1973, a total of 350,000 adults benefited from over 600 community service and continuing education programs, which were, in turn, staffed by some 3,302 faculty members and over 14,000 graduate and undergraduate students. The President's National Advisory Council on Extention and Continuing Education has recommended HEA title I be funded at $25 million, and the national education associations are supporting this figure for fiscal year 1975.

Gentlemen, you are being urged to commit a few million dollars to a national movement that has already shown a high level of activity and significant accomplishments. Help those of us in higher education who want to escape our "ivory towers" and share our training with the real world. State appropriations for higher education commitment to public service is new, and there is not yet a firm base of support for the concept. However, the concept is growing; and once it really catches on, there will be a new level of confidence expressed by the public in our educational institutions. We urge you to preserve and support the expansion of HEA title I for fiscal year 1975. My community needs it, Tennessee needs it, and most of all, America needs it.

STATEMENT OF DR. DAVID DUBOSE

Dr. DUBOSE. Mr. Chairman, may I just submit my statement for the record and say thank you.

Mr. FLOOD. Your statement will be included in the record at this point.

[Dr. DuBose's statement follows:]

STATEMENT OF DR. DAVID DUBOSE

Mr. Chairman and honorable members of the committee, I am David S. DuBose, dean of continuing education and community services and chairman of the Department of Sociology, Family Development and Social Work of Lambuth College, Jackson, Tenn. I appreciate very much this opportunity to appear before you in support of the existence and substantial expansion of a cause thousands of leaders in higher education and community involvement hold very dear, the university community service program under title I, Higher Education Act of 1965.

I come before you not because of my fearlessness or eloquence: sociologists are usually not brave and almost never silver-tongued. I am here because I am a title I believer, representing with Professor Chesteen a growing group of Tennesseans who have seen it in action, who have participated in the action and who have seen the good results of title I involvement.

In my presentation I will address myself to three topics: (I) the general efficiency and workability of the university community service program; (II) the reality and enormous implications of a single title I project, the Tennessee statewide consumer education program; and (III) the relationship to title I of one relatively small 4-year institution of liberating arts and sciences, Lambuth. Let me declare to you at the outset that I am very biased in favor of each of the three topics.

I. Over the span of 9 years, the time of the existence of title I, no other funded program in the public or private sector has done so much for so many American adults with a variety of needs with so few dollars. I am equally convinced that no other program has done so much as has title I to break down the often tragic cleavage between "town" and "gown"—to overcome, therefore, the regrettable lag in knowledge and action which occurs each time the college withdraws from her constituency or the populace think and act without reference to the concerted expertise of educators. What program besides title I can claim the mutual involvement of community people with the faculties and students of 1,236 colleges and universities?

The operational model underlying the university community service program is so simple and direct that those of us in education and in Congress, accustomed as we are to massive, complicated bureaucratic systems, might actually overlook it. It might be described in the following manner:

(1) American adults have a variety of continuing education and community service needs which are not being met;

(2) American educational institutions are set up precisely for the purposes of meeting some of those needs;

(3) By bringing the public and the educators together in mutual planning, action, feedback, evaluation and action again, we should have a workable model superior to fragmented and isolated action models.

That is the whole model. And the model works. After 9 years the massive reports and statistics to which you have had access bear testimony to this fact: the embarrassingly simple model works. For a nationwide helping program based on this effective model, the continuation of funding at $15 million level is a necessity, the increase to $25 million seems only a logical expansion.

II. I turn now to my second topic, the Tennessee statewide consumer education program. In the fall of 1971 a group of educators representing Tennessee's State universities, colleges, and community colleges and two of Tennessee's private colleges began a long series of planning sessions with a variety of agency personnel (State departments of education, health, public welfare; the Mid-Cumberland Council of Governments; and the Center for Government Training). We came together at the behest of Paul R. Marin, Jr., our present director of the State agency for title I. The purpose of the meetings was to discern and translate interest into proposal and action with respect to consumer education. This educational effort was to be aimed at the 1.3 million Tennesseeans at or below the poverty line. Think of it: one out of five of our families in Tennessee in poverty, closer to one out of every three of the people of Tennessee.

The result of our planning has been the Statewide consumer education program, put into action in the early spring of 1972 and still gathering force. The content of our cooperative endeavor has included consumer understanding of rights and responsibilities, credit and money management, legal aspects, and the

consumer considerations regarding health, education and well-being. Our target populations have included the poor, the teachers (public school, adult basic educators, Head Start instructors), the credit managers, social workers, hospital staff personnel, Head Start parents, residents of mental health institutions (many of whose primary mental problem is poverty), and so forth. Also, we have directed our efforts to the public at large through the media and our own statewide newsletter.

To conserve time I have given to you a copy of our most recent activation notice which will give you concise documentation of what we are doing now in statewide consumer education, and the 14 institutions currently involved in our cooperative effort.

Honorable committee members, it is my contention that this sort of effort deserves increasingly stronger support. It exemplifies what can and must be done by people with needs working together with people with the expertise to confront and aid in the alleviation of some needs. And the results of efforts of the sort of the Tennessee cooperative experiment will be far-reaching, indeed.

III. Finally, in view of the fact that I may never be called before a congressional committee again, let me speak of Lambuth College. I believe there is a popular stereotype regarding title I, the substance of which is that title I becomes essentially a State university endeavor. Why then has Lambuth College, a liberal arts institution related to the United Methodist Church, been party to a variety of title I projects since the inception of HEA financing? The answer is simple: a surprising number of private institutions, including my own, conceive their mission as one of serving, not of being served. We feel that no institutions have flexibility of programing or knoweldgeability among faculty resources better than colleges in the private sector. We participate in university community service programs because we are capable and because we have a mission to do our part in response to human need.

To pose another rhetorical question, can a school such as Lambuth with a student body of fewer than 1,000 afford to participate? The answer is simple: no. But, then, neither can we afford not to be involved. Our commitments to people are such that we strive to recapture in 1974 a part of what the university was established to do centuries ago: to act in intimate dialog with her community of reference. And part of what this original concept implied was that good teaching could never occur apart from living with, learning from, and acting on behalf of the people at large.

What have we gained from our title I involvement? Quite a bit. Our whole program in continuing education and community service conceived from our involvement in title I programs. Adult education and service are now large and vital facets of our institutional life. And the conceptual model and visibility which underlie these efforts sprang directly from title I participation. Our teaching has improved—at least for those faculty members directly involved in projects. You become a better teacher when your knowledge is a blend of theory and hard reality. Finally, our regular curriculum, especially in the courses in consumer economics owe much to title I involvement. Title I is quite the opposite of a dead end street for schools similar to Lambuth: it is a facilitator of our ethical and educational mission.

Mr. Chairman, honorable Congressmen, thank you very much.

TENNESSEE STATEWIDE CONSUMER EDUCATION PROGRAM—SUMMARY OF PAST AND PROJECTED ACTIVITIES

The purpose of this report is to permit a comparison of programatic activities by funding periods. The 15-month funding period extending for most institutions from November 1, 1972 through February 28, 1974, is one period of activity and is contrasted with the proposed current 10-month funding period extending from March 1, 1974, through December 31, 1974.

Some of the institutions were not a part of the statewide program for the entire duration of the 15-month period. Consequently, the figures presented in the tables are not valid reflections. However, the overall data does provide an overall picture of participant activity for the statewide program.

Table I is a compilation of individual institutional program activities submitted by project directors. These activities occurred over a 15-month period. The table does not reflect activities engaged in by project personnel (such as administrative time) apart from the locally conducted workshops, (see attachment).

Table II is a summary of current and projected activities for the ongoing 10-month funding period. Even with incomplete projections for this time period, an increase in number of activities and participants may be noted, (see attachment).

The increase in activities and number of participants is over 14 percent. Chart 1 gives the comparison of total figures for the two periods.

Summarization of the public school personnel inservice programs and the pursuant class activities conducted by institutions is provided in table III (see attachment).

Table IV shows the adult basic education workshop activities sponsored regionally and by local institutions (see attachment).

The attached chart projects the plan for accomplishment of goals pertaining to written materials to be completed and disseminated as proposed during the current 10-month period. The material described in this chart fold-out consists of:

(1) Editing of and supplements to available curriculum materials (which have been prepared by teachers having participated in the program) which will be compiled in the form of a manual. The manual is to be a guide to afford a continuity of consumer topics across grade levels and subject matter areas to facilitate integration into the regular classroom activities.

(2) A comprehensive historical account of the events which occurred in the development and operation of the statewide consortium.

(3) A manual covering the four primary areas defined for workshop delivery (rights and responsibilities; credit and money management; health, education, and well-being; and the legal aspects of consumerism). This manual is to be a compilation of materials and knowledge from the institutional personnel who have developed expertise in the four subject areas. Overhead transparancies will accompany this written material, all of which will be available for purchase at cost.

(4) A series of brief slide presentations on the major consumer topics. These slide and audio presentations will be in the style of overviews, or general concepts which may be pursued more in depth depending on the interest of the group.

TABLE I

SUMMARY OF INDIVIDUAL INSTITUTIONAL
CONSUMER EDUCATION ACTIVITIES

November 1, 1972 - February 28, 1974

WORKSHOP ACTIVITIES	INSTITUTIONS													
	CSCC	DSCC	ETSU	LAMBUTH	MSU	MSCC	TSU	TTU	TWC	UTC	UTK	UTM	UTN	TOTAL
No. of Local Sites	4	7	5	6	4	5	10	8	3	9	4	9	10+5 (TSU)	84
No. of Participants	215	135	280	163	87	218	500	260	89	379	130	335	232	3,023
Average No. of participants per workshop	54	19	56	27	22	44	50	33	30	42	33	37	23	36

TABLE II

SUMMARY OF INDIVIDUAL INSTITUTIONAL
PROJECTED CONSUMER EDUCATION ACTIVITIES

March 1, 1974 - December 31, 1974

TIME PERIODS	INSTITUTION																							
	CSCC		DSCCC		ETSU		LAMBUTH		MSU		MSCC		TSU		TTU		TWC		UTC		UTK		UTM		UTN	
	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.	Sites	Part.
March-April	0	0	1	25	2	70	2	40	6	500+	2	?	1	?	4	?	2	80	3	110	1	125	0	0	2	55
May-June	0	0	1	30	4*	200+	2	33	1	100	0	0	1	600	0	0	1	40	2	70	2	80	2	41	47	120+
July-August	1	25	3	60	0	0	0	0	1	25	0	0	0	0	0	0	1	23	0	0	0	0	1	20	1	50
Sept.-Oct.	2	50	0	0	1	25	2	45	0	0	0	0	0	0	4	?	2	80	0	0	1	25	1	20	0	0
Nov.-Dec.	5	225	2	70	1	25	2	66	4	50+	0	0	0	0	0	0	1	40	0	0	5	150	2	35	1	100

*Planning TV series with estimated audience of 14,000

Total Estimated Participants - 3,528

Total Estimated Sites - 90

CHART I

COMPARISON OF TWO FUNDING PERIODS:
ACCOMPLISHED AND PROJECTED INDIVIDUAL
INSTITUTIONAL CONSUMER EDUCATION ACTIVITIES

November 1, 1972 - February 28, 1974 - 15 Months

Local Sites	84
Participants	3,023
Average Participants per workshop	36

March 1, 1974 - December 31, 1974 - 10 Months

Local Sites	90
Participants	3,528
Average Participants per workshop	40

OR

An increase of 151 participants a month average or

14.06% increase projected for the next 10-month period.

TABLE III

SUMMARY OF INSTITUTIONAL PARTICIPATION IN STATEWIDE
PUBLIC SCHOOL PERSONNEL CONSUMER EDUCATION ACTIVITIES

November 1, 1972 - February 28, 1974

WORKSHOP ACTIVITIES	INSTITUTION													
	CSCC	DSCC	ETSU	LAMBUTH	MSU	MSCC	TSU	TTU	TWC	UTC	UTK	UTM	UTN	TOTAL
Obion County														
Inservice		X		X	X		X	X	X				X	7
Course					X							X		2
Clay-Overton														
Inservice		X	X	X	X		X	X	X		X		X	9
Course								X					X	2
Blount County[1]														
Inservice	X		X	X	X		X	X	X		X		X	9
Course			X								X			2
Secuatchie														
Inservice	X				X		X		X	X	X		X	7
Course									X	X				2
Blount County[2]														
Inservice			X								X	X	X	4
Course			X								X			2
Total Inservice	2	2	3	3	4	0	4	3	4	1	4	1	5	36
Total Courses	0	0	2	0	1	0	0	1	1	1	2	1	1	10

TABLE IV

SUMMARY OF INSTITUTIONAL PARTICIPATION IN STATEWIDE AND REGIONAL ADULT BASIC EDUCATIONAL ACTIVITIES

November 1, 1972 - February 28, 1974

WORKSHOP ACTIVITIES	INSTITUTION													
	CSCC	DSCC	ETSU	LAMBUTH	MSU	MSCC	TSU	TTU	TWC	UTC	UTK	UTM	UTN	TOTAL
Memphis Regional			X	X	X		X	X					X	6
Local														0
Nashville Regional							X			X			X	3
Local													3	3
Knoxville Regional			X	X							X			3
Local			X								X			2
Total Regional	0	0	2	2	1	0	2	1	0	1	1	0	2	12
Total Local	0	0	1	0	0	0	0	0	0	0	1	0	3	5

THURSDAY, MAY 9, 1974.

FOLLOW THROUGH

WITNESSES

HON. SILVIO CONTE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS
MS. CARYL KISSEL, DIRECTOR, FOLLOW THROUGH PROGRAM, PITTSFIELD, MASS.
MS. LYDIA RANDOLPH, PARENT
MS. LINDA JOHNSON, PARENT

Mr. FLOOD. The Follow Through program, Pittsfield, Mass. Representative Conte, a very distinguished member of this subcommittee, will introduce the witness. May I say that you could not possibly have a better spokesman before this subcommittee than Representative Conte. He has consistently been an able and vigorous advocate for the Follow Through program.

STATEMENT OF REPRESENTATIVE SILVIO CONTE

Mr. CONTE. Thank you, Mr. Chairman. It's a pleasure and an honor for me to serve on this subcommittee under your leadership. I might say that I know of no man who has done more for the fields of education and health in the U.S. Congress than the gentleman from Pennsylvania and our good chairman, Mr. Flood.

Mr. Chairman and Mrs. Green, I am pleased and proud to introduce three representatives of, and participants in, the Follow Through program in Pittsfield, Mass., Ms. Caryl Kissel, the program director and Ms. Lydia Randolph and Ms. Linda Johnson, who are parents of children in the Follow Through program and who take part in it themselves.

My colleagues on this subcommittee know that Follow Through is a program about which I feel very strongly. One of the few clear findings from educational research is that a child's progress in school is related more to the parents' interest and involvement than to any other thing. Participation of parents is one of the key elements in Follow Through.

Federal support of compensatory education costs billions of dollars each year. The largest appropriation Follow Through has ever had was $70.3 million in fiscal year 1970. We have clear evidence from evaluation studies that Follow Through is effective. I might say that I also have some direct evidence from children in Follow Through who have written to me. There are two lettters of many letters attached, if you want to read them.

[The letters follow:]

I like Follow Through because I like math and playing outside. I like reading and handwriting. I like working with all my teachers.

JAMES.

WHY I LIKE FOLLOW THROUGH

I like Follow Through because my mother is a teacher in Follow Through and I like work and play and I like to read a book and learn to do things and I like math and handwriting too.

TERESA KASTNER.

Mr. CONTE. The Pittsfield Follow Through representatives who are here have some important things to say about the effects of the program on their children, the schools, and the community. It is a privilege to introduce them.

STATEMENT OF CARYL KISSEL

Mrs. KISSEL. I speak of Follow Through from: Three separate positions—teacher, trainer, and director; 5 years of growth—personal and professional; 5 years of learning—as a teacher, as a parent, and as a person; 5 years of new friendships; new relationships; of struggle, disappointment, and of success; success when the problem child, the nonlearner asks me to listen to him read; from the transfer child; the despair of parent and teachers, who succeeds in the Follow Through setting.

Why: Because we care and we do something about it; the staff works to make parents comfortable and children learn; the director listens to parents and seeks solutions. Some of the best suggestions have come from the parents, not the professionals. They have the biggest stake of all—their children.

If schools are really to meet the needs of this group of children then Follow Through must continue. It is the only avenue open within the system to bring about change. You hear of teachers, who, because of the frustration of bureaucracy, et cetera, leave teaching—good teachers, only they became frustrated. In our 5 years we have only lost 1 teacher out of 20 because of our philosophy. Our kindergarten children have maintained an average reading gain of 10 months when the national average is 7 months. Over 50 percent of our comprehensive services are directly associated with kindergarten. By first grade the parent is better able to understand and carry on, and by second and third grade the parent has had enough guidance and support that they notify us when a child has had a service or is in need.

There are agencies existing to serve—but people need to be brought to them, made aware of them, et cetera—25 different community agencies are actively involved with our program. It took 5 years to get over the many hurdles and redtape until now, a communication is established and a simple phone call sets the wheels in motion. They in turn call us for help in following up on cases or progress reports. The PAC has had the widest impact of all—a voice in the wilderness—when parents were still taboo to professionals, we have progressed to: Operating parent groups in all the schools; an elected parent advisory council for a new community school to open; parent committees to interview applicants for various principal positions.

Plus, the local education agency formulates no long-range plans nor makes any major changes without consulting one or all of these groups. We also serve college students by being a living textbook where they can come and learn and share with us and the children. These gains cannot be lost but the attitudes and the awareness among parents and professionals need nurturing, needs continuance so that what has been already changed will seem small by comparison with what is yet to come and can come with your support. For all of our tomorrows are in the classrooms today.

Mr. FLOOD. I thank you very much.

Ms. KISSEL. Thank you. Mrs. Randolph?

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STATEMENT OF LYDIA RANDOLPH

Ms. RANDOLPH. Once again followthrough, children and parents, find themselves caught up in another struggle for survival. A struggle typical of the role forced on low-income people. Followthrough has played a vital role in bringing about meaningful changes in the lives of those it most affected. It has gotten the low-income children from the traditional type school culture to an educational experience geared more toward developing self awareness and building self confidence and being able to accept the program for its academic values as well as its nonacademic values.

Nagging, scolding, and reprimanding are not a part of the daily routine in Pittsfield's Followthrough classrooms. The behavior analysis program emphasizes the use of positive reinforcement or rewards in teaching children. We know that children do better work and learn more if their good behavior is praised and rewarded immediately. No classroom could operate with a system which sends a child out to play immediately after each correct or cooperative act. The solution is the "token system." A token with praise can be delivered quickly, it does not interrupt what the child is doing, and it can be exchanged later for any and all the enjoyable things listed on an exchange board—because we work and earn to spend and play.

Programed learning allows each child to succeed at his own level of development.

There are many components to the Followthrough classrooms: nutrition, PAC and its subcommittees, homes and school visits, health services, training for teachers and parent, above all individualized instruction for every child. Followthrough sets up a system where children do not have to be coaxed and urged to "get busy," "hurry up," and "pay attention"—children work actively at their assignments because they really want to. Because our program offers these extra measures of caring to its participants, low income no longer needs to predict low achievement in school.

Our Followthrough program has played a vital role in the homes of its children by actively involving parents in the classrooms as well as in the decisionmaking process of their child's education. Parents are not only teaching in the classroom, they are learning themselves, learning patience, self control, and understanding that will help them at home with their own children. Followthrough has also given parents a chance to further their education. We have an active career development program where college courses are given to the parents toward a degree of their choice. Parent involvement is a vital aspect of our Followthrough program. Our personnel committee of the PAC interviews and makes recommendations on the hiring of all Followthrough staff from the director of the parent aides.

Our program has two parent coordinators and a community aide who gives social services to families of the children that are in our program—helping them with almost any problem that arises by guiding and giving their full support, and reaching out to bring them out of the maze of confusion that can trouble low-income people. Our program has two health aides that provide follow-up services for Followthrough children and their families. They make sure appointments are made and kept by providing transportation to those who

need it. The teacher-parent relationship is also one of understanding that extends beyond the classroom and into the home, reinforced by their common bond—the children.

In view of the preceding testimony, we feel that the children, the parents, and community, will experience a great loss with the termination of Followthrough, and we urge that you help us keep our program.

[Attachments follow:]

PITTSFIELD PUBLIC SCHOOLS FOLLOW THROUGH, PITTSFIELD, MASS.

DID YOU KNOW ABOUT FOLLOW THROUGH?

1. Seventy-five percent of Pittsfield's Follow Through children are from Head Start.
2. Over 50 percent of Follow Through comprehensive services; health, dental, nutrition, medical and social services are directly associated with kindergarten.
3. Twenty new parents are given an opportunity to work in kindergarten each year.
4. $2,100 in the weekly payroll for paraprofessional staff. ($8,400 per month or $33,600 per school year added to the city's economic picture).
5. Twenty-five different community agencies are utilized by Follow Through on 246 referrals in getting needed services to our children and families.
6. Every child in Follow Through receives a speech and language evaluation upon entering. (This is standard procedure in Follow Through and not done until third grade in the public schools. From this, individual therapeutic prescriptions are worked out for implementation.)
7. Follow Through teachers and assistant teachers visit each child's home.
8. Twenty-two percent of Follow Through's children and 28 percent of Follow Through's staff represent the black community's involvement in Follow Through. (2 percent of Pittsfield's population is black.)
9. One hundred and ten parents have been trained to date by Follow Through to work in the classrooms.
10. Follow Through has children from 14 elementary schools in Pittsfield.
11. Average gain in reading in kindergarten is 10 months. (Pre- and post-kindergarten WRAT scores 1969–73.)
12. Two health aides provide follow-up services for Follow Through children and their families under the supervision of a school nurse.
13. The personnel committee of the PAC interviews and makes recommendations on the hiring of all Follow Through personnel.
14. Follow Through participates as a course for winter study students at North Adams State College.
15. Follow Through teacher/pupil ratio is 5 to 1 and in some cases 4 to 1.
16. Follow Through contributes $49,000 worth of time, space, materials, supplies, services and equipment.
17. Follow Through has 20 personnel actively participating in the college courses offered through the career development committee.
18. A Follow Through attitude questionnaire brought forth that:

Teachers:
- Like having parents in the classroom.
- Feel parents are of value in planning and running a program.
- Feel that children learn best when not taught as a whole class.
- Feel parents and teacher work well together.

Assistant teachers: Parent aides:
- Feel that adults work well in the classroom together.
- Feel that children work better in small groups.
- Feel that aides have teaching functions and authority in the classroom.
- Feel that Follow Through is best suited to learning disabilities children.
- Feel that greatest Follow Through benefits are nonacademic.

Children:
- Kindergarten—69 percent felt level of difficulty was just right; 66 percent felt school day was of right length; 50 percent always liked to go to school.
- Grade 1—58 percent always liked to go to school; 78 percent preferred their classroom to another school or staying at home.
- Grade 2—57 percent always liked to go to school; 54 percent preferred their classroom to another school or staying home; 64 percent said there were many things in the classroom to help them learn.

19. Follow Through will not have a kindergarten next year, nor a first grade the following year, until in 1977 there will not be a Follow Through.

In view of the preceding facts, we feel that the children, the parents, and the community will experience a loss with the termination of Follow Through.

Help us—anyway you can—letters, calls, et cetera, we need your support to continue and expand what we have begun.

Help erase fact No. 19.

Mr. FLOOD. Thank you very much. Mr. Conte teaches you pretty well up there.

Mr. CONTE. Thank you very much, Mr. Chairman.

THURSDAY, MAY 9, 1974.

STUDENT ASSISTANCE PROGRAMS

WITNESSES

RICHARD L. TOMBAUGH, EXECUTIVE SECRETARY, NATIONAL ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS
HERM DAVIS, DIRECTOR OF FINANCIAL AID, MONTGOMERY COLLEGE, ROCKVILLE, MD.

Mr. FLOOD. For the National Association of Student Financial Aid Administrators on the student assistance programs, we have Mr. Tombaugh.

Mr. TOMBAUGH. I am Richard L. Tombaugh, executive secretary of the National Association of Student Financial Aid Administrators. I am accompanied by Mr. Herm Davis, director of financial aid of Montgomery College in Rockville, Md.

Mr. Chairman and members of the subcommittee, we are pleased to be here this afternoon to speak for the some 2,700 administrators of student assistance who are members of this association. Our position has been developed over a period of time and from the 'grassroots" level, so I feel confident that it represents the considered judgment of the vast majority of the financial aid community in this country.

Because of your heavy schedule of testimony and the consequent limitation on time, we have foregone the usual review of the historical development of these Federal programs of student assistance. Should any member of the subcommittee wish to refresh his or her recall on such matters, we have provided a copy of a comprehensive review done by this association in January 1972 to the subcommittee staff. While some of the statistics have changed in the meanwhile, the background information remains relevant. With this as an introduction, I shall proceed directly to our recommendations on a program-by-program basis.

BASIC EDUCATIONAL OPPORTUNITY GRANTS

The basic grants program, as you are well aware, is in its first year of operation. All of us are somewhat disappointed that the program did not get off to a completely satisfactory start. However, many needy and deserving students have benefited from basic grants this year, and we are encouraged that the prospects for the coming academic year are much improved. This association is deeply involved in a nationwide training effort to better acquaint high school counselors and

postsecondary officials with the program, in order that they might be of greater help to students seeking assistance. A comprehensive promotional campaign is already underway. These factors, coupled with the earlier approval of the Family Contribution Schedule by the Congress, the earlier appropriations, and the earlier distribution of the application forms, should do much to enhance the program's success. We anticipate that these and other advances will carry on into the 1975–76 program operation and warrant the appropriation of at least $800 million by the Congress.

We recognize that the administration has requested $1.3 billion for basic grants in the fiscal year 1975 budget. While the need might well be that high, we suspect that it cannot be provided without sacrificing other student aid programs, which, for reasons to follow, we feel would not be in the best interest of students. We feel that $800 million may be adequate to fund either three classes without reductions from the established $1,400 maximum grant, or all four classes with only the scheduled reductions. In either event, it should be possible to fund all eligible students enrolled on a half-time basis or more, making the current restriction to full-time students unnecesary.

STATE STUDENT INCENTIVE GRANTS

The association supports the continued and expanded support of this program, despite the administration's proposal to discontinue funding in the fiscal year 1975 budget. We believe the incentive to the States for expansion of student assistance is an important concept worthy of Federal support. While the $19 million available in 1974–75 will provide only limited help and motivation, we suggest that the idea is deserving of a longer test of effectiveness. Thus, we propose an appropriation of $50 million for 1975–76, which should match approximately $32 million of new State resources and provide $64 million in new awards, to go along with $36 million in continuing ones.

SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS

The administration has proposed that supplemental grants be discontinued in the fiscal year 1975 budget, indicating that the need for such a program will no longer exist due to the expansion of the basic grants. We cannot agree with either the proposal or the rationale. Even with the complete implementation and full funding of basic grants, there will remain an important role for the supplemental grant program.

First and foremost, it was the intent of the Congress that basic grants not form the sole Federal effort to assist students through grant aid. The former EOG program was very intentionally retained as a supplemental program to assist those students whose needs exceeded that which could be provided through a basic grant, as well as those students who, for one reason or another, could not qualify for a basic grant, but still required a grant assistance to meet educational costs. Experience during the past year has demonstrated the wisdom in that position, inasmuch as basic grant amounts have been relatively small and very much in need of being supplemented, and many needy students have, because of quirks in the family contribution schedule

and highly restrictive financial requirements for eligibility, been unable to receive basic grant support.

The need to supplement basic grants will probably be with us indefinitely, particularly for students desiring to enroll in private institutions. Hopefully, the number of needy students passed over entirely by the basic grant criteria will lessen as we refine the program's operation, but it is unlikely to disappear as a problem altogether. There are simply too many special and unique needs that defy identification in a highly standardized national assessment procedure, requiring the face-to-face interaction with students and families that the supplemental grant affords through its administration at the institution where the financial problems of students are most evident.

It would be legitimate to question our recommendation to increase the appropriation for supplemental grants from $210.3 million to $230.0 million for the 1975–76 academic year, in light of the improved funding of basic grants. The reason is simple. The SEOG program has been funded so far below the needed level in prior years that basic grant funding only minimizes the requirements for expansion. Reference to tables II, III, and IV will immediately show the gap between needed and available funds. Approved institutional requests for 1974–75, which are more than twice the available funds, reflected the presence of basic grants to the degree possible, yet show need for substantially more than our recommendation, which we hope demonstrates an awareness of the fiscal realities involved.

NATIONAL DIRECT STUDENT LOANS

This current academic year should have done much to demonstrate the need for a solid and substantial student loan program, based in postsecondary educational institutions and away from the unpredictable variations of the commercial money market and the resultant fluctuations in the availability of private capital for student loans. Some observers would place much of the blame for the "sagging" guaranteed loan volume on the recently amended needs test for interest subsidy, but we would suggest that the monetary situation made a significant contribution to the lack of access to these commercial loans.

There are several other reasons why we, as a nation, cannot depend solely upon the private sector to satisfy the demand for student loans at reasonable rates:

1. Guaranteed student loans are frequently not available to students from disadvantaged backgrounds or to independent students away from their families because of the very common requirement of an account relationship on the part of the parents.

2. Many students—and families—find borrowing from institutions, as a part of the total aid package, more comfortable and appealing and motivating to enrollment.

3. The state of the economy is causing increasing numbers of families to borrow a portion of educational costs; even in a good monetary situation, it is doubtful that the private sector would be able to meet the growing demand. Sallie Mae is in operation, to be sure, but has not been so long enough to assure an end to all liquidity problems.

4. Institutions need loan funds that can be firmly committed to needy students who require complete assurance they will be able to enroll. Commercial loans are just not that certainly available to all students

to enable that degree of certainty required to motivate students of high need.

Once again our recommendation to the Congress calls for an increase in funding in contrast to the administration's proposal to place no new money in the NDSL program. Reference to table V will demonstrate the great need for additional funds. We feel the maximum authorization of $400 million would be a well-placed investment in an educated society. Together with the revolving funds already in the fund, it would go far toward meeting the loan requirements of students in 1975–76.

INSURED STUDENT LOANS

Despite our prior comments concerning the NDSL program, we continue to regard the guaranteed or insured loan program as a necessary and important element in a well-rounded student assistance effort. It is the only Federal student aid program that currently provides relief to the increasingly hard-pressed middle income family. Hopefully, the amendments to the qualifying criteria for interest subsidy will greatly improve the availability of this form of loan assistance. We have no better estimate of the potential budget requirements for this program than that provided by the Office of Education, and therefore support that figure contained in the administration's budget proposal.

COLLEGE WORK-STUDY PROGRAM

There is probably no Federal assistance program which is more effective in a multitude of ways than the work-study program. It helps the student pay educational costs. It provides worthwhile work experience, frequently in the student's academic field. It assists institutions and nonprofit/public agencies in providing services which they would otherwise be unable to do. It improves institutional-community relationships. Seldom has a Federal program done so much for so many constituents. While there are minor changes which can improve the program, and we will shortly be submitting our suggestions to the authorizing committees, CW–S is probably the most nearly perfect Federal student aid program in operation today. It lacks only adequate funding.

While the administration supports the continuance of this program, they propose a reduction in its funding from a level provided for the past 3 years. The effect of their $250 million request, however, is really more than the $20.2 million itself suggests. Even at level funding, the program is losing ground. Many more schools have entered the program since 1972–73. The Congress has extended the eligibility to half-time students in the meantime. Increasing numbers of students are finding it necessary to earn a portion of thier increasing costs in order to avoid burdensome loan obligations. These and other factors are, as table VI illustrates, combining to broaden the gap between needed and appropriated funds. Continuing schools are actually receiving decreased funding in this program year after year.

We urge the subcommittee to initiate the action needed to adequately fund this highly successful program by recommending that the full authorization of $420 million be appropriated for 1975–76.

SPECIAL PROGRAMS FOR THE DISADVANTAGED

Although the special programs for the disadvantaged (talent search, upward bound, student special services, and educational opportunity centers) are not student assistance programs in the sense that they financially support students in postsecondary education, NASFAA enthusiastically endorses their continued funding at the highest levels possible, or $100 million for 1975–76. Through programs such as these, the individuals who are most in need of student financial aid are identified, informed, and motivated. As a professional, we in financial aid are grateful for the important contribution being made by these programs and support their continuation.

CONCLUSION

There is one further point that should be made in conclusion. The needs displayed in this testimony are not something off in the future. They are with us now and face students needing assistance for 1974–75. Despite early and level appropriations for the coming fiscal year back in December of 1973, we are faced with a critical underfunding of student aid programs for 1974–75, to say nothing of 1975–76. The tables provided with this testimony relate the state of affairs as it exists. The notifications to Members of Congress concerning the funding of SEOG and CW–SP during the past 10 days vividly point out the problem. No institution will receive more than 62.3 percent of its SEOG needs for continuing grants. Institutions in 19 States will receive less than 30 percent of their needs for initial year supplemental grants. Institutions in 17 States will receive less than 39 percent of their needed CW–SP funds. I am confident that Members of Congress will be hearing the sounds of disappointment and discouragement from their constituents in the days and weeks to come. This association stands ready with a proposal for easing the upcoming crisis in student aid funding should the subcommittee find the opportunity and the inclination for a supplemental appropriation for 1974–75.

We appreciate the opportunity to present our views to you and would welcome any questions the subcommittee might have at this time or at any later date. Thank you.

[Attachments follow:]

TABLE I.—BASIC EDUCATIONAL OPPORTUNITY GRANTS

	For use in—		
	Fiscal year 1974; academic year 1973–74	Fiscal year 1975; academic year 1974–75	Fiscal year 1976; academic year 1975–76
Authorization	(1)	(1)	(1)
OE estimate of full funding	$622,000,000	$959,000,000	$1,300,000
Appropriations	$122,100,000	$475,000,000	
Estimated number of recipients	240,000	1,000,000	
Estimated average grant	$290	$475	

[1] Such sums as are necessary.

TABLE II

EDUCATIONAL OPPORTUNITY GRANTS (INTITIAL YEAR)

FOR USE IN	DOLLARS IN MILLIONS							
Fiscal Year:	FY 68	FY 69	FY 70	FY 71	FY 72	FY 73	FY 74	FY 75
Academic Year:	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75
Authorization	70.0	70.0	70.0	125.0	170.0	170.0	200.0	200.0
Institutional Requests	65.2	82.9	119.5	136.2	185.0	276.0	388.2	361.0
Panel Approved Requests	56.5	73.1	98.7	118.4	156.5	229.1	318.7	281.6
Appropriations	56.8	43.1	29.9	89.0	75.1	78.1	/1.	100.0
Allocation (including + & - transfers of funds)	50.3	67.6	54.1	89.0	95.0	78.1	/1.	100.0

/1. Distributed as combined amount with Continuing Year Grants

TABLE III

EDUCATIONAL OPPORTUNITY GRANTS (RENEWAL YEAR)

FOR USE IN	DOLLARS IN MILLIONS							
Fiscal Year:	FY 68	FY 69	FY 70	FY 71	FY 72	FY 73	FY 74	FY 75
Academic Year:	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75
Authorization	SUCH SUMS AS MAY BE NEEDED							
Institutional Requests	59.4	90.5	100.6	108.8	111.0	145.0	166.4	211.9
Panel Approved Requests	58.8	86.8	91.2	101.6	102.5	132.1	149.3	177.2
Appropriations	55.2	97.5	94.7	75.0	102.5	132.1	/2.	110.3
Allocation	/1. 58.5	/1. 69.0	/1. 90.7	/1. 75.0	/1. 82.3	132.1	/2.	110.3

/1. Institutions were to transfer whatever additional amounts were needed from their initial year allocations.

/2. Distributed as combined amount with Initial Year Grants.

TABLE IV

EDUCATIONAL OPPORTUNITY GRANTS (COMBINED)

FOR USE IN	DOLLARS IN MILLIONS							
Fiscal Year:	FY 68	FY 69	FY 70	FY 71	FY 72	FY 73	FY 74	FY 75
Academic Year:	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75
Authorization	70.0	70.0	70.0	125.0	170.0	170.0	200.0	200.0
	PLUS SUCH SUMS AS ARE NECESSARY							
Institutional Requests	124.6	173.4	220.1	245.0	296.0	421.0	554.6	572.9
Panel Approved Requests	115.3	159.9	189.9	220.0	259.0	361.2	468.1	458.8
Appropriations	112.0	140.6	124.6	164.0	177.6	210.3	210.3	210.3
Allocation	108.8	136.6	144.8 /1.	164.0	177.3	210.3	210.3	210.3

/1. Includes $20.2 carryover from FY 69.

TABLE V

NATIONAL DIRECT (DEFENSE) STUDENT LOANS

FOR USE IN	DOLLARS IN MILLIONS							
Fiscal Year:	FY 68	FY 69	FY 70	FY 71	FY 72	FY 73	FY 74	FY 75
Academic Year:	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75
Authorization	225.0	210.0	325.0	375.0	375.0	400.0	400.0	400.0
Institutional Requests	243.1	269.7	318.0	331.1	389.4	534.0	682.8	732.2
Panel Approved Requests	230.2	246.7	273.4	283.4	337.1	454.1	576.9	557.5
Appropriations	190.0	190.0	188.6	236.5	309.6 /1.	286.0	286.0	286.0
Allocation	190.0	190.0	188.6	236.5	286.0	286.0 /2.	286.0	286.0

/1. $23.6 million supplemental distributed in FY73.

/2. Includes Fy72 supplemental of $23.6 million.

TABLE VI

COLLEGE WORK-STUDY PROGRAM

FOR USE IN	DOLLARS IN MILLIONS							
Fiscal Year:	FY 68	FY 69	FY 70	FY 71	FY 72	FY 73	FY 74	FY 75
Academic Year:	1967-68	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75
Authorization	165.0	200.0	225.0	275.0	320.0	330.0	360.0	390.0
Institutional Requests	174.2	232.7	275.0	321.7	345.6	455.0	543.7	614.2
Panel Approved Requests	158.8	197.6	219.3	234.4	305.6	407.6	489.6	528.8
Appropriations	134.1	139.9	139.9	158.4	156.4	270.2	270.2	270.2
Allocation	131.5	161.9	169.4	199.6	237.4	270.2	270.2	270.2

TABLE VII.—SUMMARY OF APPROPRIATIONS FOR THE ACADEMIC YEARS

	Actual, 1972–73	Actual, 1973–74	Actual, 1974–75	Recommended, 1975–76 [1]
NDSL	$293.0	$293.0	$293.0	$400
CW–SP	270.2	270.2	270.2	$420
BOG	0	122.1	475.0	$800
SEOG	210.3	210.3	210.3	$230
SIG	0	0	19.0	$50

[1] To be funded by 1975 Federal budget.

Impacted Area Aid

WITNESSES

DR. H. DAVID FISH, SPECIAL PROJECTS DIRECTOR, SAN DIEGO UNIFIED SCHOOL DISTRICT, SAN DIEGO, CALIF.

DR. WILLIAM DUNCAN, HIGHLAND FALLS SCHOOL DISTRICT, HIGHLAND FALLS, N.Y.

LAWRENCE J. HAUGE, ADMINISTRATIVE ASSISTANT TO THE SUPERINTENDENT, CLOVER PARK SCHOOL DISTRICT, TACOMA, WASH.

JUNE K. QUINT, BUSINESS MANAGER, RANTOUL CITY SCHOOLS, RANTOUL, ILL.

LUTHER R. ROGERS, SUPERINTENDENT, BREVARD COUNTY SCHOOL DISTRICT, TITUSVILLE, FLA.

Mr. Flood. Now we have the Impacted Area Schools Information Service. We have listed here Dr. David Fish, San Diego Unified School District; Dr. William Duncan; Lawrence Hauge, Tacoma, Wash.; June Quint, Rantoul, Ill.; and Luther Rogers, Titusville, Fla.

Mr. Fish. We are going to restrict our statements because of the understanding that this committee has displayed in the past of impact aid and its long history. We felt that we would like the opportunity of entering our remarks from the speakers into the record.

Mr. Flood. That will be done.

[The statements follow:]

Statement on behalf of the Impacted Area Schools by Dr. H. David Fish, Special Projects Director, San Diego Unified School District on 1975 Appropriations for Public Laws 874 and 815

Impacted area schools, panel on appropriations 1974–75, public laws 874 and 815

Chairman: Dr. H. David Fish, special projects director, San Diego Unified School District, San Diego, Calif.; Dr. William Duncan, Highland Falls School District, Highland Falls, N.Y.; Lawrence J. Hauge, administrative assistant to the superintendent, Clover Park School District, Tacoma, Wash.; June K. Quint, business manager, Rantoul City Schools, Rantoul, Ill.; Luther R. Rogers, superintendent, Brevard County School District, Titusville, Fla.

Mr. Chairman and members of the committee, we welcome this opportunity to appear before you on behalf of school districts that are impacted by the activities of the Federal Government. Public Laws 874 and 815 assist school districts in providing education for children whose parents work and/or live on nontaxpaying Federal property. We are testifying today in support of all sections of Public Laws 874 and 815.

The Office of Education staff has already testified in support of funding section 6 and 3a of Public Law 874 and has proposed that these parts of Impact

Aid be funded at the same level as in past years. We strongly concur with the recognition of need for both of these categories of student support. However, we urge that category 3(b) students also be funded at a minimum level of entitlement of 77 percent for an approximate cost of $388 million.

The administration has recommended no funding for category 3(b). To quote their words directly, "no funds are being requested for 3(b) since 3(b) children either reside on non-Federal land or have parents who are employed on non-Federal land and there is a local tax base to help offset the cost of their education."

This argument has twice been demolished by two major studies of impact aid which have been funded by the Congress of the United States. I quote the Battelle report, "* * * Battelle can find no logic to exclude payments for all of the (b) pupils. The analysis of economic burden developed in chapter 2 would indicate that circumstances do exist where 3(b) pupils alone do place a burden upon a school system." (Battelle report, p. 68.) Later, the Stanford report said, "There is no justification in principle for excluding the 3(b) pupil from payment." (Stanford report, p. 8.)

The Battelle Memorial Institute and the Stanford Research Institute based their conclusion that category "B" funds are as justified as category "A" funds for impact aid on the basic economic fact that approximately half of the local revenues from property taxes come from nonresidential property. In California, the Office of the Legislative Analyst estimated that 52 percent of the local property tax base was nonresidential. Therefore, to say that because the "B" parents pay property tax on their homes removes the obligation for the Government to make category "B" payments shows a complete disregard for the structure of local tax support for education and the local taxpayers who would have to assume the burden. The Congress, in drafting Public Law 874, was both wise and fair in recognizing that the entitlement rate for "B" students should be 50 percent of the entitlement rate for "A" students.

Today we have representatives from the four corners of our Nation as well as its center because impact aid is a national problem. My colleagues will present in testimony examples from Florida, New York, Illinois, and Washington State. I will speak about conditions in San Diego, which traditionally has served as a major home port for the U.S. Navy ships and naval air. Below is a table showing the 15 major military installations and the San Diego County Assessor's evaluation of the market value of the land only, disregarding all improvements, as of October 23, 1973. All of these facilities are within the San Diego Unified School District.

Unit	Acres	Oct. 23, 1973
1. Point Loma (does not include Cabrillo National Monument, Fort Rosecrans National Cemetery, San Diego sewage outfall, light house and desalinization site)	1,248.20	$217,500,000
2. Antisubmarine Warfare School	27.38	8,350,000
3. Chollas radio facility	73.65	1,104,750
4. Coast Guard	22.75	7,962,500
5. 11th Naval District:		
Bu. yards and docks	3.35)	12,485,000
Headquarters and supply depot	21.62)	
6. Marine recruit depot	503.92	60,470,400
7. Miramar Naval Air Station	15,512.84	155,128,400
8. Navy athletic field	28.00	2,800,000
9. Chesterton housing	145.90	14,590,000
10. Admiral Hartman housing	152.06	22,809,000
11. Cabrillo housing	105.29	10,529,000
12. Gateway Village	43.88	6,582,000
13. Navy hospital	92.66	13,899,000
14. Naval station	1,491.11	119,288,800
15. Naval Training Center	508.00	76,200,000
16. Sonar school	32.39	11,336,500
17. Navy pier	5.90	4,720,000

All market values are based on current sales of similar type of properties and assume the properties being valued could be developed to their highest and best use. Values of properties in the coastal areas do not reflect any diminution in value as a result of proposition 20 (the coastal initiative).

The total market value of the land identified on the above list is $745,755,350, which would establish an assessed valuation of $186,438,837. This property would increase the secured property valuation of the district by 11 percent.

The staggering figures given above are not the complete story of the nontaxed Federal property in San Diego. Several additional facts should be reported:

1. The valuation is on the larger military properties only.
2. The valuation is on the real estate only and not on any improvements or capital equipment.
3. The school district includes major civilian Federal activities; as an example, the Veterans' Administration Hospital constructed at a cost of $44 million 2 years ago.
4. The major naval housing unit of 1,500 homes at Murphy Canyon is not included on this list.
5. No Navy ships or other floating Government property is listed.

To relate the above information directly to the support of public education, it may be noted that, if the military land were on the tax rolls, the current tax rate would have been reduced by 38.1 cents or an in-lieu tax payment would have produced $8,533,182 of revenue for the school district.

Category "B" funding is an equitable method for providing support to local school districts in educating the children who are brought to the community by Government activity. In San Diego, 23 percent of the work force is employed on Federal property, while 21.3 percent of the students are federally connected. Additionally, the Federal Government operates many nontaxpaying businesses that could be considered directly competitive with the services provided in the civilian economy, such as post exchanges and other consumer and health-service activities.

The administration did not mention other important sections of the law that we strongly support. We recommend that section 2 be funded at $7 million; to do otherwise would simply create financial chaos in those districts which lost major portions of their tax base to Federal installations. Similarly, section 3c should be funded at $50 million to get the program started. Public housing both removes property from tax rolls and creates educational program needs. Legislation recently passed by the House of Representatives will reduce the compensatory education funding in many urban areas which have high percentages of public housing children. The school districts will have to support compensatory education programs with local resources. Category "C" funding as general aid could enable many school districts to provide the services that otherwise are not available.

This year more than ever before the impacted school districts need an adequate level of funding for all categories because of the rising costs of education and their own limited financial resources.

Impact aid is an essential basic component of public school support, not an added luxury to the local school district, and not adequate to cover fully the cost of educating a federally connected student. It is impossible to overstate the importance of impact aid as general aid because the impact aid funds have been directed to the support of the educational program.

To use San Diego as an example, we note the relatively low level of support provided by impact aid. To present the most recent and audited picture for San Diego, category A payment per student for 1972–73 was $444.07 while the current cost of education was $966.39. The State provided $296.82, meaning that local resources had to provide $225.50 per student from families which paid no property tax from either home or business. Category B payment per student for 1972–73 was $162.82 while the current cost of education remained the same at $966.39. The State provided the same $296.82, meaning the local resources had to provide $506.76 per student from those families paying only home property taxes. This $162.82 per category B student does not approach reimbursing the district for loss of taxable property, nor come near covering the cost of his education. At current rates for impact aid, the local property taxpayers are subsidizing the activities of the Federal Government.

The statement has been made that the Federal presence stimulates the economy of the local community. In San Diego, the last wish of our many retired, and unfortunately low-income people, is that the economy be stimulated. Many of these citizens would be expected to vote against any tax rate increase to make up for the loss of funds from impact aid.

Below is a table showing the actual payments received by the San Diego Unified School District from 1966 to the present. We would like to bring to your attention that the number of students dropped by only 5,000 while the percentage of income from Public Law 874 has dropped from 6.9 percent in 1966 to 4.6 percent of the district's total budget. In other words, the district has been absorbing an

increasingly disproportionate part of the cost. The reason shows up very clearly in the "proration" column of the chart. Beginning in 1968, each year the percentage paid for category B students has dropped. For 1974–75 we are asking Congress to restore, not increase, the percentage to the level slightly above 1970–71.

Year	Category A: Federal ADA	Category B: Federal ADA	Proration (percent) A's at—	Proration (percent) B's at—	Receipts	Percent of district ADA	Percent of district budget
Actual:							
1966–67	5,376	26,010	98.7	98.7	$5,529,918	25.30	6.69
1967–68	5,579	26,484	98.0	98.0	5,810,595	25.13	6.33
1968–69	5,804	26,432	91.7	91.7	6,035,052	25.05	5.80
1969–70	6,083	25,239	84.7	84.7	5,777,148	23.62	5.74
1970–71	6,010	23,531	90.0	74.5	5,917,539	22.21	5.37
1971–72	6,076	22,164	90.0	73.0	6,105,555	21.42	5.08
1972–73	5,650	21,903	90.0	68.0	6,183,349	21.30	4.76
Estimated: 1973–74	5,892	20,177	90.0	63.0	6,492,182	20.44	4.59

The need for school districts to recover some of the lost revenue from impact aid can be shown by what has happened to certain costs that school districts cannot control. In the basic supplies that are absolutely essential to instruction, school districts across the country have absorbed large increases. As an example, the cost of newsprint used for student paper in class has increased 100 percent since 1969, composition books by 72 percent and pencils by 40 percent. In the last year the costs that school districts must pay for electricity have increased by 19 percent, telephone by 9 percent and vehicle fuel by 70 percent. None of these items are luxuries. School districts will not be able to provide quality education for federally connected or any children without a restoration of category B funding levels.

Public Law 815 for school construction is also desperately needed. The problems of school construction in impact districts remain very great as significant funding has not been provided for nearly a decade and the backlog of the projects has been estimated at several hundred million dollars. The request that we make for $40 million would simply ameliorate conditions for the most severely impacted school systems. It would appear that because school populations in general are not growing rapidly that the need for new school construction no longer exists. However, the Federal Government is going forward with major military housing construction programs in many areas of the country. Unresolved needs for school construction can be identified in California, Illinois, Texas, South Carolina, Virginia, and in other areas where new housing programs have been completed.

As an example, at the Murphy Canyon Heights project in San Diego, 1,500 homes have been completed. We have been informed that 325 more are planned. Last year, with a Public Law 815 grant of $3.5 million, which was one-third of the money available in the entire Nation, this district initiated construction of a school for 1,400 elementary school children. However, there are 948 elementary, 569 junior high school, and 193 senior high school children who will need space when the full project is completed. If impact aid funding is not available, these children will have to be transported to already crowded schools, which could result in double sessions for all students or other disruption of programs and inconvenience to the children's families. The difficulty of passing school bond issues to provide schools for families who pay no property taxes either where they live or where they work and who buy many basic commodities at tax-exempt post exchanges is obvious.

In conclusion, the administration has proposed to eliminate category B funding which Congress has endorsed repeatedly and which we believe is a justifiable assistance to school districts which assume the responsibility for the federally connected children. Not only is impact aid justified, but the level of support must be restored to the previous levels. The children are not going away and costs are rising. School districts are reimbursed only for children actually in school. We are confident that the audit by the General Accounting Office will show that the accounting for federally connected children is highly accurate. However, the continual whittling on the category B rate of payment and the failure to pay at all for category C children is an imposition of a burden on inflation-pressed local property taxpayers.

There are those who would claim the Federal expenditure is a major cause of inflation. In the case of impact aid, Federal expenditure must be considered as

a reasonable acceptance of a Federal responsibility. If the Federal Government does not provide funds to assist in paying the local utility bills, this does not mean the bills will not be paid—but rather the local property taxpayer must assume the cost. Therefore, it is essential that, for the financial well-being of the local community, the Federal Government must continue the program of impact aid with funding in all three caterogies at an adequate level.

References used in this report are:

Final report: School assistance in federally affected areas, a study of Public Laws 81–874 and 81–815 to Office of Education, Department of Health, Education, and Welfare by Harold A. Hovey, Victor P. Carter, Linda R. Brown, John A. Bowman, Seymour Goldstone, and Frederick D. Stocker. Battele Memorial Institute, Columbia, Ohio, December 1969. For purposes of this report, termed "Battelle Report."

Entitlements for federally affected school districts under Public Laws 874 and 815 prepared for: U.S. Department of Health, Education, and Welfare, Office of Education, Washington, D.C., contract OE–5–99–046, volume I. Stanford Research Institute, Menlo Park, Calif., May 1965. For purposes of this report, termed "Stanford Report."

STATEMENT ON BEHALF OF BREVARD COUNTY, FLA., SCHOOLS BY DR. LUTHER R. ROGERS, SUPERINTENDENT ON 1974 APPROPRIATIONS FOR PUBLIC LAWS 874 AND 815

Mr. Chairman and members of the committee, The possibility of loss of Federal aid to impacted areas is a constant threat that school people live with daily in Brevard County. The area grew rapidly through the decades of the 1950's and 1960's, primarily due to the John F. Kennedy Space Center, Patrick Air Force Base, and Federal contractors connected with the space program. The rapid growth created strains on governmental services supported by the property tax disproportionate to the land available to tax. The school system would have had difficulty surviving without Federal aid to help offset deficits between property tax income and demands evolving from the aspiration of those who came to work at these facilities. We are no longer in a growing posture. However, the presence of large quantities of tax exempt Federal land continues to place a burden on the ability to support education through the property tax.

Only 31.8 percent of the land area in Brevard County is nonexempt for property taxation. This amounts to a total taxable assessment of $1,291,588,497—or 27 percent of the total assessment of $4,709,146,847. In comparison, the Federal holdings comprise an assessment of $1,809,558,070—or 38.5 percent of the total assessment. In short, assessment of Federal property is greater than all nonexempt property assessment from which the income is derived to support schools. Local yield of 10 mills (constitutional limit for support of schools) was $12,205,762 in the 1974 fiscal year. Had the Federal holdings been taxable, an additional $17,190,801 for a total of $29,396,563 would have been available. This amount must be reduced by the local effort required to participate in the State minimum foundation program. The additional money available would have been approximately $7,300,000. We will receive approximately $3 million in impact aid for the 1974 fiscal year. It will not replace the loss, but it will help.

A common misconception concerning impact areas is that the Federal aid realized from said areas places the school district in a favorable competitive position when compared to other school districts in the State. In the 1973 fiscal year, Brevard County ranked 59 out of 67 Florida school districts in revenue received from all sources per student. Property taxation was at the maximum allowed by law. The average salary per teacher was 18th in the State only because we placed priority on quality teachers and cut all other expenditures accordingly.

An interesting study in the 1971 fiscal year demonstrated the following concerning Brevard County:

(1) Ranked 43 out of 67 school districts in the amount of assessment per child from which to support education.

(2) Ranked 12 out of 67 school districts in the number of school children per adult, demonstrating a burden of education greater than most.

(3) Ranked 6 out of 67 in average millage taxed, demonstrating an effort beyond most.

(4) Ranked 42 out of 67 in total revenue received per pupil—this includes impact funds received from the Federal Government.

In summary, the citizens of Brevard County have demonstrated a commitment to education. They have supported education though the burden was heavy. To reduce or eliminate Federal aid for impacted areas would increase that burden. We ask your support for continuance of the program.

CLOVER PARK SCHOOLS,
Lakewood Center, Wash., May 9, 1974.

Hon. DANIEL J. FLOOD,
Chairman, House Subcommittee on Appropriations for Labor, Health, Education, and Welfare

STATEMENT IN SUPPORT OF PUBLIC LAWS 874–815, CLOVER PARK SCHOOL DISTRICT NO. 400, PIERCE COUNTY, WASH.

I am Lawrence J. Hauge, assistant to the superintendent for Clover Park School District, Pierce County, Wash., and chairman of region 10 of the Association of Impact Area Schools encompassing 351 federally impacted school districts in the States of Washington, Oregon, Idaho, and Alaska.

It is a privilege to appear before your committee to testify in behalf of appropriations for Public Law 874.

PUBLIC LAW 874

Clover Park School District, located in a prime Federal impact area, has received such Federal impact funds for 33 years. Within or adjacent to the district are Fort Lewis Military Reservation, McChord Air Force Base, U.S. Veterans Hospital at American Lake, Madigan General Hospital, and U.S. penitentiary on McNeil Island.

School enrollment is 15,183 pupils in kindergarten through grade 12 of which 8,826 (58 percent) are federally connected—5,000 living on Federal property and 3,727 living off Federal property with a parent employed on Federal property.

The district is primarily a suburban, residential area with little industry. About one half the district lies within the Fort Lewis Reservation and McChord Air Force Base and is not taxable. As a result, the district's per pupil valuation for tax purposes is less than half the statewide average for first-class districts. Therefore, in spite of consistent support from the district's voters (they have only turned down one special levy in 33 years), there is no way the district can maintain a comparable program with its neighbors without additional help. The fact that the district enjoys a good reputation for basic academic excellence is in large part due to Federal assistance received over the years beginning in 1941 and continuing since then.

Two of the most pressing problems common to most federally impacted districts are:

1. Low valuation per pupil for tax purposes.
2. An unusually high turnover of students.

These factors are common to impacted districts whether they are principally 3a, 3b, or 3c districts.

As with Clover Park, hundreds of other districts throughout the four State region I represent here today are dependent upon the 3b provisions of Public Law 874 (a parent works on Federal property, but does not live on Federal property) for the two basic reasons cited.

For every Montgomery County, which detractors of impact aid love to cite—however right or wrong they may be, there are 100 Richland School Districts; and for every Prince George County there are 100 more Central Kitsap School Districts.

The Richland School District in the southeastern corner of the State of Washington is a creature of the atomic age. The major factor in the economic life of the city is the Atomic Energy Commission and its various contractors. Although the school district is no longer directly linked to the AEC, the parents of most of its 7,605 pupils reside there because of the Commission's activities. As a result, financial support of the schools rests heavily upon Public Law 874 moneys.

Of the 473 square miles in Richland School District, approximately 322 square miles (75 percent) are Federal reservation. Within the remaining 25 percent of nonreservation area, over one-fourth is tax exempt because of government regulations.

In spite of the fact 75 percent of the Richard School District is on Federal reservation there are only 23 category 3a students (parents living and working on Federal property), whereas there are 3,679 category 3b students—more than 50 percent of the student enrollment. It doesn't take much imagination to perceive what effect the demise of section 3b payments will have on this community if the recommendations of the administration are followed.

Central Kitsap school district is in the Puget Sound region of Washington State.

Last year the Federal Government announced the selection of Bangor in Kitsap County as the location of the proposed new Trident submarine base.

The Northwest is honored and pleased to be selected for the location of this new submarine installation—virtually adjacent to the Pudget Sound Navy Yard in Bremerton. And, the Northwest is happy for the 5-year construction program related to that tremendous project that will employ some 7,000 workers by 1975–76. While the local business community may be elated with the new project, the school board of Central Kitsap school district, where the greatest student impact will be felt, is understandably concerned and frustrated. Already faced with critical 3b cutbacks in Public Law 874, the board wonders what the future will mean if Congress acquiesces to administration wishes to eliminate section 36 students from Public Law 874 funding.

A boost to the local economy of this magnitude is most welcome. Unfortunately, the schools do not share in the bonanza. "Industrial" hevelopment which would otherwise significantly raise the assessed valuation for school tax purposes, is nontaxed property. The development brings schoolchildren, but little additional tax revenue.

The homes or mobile home courts to be built for the new construction workers and ultimately the civilian workers will in no way cover the cost of housing and educating the influx of children. Environmental impact report projections indicate a 20-percent student enrollment increase in federally connected pupils alone (mostly 3b pupils), irrespective of natural growth from non-Federal families. Local taxpayers cannot shoulder this burden alone.

Public Law 874 is the only source of Federal funds that keeps impacted districts on a semblance of par with others in the State.

This support program is so well established, so well administered, and allows such flexibility to local boards in meeting local needs, that we respectfully ask this committee to fund it at a reasonable level for today's economy. Extreme variations in year-to-year appropriations result in serious educational program instability.

PUBLIC LAW 815

Public Law 815—the school construction companion law to Public Law 874, has been minimally funded for several years. Backlogs of projects in the U.S. office are long. There appears little chance of sufficient funding to meet anything beyond disaster assistance needs of a temporary nature, construction for Indian children, and the most critical needs under section 5 of the law.

However, we specifically request consideration for increased funding for fiscal 1975 of an additional $15 million to be earmarked for section 10 needs.

A specific example for ministering to section 10 claims can be found in the Clover Park district. For several years, U.S. Office of Education has asked Clover Park to assume ownership of the seven elementary schools on Fort Lewis Military Reservation and McChord Air Force Base. These are the last old section 10 buildings in the State of Washington still owned by Department of Health, Education, and Welfare. Clover Park desires to accommodate, and has, in fact, applied for the buildings. However, most of the buildings require some structural changes to meet local and State school building standards, including safety code items imposed by the provisions of the Occupational Safety and Health Act.

Clover Park's application for the schools, contingent upon correction of major building deficiencies, must wait its turn behind previously filed claims. The best estimate USOE can make is that all pending claims in priority II group could probably be satisfied with a $12 million to $15 million appropriation.

We urge consideration by this committee for an increase in the fiscal year 1975 appropriation for Public Law 815 of at least $15 million, and that a sufficient portion of the increased appropriation be earmarked for section 10 to satisfy all pending claims in priority II group.

Thank you for this opportuntiy to present our concerns about Public Laws 874–815.

LAWRENCE J. HAUGE,
Clover Park School District No. 400,
Pierce County, Wash.

HIGHLANDS FALLS CENTRAL SCHOOL, DR. WILLIAM F. DUNCAN, SUPERVISING PRINCIPAL, SUBCOMMITTEE ON LABOR, HEALTH, EDUCATION, AND WELFARE, 1975 APPROPRIATIONS, PUBLIC LAW 815 AND PUBLIC LAW 874

IMPACT

The simplest path to understanding the impact of the U.S. Military Academy at West Point on the Highland Falls Central School District is to look at the map on the facing page. The shaded portion represents the 1,700 acres left on the tax roll out of the 23,000 acres total land area of the district. Very little of the 1,700 acres is vacant land so that the possibility of community expansion is slight at best. Approximately 7,000 persons reside in this area and the school district currently has an enrollment of 1,524 students in grades K–12.

The loss of land has left the school district with a very narrow tax base. Whereas the average true value per resident student in school districts throughout New York State is 39,100, the true value per resident student in Highland Falls is only 21,521. So limited is this tax base that employing a single additional teacher causes the local tax rate to increase by $1 per thousand dollars of assessed valuation.

THE "A" AND THE "B" STUDENT

At the present time there are 211 section 3a students attending Highland Falls High School and 480 section 3b students in the district. An analysis of the financial data for the 3a students reveals at once that they cost the district money. Indeed, part of this cost is inherent in the method used to determine the rate of payment for each student. That is to say, the rate is based on one-half the average cost of educating a student 2 years ago. Furthermore, in our district we are educating only the high school students from West Point because there is a section 6 elementary school maintained on the post. It has long been recognized that it is more expensive to educate a high school student than it is to educate an elementary student, but the payment rate does not recognize this difference. The present funding method of paying only 90 percent of entitlement for 3a students unless their number is 25 percent or more of a district's population works an additional hardship on Highland Falls because there is no way that our 3a student population can reach the 25 percent figure since we only receive the high school students. At the same time they represent 30 percent of our high school population and their number remains fairly constant. Moreover, part of the payment is made in the school year in which the cost is incurred and part in the next.

Perhaps a comparison between what is received for our 3a students and what we would receive if they were actually paying the cost of their education would serve to illustrate the point best.

The tuition rate used here is obtained through a formula developed by the New York State Education Department, based on the actual costs of educating a high school student exclusive of State aid.

School year 1973–74

Public Law 874 payment basis:	
Students enrolled	211
In ADA	201.99
Times payment rate	$771.00
Total entitlement	$155,734.29
Times (percent) prorated	90
Total prorated entitlement	$140,160.86
Times payment authorized (percent)	90
Total actually received 1973–74 school year	$126,144.77
Tuition payment basis:	
Students enrolled	211
Times tuition rate	$1,187
Total entitlement	$250,457

It is obvious at once that there is a difference of $124,313 between the actual cost as represented by the tuition based figures and the amount receivable under Public Law 874. Moreover, the entire amount on the tuition basis would be collectable in the year in which the students attended the school.

While there is more than adequate justification for the 3b students in terms of the burden created by the Federal Government, it is of more than passing interest to consider the funds received for the 3b's in light of the above information on the 3a students.

3b students, school year 1973–74

Students enrolled	480
In ADA	459.50
Times payment rate	385.00
Total entitlement	$176,907.50
Times percent prorated	63
Total prorated entitlement	$111,451.72
Times payment authorized (percent)	90
Total received 1973–74	$100,306.55

It is clear that the amount receivable for the 3b students in Highland Falls does not make up the difference between the cost of educating the 3a students and the funds received for them.

THE CONTINUING BURDEN

Certainly nothing is going to change with respect to the impact of the U.S. Military Academy on our school district. Any resolutions in our income would place us in an untenable situation. For a moment let us consider what would happen if the oft-attempted move to eliminate the "B" category students were to succeed. The $100,000 would have to be made up in local money in next year's budget through local taxes before any consideration is given to the normal budget increases. Permit me to use as an example, my own home which is a four bedroom home built on a lot which measures 80 by 100 feet and is assessed at $11,000. The local tax rate would go up $8 per thousand and my own school taxes would jump $88 before the increases in salaries, retirement, social security, fuel oil, electricity, supplies, transportation, debt service and maintenance are figures.

During the past 5 years we have done many things to effect economies, despite the fact that we now have 200 more students than we had then. We have eliminated the following positions: one guidance counselor, six teachers, one district head custodian, one stenographer, all teacher aides.

We have also phased Latin out of the curriculum and dropped home economics.

As we look ahead, the options open to us if the financial squeeze intensifies are not good. There is no way that we can convince our local citizenry to accept and support school tax increases amounting to several hundred dollars in one fell swoop. At the same time we must continue to provide the children with an education that will enable them to become productive, reasoning citizens in an increasingly complex society.

For years our citizens have been asking us this question, "Why should I pay more school taxes just so as to give a free education to children whose parents pay nothing in local taxes and little if anything in State taxes?" This has always been difficult to answer satisfactorily, particularly to a person who adds, "Yes, and they took my house away from me, too."

Unless Public Law 874 is continued in its present form, this question will be unanswerable.

I would like to take this opportunity to thank the committee for permitting me to come before them and present this material. I trust that it will be helpful in your deliberations.

SIERRA SANDS UNIFIED SCHOOL DISTRICT (FORMERLY CHINA LAKE, CALIFORNIA SCHOOL DISTRICT)

I am Grant Pinney, California State chairman representing more than 500 impact aid school districts in California. I am also here on behalf of my own

newly unified school district, the Sierra Sands School District, formerly China Lake School District.

I certainly appreciate this opportunity to appear before this distinguished committee.

This impact aid money is of utmost importance to the schools of California since there are 58,364 "A" category children and 263,924 "B" category presently attending school in California. Last year the income to these school districts of California from Public Law 874 was $72,045,404. Of this $72 million $44,971,899 was paid for "B" category children, and this represents only 68 percent of what the districts are entitled to under the law.

California, because of its ideal climate, huge unsettled areas, and access to the Pacific Ocean, has been selected through the years as an ideal place to establish military installations. Consequently, about 30 percent of all "A" students and 15 percent of all "B" students live in California. These figures point out that California taxpayers share much more of the Federal impact burden than any other State.

Nationally we have 374,360 "A" students and 1,866,000 "B" students. From statistics available to me, I am able to determine that 10 percent of all students in the Nation's public schools are in Public Law 874 applicant districts.

Public Law 874, in my estimation, is one of the only pure Federal aids to education we have today in that none of this money is funneled off into the administration at the Federal and State level. The money comes directly to the district and is spent where needed most.

The Sierra Sands Unified School District is located in an isolated area of the Mojave Desert, 180 miles north of Los Angeles, 120 miles east of Bakersfield, and a few miles west of Death Valley.

Many other 874 school districts are in isolated areas and, like China Lake, are in existence solely to support a federal activity.

When the Naval Weapons Center was established in 1944 the student enrollment in the China Lake area was about 300 students. Now the enrollment nears 7,000 and is growing. Most of these children are impact aid children and are here because their parent works on the Naval Weapons Center.

Since 72 percent of the children in our schools are here because the base is here, I feel that the U.S. Government has a huge responsibility to educate the children, while in fact Public Law 874 paid last year only 19 percent of the educational program costs in this district.

The taxable assessed value of this huge school district is one of the lowest in the State of California because the one industry in the area is the Naval Weapons Center worth several hundred million dollars that is not taxable for school purposes.

If this committee would agree to fully fund the "A" and "B" category children of this area, it would mean that they would be paying 24 percent of the education costs but impacting the district with 72 percent of the children. In my opinion, this is a bargain for the Government.

Two separate studies have been made which have upheld the philosophy of the Federal Government paying for the impact made by Federal installations on the school systems of the Nation. Several years ago a Stanford research group, and since then, the Battelle Institute have concluded that Public Law 81–874 is a just and fair way to assist the local school district with the Federal impact on the public schools.

This law has been kept intact with few amendments since the 81st Congress. To me, this indicates that it is a fair and just law.

Thank you, Mr. Flood, and members of the committee for this opportunity to appear before your committee.

STATEMENT

BY

JUNE K. QUINT

Business Manager, Rantoul City Schools, Rantoul, Illinois. Before the Subcommittee on Labor, Health, Education and Welfare of the House Committee on Appropriations.

Thursday, May 9, 1974

Mr. Chairman and Distinguished Members of the Committee.

I am June K. Quint, Business Manager for the Rantoul City Schools, representing Collin L. Davis, Superintendent, and our Board of Education. We sincerely appreciate the opportunity to express the views of our district pertaining to the financial problems created by the Federal impact on the Rantoul City Schools and other Federally affected areas in Illinois. I have served the Rantoul City Schools for 28 years, the last 10 in my present capacity, and, therefore, am fully aware of the financial burdens encountered by the Rantoul City Schools even before the enactment of Public Laws 874 and 815.

Chanute Air Force Base is a large technical training center located within the boundaries of our school district. It's affect on the school enrollment in the Rantoul City Schools is graphically illustrated in Table I and shows the necessity for the continuation of Federal assistance such as Public Laws 874 and 815 with special emphasis on full funding of 3b students under Public Law 874.

TABLE I - FEDERAL IMPACT - RANTOUL CITY SCHOOLS DIST 137 (Elementary only)

Year	Total ADA	Federally connected Students	% of Total ADA	Non-Federal Students ADA	% of Total ADA
1949-50	693.17	392.93	56.68	300.24	43.32
1950-51	1058.47	785.97	74.25	272.50	25.75
1951-52	1131.00	917.00	81.07	214.00	18.93
1952-53	1325.74	1097.38	82.77	228.36	17.23
1953-54	1565.62	1287.43	82.23	278.19	17.77
1954-55	1690.77	1392.82	82.37	297.75	17.63
1955-56	1827.64	1500.68	82.11	324.04	17.89
1956-57	2087.12	1707.83	81.82	379.29	18.18
1957-58	2078.89	1679.62	80.79	399.27	19.21
1958-59	2247.38	1836.28	81.70	411.10	18.30
1959-60	2481.51	2029.60	81.78	451,90	18.22
1960-61	2934.95	2427.80	82.70	507.15	17.28
1961-62	3102.64	2537.28	81,77	565.36	18.23
1962-63	3127.27	2574.77	82.33	562.50	17.67
1963-64	3298.22	2711.31	82.20	586.10	17.80
1964-65	3732.89	3080.00	82.50	652.89	17.50
1965-66	3753.33	3060.61	81.54	692.72	18.46
1966-67	4027.60	3385.55	84.05	642.05	15.95
1967-68	4147.43	3509.80	84.62	637.63	15.38
1968-69	4255.90	3605.20	84.71	650.70	15.29
1969-70	4321.87	3639.26	84.21	682.61	15.79
1970-71	4066.82	3288.80	80.87	778.02	19.13
1971-72	3657.26	2893.51	79.12	763.75	20.88
1972-73	3392.46	2662.39	78.48	730.07	21.52

As you can readily see, during most of the tenure of Public Law 874, our school district has had a Federal impact of 80% or more, but the dollar support from the Federal Government comprises only, on an average, 35% of the total budget of the school district.

The ability of a school district to finance its educational program is directly related to the assessed valuation of its property per child. Due to the fact that a great deal of the property in our school district is federally owned (Chanute Air Force Base), and therefore exempt from taxation, the assessed valuation per child is extremely low. In addition to the loss of ad volorem tax on real estate, and due to the high mobility factor of military personnel, there is another loss from the occupants of trailers. In Illinois these trailers are considered personal property and by recent legislation all personal property has been taken off the tax roll. Very little, if any, tax revenue for schools is derived from the area where the trailers are parked. The state government is attempting to solve this problem by assessing a tax on trailer homes based on a square foot formula, however, this will not help impacted area schools substantially since the owners will no doubt be allowed to maintain residency in another state. There are many trailer homes located in two seperate trailer parks on Chanute Air Force Base which makes them tax free.

A portion of the common school fund to support education in Illinois is derived from sales tax. With the services provided active and retired military personnel and their dependents on Chanute Air Force Base the local business communities derive no benefit in sales tax. This is an additional loss to the State of Illinois through the common school fund and, in turn, a loss to our district.

Although the population of the Village of Rantoul has increased from 2400 in 1940 to over 28,000 in 1973, the assessed valuation of our school district has only increased from $4,031,350 in 1940 to $35,053,430 in 1973. From these facts, it is readily seen that the population has increased 1066% in the 23-year period but the assessed valuation has increased only 769% in the same period. This increase in population is attributable, either directly or indirectly to federal activities on Chanute Air Force Base. Most of the working population in our school district are employed on a tax- free installation. The estimated taxable value of Chanute Air Force Base is $400,000,000. If the place of employment of 80% of our school population, plus the valuation of the remainder of District No. 137 were taxable at the current operating rate, no difficulty would be experienced in

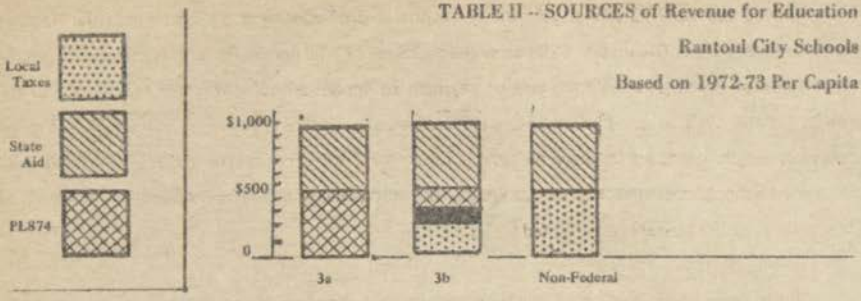
financing either construction of buildings or the maintenance and operation of our schools. (Example: $1.4022 X $435,053,430 = $6,100,319.19 This would produce $1,890,798.53 more than the current operating expenditures in the Rantoul City Schools, District 137.)

The assessed valuation per child in the Rantoul City Schools is approximately $10,000 which, in the ranking of districts in Illinois, places us about 8th from the lowest of the districts of comparable organization and size. Those of us who must assume the responsibility for providing good quality education realize it cannot be provided with such low-level support. It is unfair to deny a child the same educational opportunities enjoyed by children in non-impact districts thoughout the State merely because their parents happen to be employed by the Federal Government.

The Federal Government, from 1950 until 1968, has helped, through Public Law 874, to provide equal educational opportunities to dependents of Federal employees, both military and civilian. Since 1968, however, there has been a continued effort to decrease the funding under Public Law 874, by reducing the payment on 3b students to less than 75% of the entitlement. We are now faced with the possibility of losing all funding for these students if the Congress, in its wisdom, does not provide for these students when the Conference Committee brings forth the new authorizing legislation. The elimination of the 3b students will mean a loss in Illinois of approximately $10,000,000. The Honorable Congressman from Illinois serving on this Committee is probably more aware than I of the financial plight of our state. Illinois is making a valiant effort to provide for the cost of education. However, they must now decide what priority to give education in the total budget package since it seems apparent they must take funds from another section of the budget to satisfy the needs for funds to pay education costs. In view of this, where would the State of Illinois secure another $10,000,000 to make up the loss to impact districts if the 3b students are not funded by the Federal Government?

The taxpayers in our school district have been willing to assume their share of the responsibility of providing funds for the operation of their schools. Since 1968 local taxes have increased more than 30 cents per $100 assessed valuation and are at the statutory limit provided by law in Illinois without a vote of the people. Our district is still finding it difficult to provide a comparable program of education with the revenue available at this time. To further illustrate this support I call your attention to the following Table II:

TABLE II -- SOURCES of Revenue for Education
Rantoul City Schools
Based on 1972-73 Per Capita



The black section of the above graph represents the reduction in the amount paid for 3b students under Public Law 874. This amount has already been absorbed by the local taxpayers. The theory being offered at the present time in the proposal to phase out the 3b students is that the local district can make the financial adjustments necessary to educate the children in this category within the framework of its financial structure. Since the local district is paying its fair share of the cost of education it would be foolhardy to ask the local taxpayers for a tax increase.

I realize the difficulty of developing a program of Federal Assistance to the districts of the Nation due to the great diversity of methods of financing schools in the different State of the Union. All of the proposals which have been included in HR69 and S1539 do not affect all districts, nor do all of them affect any one district. Some of the measures are not of importance to our district, but others affect it very materially.

For example, the provision of Federal support for students residing in public housing built by the Federal Government. Although the Rantoul City Schools does not have any of these students many other districts in Illinois are faced with lack of funds to provide an adequate education for these children. 10% of the total enrollment in the Chicago Public Schools reside in Federal Public Housing. The education for these 5500 students is partially funded by approximately $11 per child in lieu of taxes received under the Public Housing Law. Due to the nature of the units, they are assessed at a very low figure for the purpose of calculating in lieu of tax payments. The Federal government could best serve the educational needs of this nation by expanding the concept of PL874 to include public housing and in this way include an even greater number of local school districts based upon needs as defined by Congress.

During the 1972-73 school year the per capita cost of educating the students in the Rantoul City Schools was approximately $20 below the average 1971-72 per capita cost in Illinois. Under the provisions of Public Law 874 the rate of payment to impact school districts is established, in the main, on the basis of one-half the State per capita cost. This rate, however, is the rate two years previous which means we can never be funded on the basis of current costs, and as a result, federally impacted schools are forced to cut programs and not provide the same standard of education as those districts in the state not affected by impaction.

All levels of government are faced with rapidly increasing costs of education. As an example, in our district, in 1972-73 we paid 17 cents per gallon for fuel oil and now are paying 31½ cents; in 1972-73 we paid 83 cents per ream for duplicator paper and this year we have paid from $1.22 to $1.88. Other costs in education are spiraling at the same rate. Local and State governments are hard pressed to obtain sufficient monies to cope with the continued increase in the cost of education. The Federal government has, in PL874, a means of assisting these school districts through the expansion of existing legislation with full appropriations. The repeated attacks and cutbacks in PL874 coupled with spiraling costs will soon bankrupt many school districts.

I have just briefly touched on some of the facets of our financial problems and would hasten to add that we are only one of 217 other impacted districts in Illinois faced with similar situations. We are seeking your help to secure revenue for the education of these children brought into our communities by a federal activity. Table III summarizes, by Congressional districts in Illinois, the Federal impact on the school districts throughout the state.

TABLE III

ILLINOIS COMPILATION OF ENTITLEMENTS

By Congressional District

CONGRESSIONAL DISTRICT NO.	TOTAL ENROLLMENT	1971-72 ENROLLMENT 3a	1971-72 ENROLLMENT 3bm	1971-72 ENROLLMENT 3bc	ENTITLEMENT 3a	ENTITLEMENT 3b
1-10	567,133	4	1,425	19,560	$ 1,565.50	$ 3,963,223.44
10	8,596	354	--	305	214,796.56	128,700.25
12	18,069	500	201	492	338,195.50	188,526.80
13	46,327	2,721	687	3,808	1,632,197.12	1,311,459.94
14	39,177	--	24	1,568	---	447,769.01
15	17,448	--	147	1,154	---	285,663.61
16	2,097	--	8	253	---	53,089.96
17	67,695	68	107	3,651	32,613.14	994,548.51
19	51,640	65	133	3,299	26,852.48	732,056.05
20	2,406	--	17	47	---	12,724.04
21	26,546	2,398	1,584	1,358	1,238,806.14	758,035.59
22	18,529	6	74	833	2,193.80	219,096.75
23	88,687	2,238	2,355	4,222	892,841.32	1,244,873.42
24	36,257	57	425	2,869	24,570.56	612,186.64
TOTALS	990,607	8,411	7,187	43,419	$ 4,404,632.12	$ 10,951,954.01

Mr Chairman and Members of the Committee, we urge each of you to carefully consider the results that will be brought about by decreasing the funding under Public Law 874. We are aware of your interest in the education of the children in schools throughout the nation and compliment you on your diligent efforts for proper educational funding. Our only reason for being here is to ask that the Federal Government assume its full responsibility to the boys and girls attending impact Area schools.

Mr. FISH. We would like to thank you also. As you see, we have spanned the country, coast to coast. We did this intentionally. We are sorry we didn't quite reach up to your area in New England, Mr. Conte, but we would like to.

We would like to respond and mention a few main points. We are asking for impact aid 100-percent funding for the category A students at $240 million approximately; 77-percent funding for category 3–B students at an approximate cost of $388 million; Category C to begin the program at $50 million; Public Law 815 students at $40 million.

We would like to respond partially to the statements made before this committee by the administration and to signify key things which we would like to highlight for your attention.

First of all, there is no question indeed on the category A's. We won't go any further with that. We would like to respond that twice you have had studies made of the problem of impact aid, the Battelle and the Stanford Research Institute studies. We would like to highlight some of the points that were made there.

We would like to directly challenge the question that, because parents pay property taxes on their homes, that there is no justification for category B's. Both Battelle and Stanford found there were very strong statements to that effect. We would like to indicate that in California, for example, half of the tax base, 52 percent, is made up of nonresidential property. I would point to the examples we are going to bring up. In San Diego, 15 military installations have a land value identified by the County assessor of over $745 million. If we had that land on a tax base it would reduce our taxes by 38 cents for schools alone, disregarding other public functions, and would produce revenue of over $8½ million.

I would like to refer to one of our other colleagues, Brevard County, Fla., which is Luther Rogers.

Mr. ROGERS. We are the home of the Cape Kennedy Missile Test Center, the Air Force Eastern Test Range, and Patrick Air Force Base.

Only 32 percent of the properties in Brevard County are taxable for property tax. Of the total valuation of properties in Brevard County, Fla., 38½ percent is federally owned. The value of taxation on the taxable properties is approximately $12 million. If we were to tax the federally owned properties, it would be $17 million.

Even after participation in the State minimum foundation program for the State of Florida, we would realize, if we were to tax those properties, $7.3 million in additional taxes.

Under the impact provisions at present, we receive some $3 million. Although we have the loss of revenue, the $3 million are very valuable to Brevard County. They are part of the lifeblood of Brevard County because we rank 59th out of 67 counties, the 67 school districts, in total revenue available for education of children. That is down from 1970–71 from 63 to 59. So this is lifeblood money for our county.

Mr. FISH. Mr. Hauge?

Mr. HAUGE. I would like to say we feel 3B students are indeed important in the total scheme of things. In the State of Washington, Richland School District and eastern Washington, which is the home of a large AEC site, 75 percent of that district is Federal property. Of the remaining property, a quarter of it is nontaxable land. That means that the remaining group of taxpayers must support those

students who are there as a result of the activity of the AEC. Yet only 23 students out of a student population of 76 are 3A students. About 3,700 are 3B students. We maintain that it would be an unfair and impossible burden on the local taxpayer if indeed the Federal Government decided that the 3B student was not worthy of some sort of additional subsidy through this program.

Mr. FISH. Maybe we can hear Mr. Duncan.

Mr. DUNCAN. I put a map in with my testimony. The green shaded area is what is left to our school district—70 percent of the school district, about 1,700 acres. We have the A and the B children. In our instance in New York State the B children have always made up the difference between the actual cost of our educating the A children and what we receive under Public Law 874.

I would like to point out that this is at this moment no longer true because the reductions in appropriation for the B children have now put it at the point where, even with the B children, we are still not getting enough money for the A's.

Mr. FISH. I would like to move on to our next point. That is, we are obviously not representing wealthy school districts, in that we are probably closer to the average of most impact aid districts. In San Diego, we spent $966 per student; $296 comes from the State. Our payment for a category A student is $444. This is for 1972–73.

In other words, local resources for A category students are supplied $225 per student. For category B students, and this is the realization that we would like to emphasize, we receive $162.82 per student. In other words, the category B student draws upon local resources at a rate of $506 in that year. In other words, there is a subsidy already occurring under the program.

When we speak of 77 percent for the B students, we are not asking for a great increase. We approach it from the point of view of a restoration of funds.

I would like to move along to another point in the interest of time that is very basic—I think we touched on it lightly—our costs of education are increasing dramatically. Where our funds in San Diego, because of the working of the formula under impact aid, have remained at about the same level they have actually dropped in our budget from 6.7 percent to 4.6 percent. That seems like a small amount in the total budget.

The administration proposal, we would receive nothing for the B's because it's under 5 percent. Actually, to recover those funds, we would have to go to a tax override vote of the people. It would be a very difficult problem.

This is a new element which is dramatically more this year. Paper costs have increased 100 percent for the simple newsprint used by students. Pencils have gone up 40 percent. The cost of gasoline in our district has gone up by 70 percent and some of my colleagues have other costs of a similar nature.

Mr. HAGUE. We have experienced in our district over a 100-percent increase in oil in the past 12 months, as one might expect. These are costs along with others that we are having to eat and absorb and reduce our program proportionately.

Ms. QUINT. Chanute Air Force Base is in my community. We are faced with the same dilemma in the increase in costs; 80 percent of our

students are federally connected. However, only 30 percent of our budget is from impact aid. We are having a difficult time balancing the budget. So much of our district is taken off of the tax roll because of the size of Chanute Air Force Base and we don't have the tax base in order to make up that difference.

In Illinois there are 217 districts who are faced with impact aid and its problems, and especially with the 3B classification. If the 3B's are not funded, it would mean Illinois would lose approximately $11 million. Illinois does not have $11 million in the State coffers to make that up.

Mr. FISH. I would like to summarize some of our points and ask my colleagues to join if they have other things we have forgotten.

We obviously have many things we could add to this. We would not mention the category of 3C students. The Federal Government does give a payment for the C category public housing student, a grand total of $11. They buy the principle but they don't fund the principle. Also, we face the problem of Public Law 815. I find that my testimony is in error. As of yesterday we were informed by the Navy they are going to build 600 housing units additionally in our Murphy Canyon area. We sometimes forget that the military is in a constant state of movement. These temporary rises and increases of housing at various places are usually where we don't have the schools. This is our case. So we will have 2,100 units of houses within that 1 limited area built within the last 3 years.

We are in a sense desperate. We are confroned with these problems. Our funding is limited. We are not getting wealthy on impacted aid. We are struggling to maintain our level. We ask for a restoration of impact aid category B fundings, the introduction of category C; a return to 77 only represents going back to 1970–71 funding levels.

Mr. FLOOD. Thank you very much.

Mr. FISH. Thank you, sir. Sir, one of the problems we face is where the businessman, as the stimulus of the military, is very unhelpful but for the person who votes on the tax overrides is the retired person and it's pretty hard sometimes.

Mr. FLOOD. Thank you.

THURSDAY, MAY 9, 1974.

COMMUNITY SERVICE AND CONTINUING EDUCATION PROGRAM

WITNESS

GEORGE S. BROOKS, CHAIRMAN, NATIONAL STEERING COMMITTEE FOR HIGHER EDUCATION COMMUNITY SERVICE AND CONTINUING EDUCATION PROGRAMS

Mr. FLOOD. The National Steering Committee for Higher Education Community Service and Continuing Education Programs, Mr. George S. Brooks, chairman.

Mr. BROOKS. Mr. Chairman, I appreciate the opportunity of appearing before this committee on behalf of the 54 administrators of title I of the Higher Education Act.

This committee, Mr. Chairman, is well aware that the President's budget failed to include a request for support of the Community Service and Continuing Education Program under title I of the Higher

Education Act. This is not a new tune but a replay from the past. However, the Congress in its more careful deliberations has seen fit to provide support for this singular piece of legislation.

Yes, we do consider this to be a singular piece of higher education legislation. It has made possible the active participation of 1,236 colleges and universities in creative and cooperative community service activities. The history of this program has demonstrated that no other institution in our society has the needed resources or the readiness for service as do our colleges and universities. This demonstration was made possible by title I of the Higher Education Act of 1965.

This program continues to demonstrate the effectiveness of Federal-State teamwork (*a*) strengthening the continuing education dimensions of higher education and in (*b*) providing problem-solving assistance to American communities.

FISCAL YEAR 1973 HIGHLIGHTS

More than 350,000 adults benefited directly from participation in 644 community service and continuing education projects in fiscal year 1973; we cannot estimate the number of participants who were indirect recipients of this service—possibly 2 million, 3 million, or 4 million.

These projects were staffed by 3,302 faculty members; over 14,000 graduate and undergraduate students served as a resource, working as technical assistants, interns, and researchers. Institutional participation reached a new high as 731 colleges and universities delivered community serving projects supported by title I, HEA; more than 100 off-campus learning centers enabled many adults to continue their education at more convenient times and locations. Institutions, from their own funds, provided 81 percent of the required matching dollars for community service and continuing education.

In the productive history of title I, HEA, 1973 was a banner year. With the increase in appropriations, significant changes were wrought. Most significant was the increase of participating community colleges—32.3 percent of all institutions were 2-year public colleges—an increase of 13 percent over fiscal year 1971. Federal funds going to 2-year institutions were doubled, going from $758,600 in fiscal year 1972 to $1,584,400 in fiscal year 1973. State universities share their experience through this program with smaller institutions. Thus, with title I support, their competence is enhanced through the conduct of community serving programs.

There has been criticism in the past that funds under this State-grant program were spread too thinly. The facts indicate, however, that projects have continued over time to become more comprehensive. The data on average project cost are as follows:

Fiscal year:	
1968	$12,151
1970	13,913
1972	15,684
1973	21,260

In the approval of institutional projects in fiscal year 1973, the States continued the urban-oriented emphasis of the national program. The development of "comprehensive" projects to serve metropolitan

areas as well as rural-suburban regions was made possible by increased funding and built on the successful experiences of prior years. In close cooperation with the Office of Education, State agencies made marked progress toward the development of statewide programs of community service and continuing education.

THE NATIONAL EVALUATION

As authorized by the Education Amendments Act of 1972, the National Advisory Council on Extension and Continuing Education is now engaged in a review and evaluation of the title I, HEA, program. While the Council has made interim reports to the Congress, the final report will not be made until March 31, 1975.

The purpose of this review is to determine which projects represent the most effective use of title I, HEA, funds. And the review will serve as the basis for the Advisory Council's recommendations, "with respect to the means by which the most successful programs and projects can be expanded and replicated."

It is past belief that a responsible administration would, at the time of a congressionally mandated study, choose to eliminate the very activity being studied. Our commonsense dictates the continuation of the title I, HEA, program until the facts are in and the Congress is permitted to make its own assessment of the need for, and value of, Federal support for community service and continuing education.

PROGRAMS FOR THE ELDERLY

The amendments to the Older Americans Act in 1973, expanded the community service and continuing education program (sec. 110) to authorize grants to institutions of higher education for the planning, development, and implementation of programs specifically designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing problems of elderly persons living in rural and isolated areas.

Program experience, under title I, has clearly established that higher education in concert with community groups has excellent potential for alleviating many of the problems of the elderly. However, funds to support a wide range of educational programs for older Americans and the service personnel who work with them are not available from existing sources.

Highly visible, adequately funded pilot and demonstration projects, as were authorized, will not only achieve their immediate objectives but will enable the States to initiate similar programs. The funding of this authority will be a significant step toward the goal of a comprehensive Federal-State educational program for the elderly.

We, therefore, recommend a startup appropriation of $3 million to initiate this experimentation and demonstration program.

In conclusion, it is important to note that title I, HEA, has increased its significance at the confluence of several forces. Communities seek assistance from colleges and universities in all community problems. Faculties are responding in larger numbers with the needed assistance within the limits of their resources. Students are finding new means to be of service and to enhance their learnings. The convergence

of these three forces—communities, faculties, and students—combine to provide a highly effective instrument for dealing with the concerns of the American people.

A $25 million appropriation would enable the States to further refine their educational strategies and to provide all areas of each State with high-quality programs geared to locally identified needs. With $3 million of this sum allocated for section 110 of the act, we can foresee the time when institutions of higher education, in cooperation with public and private agencies, will be making a significant contribution to the improvement of the quality of life for every older American.

The following are some examples of innovative continuing education activities which are being supported under title I, HEA.

PARAPROFESSIONAL PERSONNEL

Presbyterian College in South Carolina has demonstrated a new approach to the training of paraprofessionals in mental retardation. This continuing education program was specially designed to increase the number of workers for several agencies including a State residential institution for the mentally retarded.

This group of adults, 17 men and 33 women were selected as potentially effective personnel while none had previous formal training in mental retardation. Forty of the 50 individuals are now fully competent to undertake new careers in their special area.

The 6-month training program included 165 hours of formal instruction and 840 hours of practicum experience (at the rate of 35 per week) is sheltered workshops, schools, and dormitory settings for the retarded.

MINORITY BUSINESSMEN

There are two prerequisites for participation in the mainstream of economic activity—an ability to generate capital and to develop acceptable managerial skills.

Indiana University at South Bend undertook a two-phase project to increase the knowledge and skill of black businessmen in the community. Black students in the business school served as interview-consultants in the first stage where 140 firms were served. Stage 2 employed both black and white instructors in workshop sessions—problem oriented—rather than formal classes. Throughout the project one-to-one technical assistance and support was given to enhance the workshop learnings. A direct result of the project is the formation of Minority Enterprise Small Business Investment Corp. (IMESBIC) by 40 young business entrepreneurs, average age 30, mostly with formal high school education. In addition to providing needed knowledge and skills to a group of economically active young black men, the project provided an added vector of force for upgrading the economy of South Bend. The tools and techniques employed are adaptable to other areas for similar purposes.

CONTINUING EDUCATION FOR WOMEN

Mature women in Iowa are being assisted to move outside traditionally feminine occupations through two related university proj-

ects. The University of Northern Iowa's program of counseling mature women for productive employment served 386 women in individual counseling sessions, weekly group guidance sessions, and conferences on women in industry.

For the already employed women, Drake University initiated a pioneering program of management and supervisory training. The 102 women received 60 hours of classroom instruction and attended three intensive weekend workshops during the course of the year. The age of the participants ranged from the late twenties to the midforties. The majority were between 35 and 45 years of age and most had some formal higher education experience. Both participants and employers cite major contributions of the project as increased self-confidence and improved management capability.

These projects, taken together, illustrate the crucial role that higher education institutions are playing to assist women in preparing for positions of greater responsibility in business and in the community.

Comparable programs of continuing education for women are being conducted in Delaware, Maryland, Michigan, California, New Hampshire, Ohio, and Washington State. More than 4,000 women of all ages with varied economic and educational backgrounds are participating. These programs reflect the increased concern in higher education institutions for those women who wish to play a more active role, professionally or otherwise, in the life of their communities.

In addition, a number of projects in the several States continue to serve those occupational groups that are traditionally viewed as feminine—nursing, teaching, secretarial, and retail sales.

Community problem solving requires college-community cooperation in the development of continuing education activities to provide adults with the knowledge that must precede action. Thus, community-wide education for adults is essential if progress is to be made in the amelioration of pressing community concerns.

In the years 1971 to 1973 special emphasis was placed on envirpnmental quality, local government services, and community organization.

The following projects are illustrative of cooperative college-community activities related to these concerns:

THE ST. GEORGE CHARRETTE

The educational charrette is a technique, adapted from architecture, for the utilization of massive manpower applied in a short period of time to the accomplishment of plans and programs. From a weeklong problem-solving session, specific strategies were evolved to guide the development of community services and facilities in the St. George area of Baltimore.

Designed by the faculty of Morgan State College for the basic task of planning a new elementary school, the charrette involved more than 100 community residents, faculty, students, city officials, and consultants from State agencies. This concentrated effort was virtually in operation around the clock, that is, almost on a 24-hour basis for 7 days.

While the central focus of the charrette was the design of a community educational facility, the unique character of the process per-

mitted identification of natural community linkages that related educational programs to recreational, health, and social service requirements of the community.

Following the intensive weeklong sessions, agencies and institutions refined and carried out plans with the following results:

A new community council organized;
A task force chosen to design the new elementary school;
Plans projected for a privately financed health center;
A social service center scheduled; and
A community development plan.

GOVERNMENTAL SERVICES—IDAHO

During the 8 years of State-operated programs of community service and continuing education about one quarter of the Federal funds available under title I, HEA, have been invested in the continuing education of State and local government officials and employees.

The State of Idaho, for example, has carried on a broadly conceived State program directed to the improvement of governmental operations and services. The nine projects initiated over the past 4 years served 1,167 individuals in long-term activities with an investment of $83,860 in Federal funds which was matched with $58,280 in local funds.

Thirty-five faculty members with 14 student assistants from four institutions of higher education were productively engaged in this community service program. Among the program components were: (1) a series of seminars for public works officials based on two new publications, "A Public Works Construction Guide" and a "Review of Idaho Law on Public Construction," (2) an institute for legislative budget staff, courses and technical assistance for city clerks and fiscal officers, (3) continuing education for district health officers, and (4) training sessions for water and waste treatment operators.

In recognition of the critical roles that elected officials and governmental employees play in community problem solving, many other college and universities allocated resources to such learning partnerships. In fiscal year 1973, thousands of public officials in 33 States were served through 79 continuing education projects supported under title I of the Higher Education Act.

PROJECT UNDERSTANDING

More than 4,000 adults in the Milwaukee area were officially registered in Project Understanding as members of viewing posts. Homes, churches, schools, and libraries were among the 200 viewing posts organized to provide accurate information on human survival issues related to people, poverty, and pollution. Having viewed four one-half hour programs on station WMVS, discussed implications and examined attitudes, citizens are now taking more effective action to improve their community. Participating in the discussion/action project were community leaders, businessmen, educators, clergy, housewives, blacks and whites. The projects was a cooperative effort between University of Wisconsin Extension, National Conference of Christians and Jews, the Milwaukee Religious Broadcast Ministry and a host of community organizations.

METROLINA ENVIRONMENTAL CONCERNS

Environmental decisionmaking requires accurate information and delineation of alternative courses of action. Six colleges and universities in North Carolina are aiding the people of the State to make decisions about environmental problems of the seventies. Through a multidimensional program of seminars, workshops, films and educational television, hundreds of responsible and responsive citizens are dealing with the documented environmental problems across the State of North Carolina. Elected officials, regulatory boards, environmental activists, and developers/financiers are dealing with causes and effects as well as legal and social aspects of air and water pollution.

Thirty-two faculty members of the six institutions have been engaged in educational activities designed for specific groups in addition to general education programs. A battery of instructional aids have been developed: slide presentations, bibliographies, TV programs and video tape, and fact sheets. These materials provide a sound basis for enlarging the scope of the project in the coming year in metropolitan North Carolina (Metrolina).

ADULTS DEVELOPMENT AND AGING

The University of Georgia Center for Continuing Education has developed a program of noncredit, interdisciplinary seminars on aging delivered throughout the State by "teaching teams" of local college facility, designed to reach two groups: (1) community leaders and practioners who plan services for and deal with the elderly (counselors, clergymen, nurse aides, nursing home personnel, et cetera), and (2) the elderly themselves.

By November 1973, more than 4,000 people in 40 communities throughout the State had participated in the two programs. A network of "teaching teams" of almost 200 faculty members at 28 Georgia institutions of higher education has been identified and through conferences, curriculum workshops, and independent study, acquired the necessary knowledge of gerontology as it relates to their primary field. The University of Georgia and 36 other college and universities in the State have cosponsored gerontology programs in almost all geographic areas in Georgia using local resource specialists.

There now exists a network of trained faculty in gerontology in the State. Since this program offered training to college faculty, several colleges have introduced courses in gerontology and two now have regular undergraduate majors in aging.

This program serves as a classic example of "seed money" well spent in terms of the impact upon the community and the enhanced involvement of Georgia institutions of higher education. In Georgia, this program has probably been the "No. 1 influence on the awareness of aging."

These illustrations of innovative continuing education activities are presented as evidence that title I (HEA) has increased college-community cooperation in planning and conducting continuing education activities directed toward specific community problems and has identified and developed new and improved education approaches to the solution of community problems. They further demonstrate the con-

tinued effectiveness of Federal-State teamwork in strengthening the community service dimension of higher education, and in providing assistance in problem solving to our communities.

Mr. FLOOD. Thank you very much.

Mr. BROOKS. Thank you, sir.

FRIDAY, MAY 10, 1974.

DIGESTIVE DISEASES

WITNESSES

DR. ALBERT I. MENDELOFF, PRESIDENT, AMERICAN GASTROENTEROLOGICAL ASSOCIATION

DR. KURT J. ISSELBACHER, PRESIDENT-ELECT, AMERICAN GASTROENTEROLOGICAL ASSOCIATION

Mr. FLOOD. The committee will be in order.

The first witness today represents the American Gastroenterological Association. Dr. Mendeloff.

STATEMENT OF DR. ALBERT MENDELOFF

Dr. MENDELOFF. Mr. Chairman and members of the subcommittee, I am Albert I. Mendeloff, M.D., president of the American Gastroenterological Association, physician-in-chief, Sinai Hospital of Baltimore, and professor of medicine at the Johns Hopkins School of Medicine, Baltimore, Md. I am accompanied by Kurt J. Isselbacher, M.D., Mallinckrodt professor of medicine, Harvard Medical School, and the chief of the Gastrointestinal Unit of the Massachusetts General Hospital, and a member of the National Academy of Sciences. Dr. Isselbacher is president-elect of the American Gastroenterological Association. Résumés on both of us are attached to this testimony.

[The information follows:]

CURRICULUM VITAE OF ALBERT I. MENDELOFF, M.D.

CURRENT APPOINTMENTS

Hospital: Physician-in-chief Sinai Hospital.
University: Professor of medicine.
Office address: Sinai Hospital, 2401 W. Belvedere Avenue, Baltimore, Md.
Home address: 2100 Northcliffe Drive, Baltimore, Md.
Date of birth: January 29, 1918.
Place of birth: Charleston, W. Va.
Marital status: Married Natalie Lavenstein, New York City (1943).
Children: Henry Albert, November 23, 1944; John Morris, November 8, 1946; Katherine, April 10, 1954.

CURRICULUM

From 1930 to 1933: High school—Charleston, W. Va.
From 1934 to 1938: College—Princeton University.
From 1938 to 1942: Professional school—Harvard Medical School.
From 1942 to 1943: Internship—Peter Bent Brigham Hospital, Boston, Mass.
From 1943 to 1944: Fellow in nutrition—Rockfeller Foundation, Harvard School of Public Health, M.P.H., cum laude consultant in nutrition, Surgeon General, AUS.
From 1944 to 1945: Assistant surgeon, USPHS, assigned to UNRRA Balkan Mission, Cairo.
From 1945 to 1946: Passed assistant surgeon, USPHS; chief, nutrition section, UNRRA Greece Mission, in charge of assessing nutritional status of Greek populace, and devising adequate feeding programs.

From 1946 to 1947: Assistant resident in medicine, Peter Bent Brigham Hospital, Boston, Mass.
From 1947 to 1949: Post-doctorate fellow of the National Institutes of Health at the Evans Memorial Hospital, Boston, Mass., under Dr. Franz J. Ingelfinger, studying investigative methods in gastroenterology.
From 1949 to 1954: Assistant professor of medicine and preventive medicine, Washington University, St. Louis, Mo.
From 1949 to 1955: Consultant in gastroenterology to ward medical service, Barnes Hospital, St. Louis, Mo.
From 1954 to 1955: Editor, Clinico-Pathological Conferences for American Journal of Medicine.
From 1955 to 1970: Associate professor medicine, Johns Hopkins University School of Medicine, Baltimore, Md.
From 1955 to present: Physician-in-chief, Sinai Hospital of Baltimore, Inc., Baltimore, Md.
From 1957 to present: Codirector, Division of Gastroenterology, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, Md.
From 1970 to present: Professor of medicine, Johns Hopkins University School of Medicine, Baltimore, Md.

CERTIFICATION

Diplomate, American Board of Internal Medicine, 1952.
Diplomate, American Board of Internal Medicine, Gastroenterology, 1957.

MEMBERSHIP IN PROFESSIONAL SOCIETIES

Phi Beta Kappa, Alpha Omega Alpha, Sigma Xi, Delta Omega.
American Medical Association.
American Association for the Advancement of Science.
American Society for Clinical Investigation, 1954.
Association of American Physicians, 1957 to present.
American Federation for Clinical Research, president, 1958–59.
Central Society for Clinical Research, 1950.
American Gastroenterological Association, 1958, chairman Research Committee 1963–67, vice-president, 1971, presdient, 1973.
Subspecialty Board in Gastroenterology, American Board of Internal Medicine, member 1963–68.
Fellow, American College of Physicians, 1963 to present.
Member, Council on Food and Nutrition, American Medical Association 1969 to present.

CONSULTANT APPOINTMENTS

Consultant in gastroentelorgoy.
Walter Reed Army Hospital, Washington, D.C. 1958 to present.
Clinical Center, NIH, Bethesda, Md. 1958 to present.

EDITORIAL APPOINTMENTS

Editorial Board, "Gastroenterology," 1960–64.
Editorial Board, Archives of Internal Medicine, 1965 to 1972.
Editorial Consultant Board, Journal of Chronic Disease, 1967 to present.
Editorial Board, Scandinavian Journal of Gastroenterology, 1966 to present.

KURT JULIUS ISSELBACHER

Born: September 12, 1925.
Married: Rhoda Solin; 4 children.
1946: Harvard College.
1950: M.D., Harvard Medical School.
1950–51: Intern in medicine, Massachusetts General Hospital.
1951–52: Assistant resident in medicine, Massachusetts General Hospital.
1951–53; Teaching fellow in medicine, Harvard Medical School.
1952–53: Resident in medicine, Massachusetts General Hospital.
1953–54: Clinical instructor in medicine, Johns Hopkins School of Medicine.
1953–56: Clinical investigator, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health.

1954–56: Clinical instructor in medicine, George Washington University School of Medicine.
1956–58: Instructor in medicine, Harvard Medical School.
1956–68: Assistant in medicine, Massachusetts General Hospital.
1957–: Chief, Gastrointestinal Unit, Massachusetts General Hospital.
1958–60: Associate in medicine, Harvard Medical School.
1958–61: Assistant physician, Massachusetts General Hospital.
1960–64: Assistant professor of medicine, Harvard Medical School.
1961–66: Associate physician, Massachusetts General Hospital.
1964–66: Associate professor of medicine, Harvard Medical School.
1966–72: Professor of medicine, Harvard Medical School.
1966: Physician, Massachusetts General Hospital.
1968: Chairman, executive committee of the departments of medicine, Harvard Medical School.
1970–71: Sabbatical leave: Imperial Cancer Research Fund; Laboratories of M.C.P. Stoker; American Cancer Society—Eleanor Roosevelt Fellow.
1972: Mallinekrodt professor of medicine, Harvard Medical School.

SOCIETIES AND MEMBERSHIPS

National Academy of Sciences.
American Academy of Arts and Sciences.
American Association for the Study of Liver Diseases.
American College of Physicians.
American Federation for Clinical Research.
American Gastroenterological Association.
American Society of Biological Chemists.
American Society for Clinical Investigation.
Association of American Physicians.
Biophysical Society.
Gastroenterology Research Group.
Interurban Clinical Club.
Marine Biological Laboratory (Woods Hole, Mass.).
Society for Experimental Biology and Medicine.

OTHER PROFESSIONAL ACTIVITIES

1961–65: Member, Gastroenterology Training Grant Committee, National Institutes of Health.
1961–65: Steering Committee, Gastroenterology Research Group.
1962: Consulting Editor, Medicine.
1962–70: Council, American Association for the Study of Liver Diseases.
1962–72: Editorial Board, Journal of Clinical Investigation.
1963–68: Editorial Board, Gastroenterology.
1965–68: Council, American Society for Clinical Investigation.
1965–68: Member, general medicine study section, National Institutes of Health.
1967: President, American Association for the Study of Liver Diseases.
1967–70: Chairman, Committee on Research, Massachusetts General Hospital.
1967: Coeditor, Harrison's Principles of Internal Medicine.
1968–71: Trustee, Boston, Biomedical Research Institute.
1970–71: Vice-president, American Society for Clinical Investigation.
1970–73: Chairman, Board of Scientific Counselors, National Institute of Arthritis, Metabolism and Digestive Disease, National Institutes of Health.
1972–73: Vice-president, American Gastroenterological Association.
1972: Councillor, Association of American Physicians.
1972: Editorial Board, Disease-A-Month.
1972: Visiting Committee, Clinical Research Center, Children's Hospital Medical Center (Boston).
1972–73: Membership Committee, Society for Experimental Biology and Medicine.
1972: Chairman, Harvard University Cancer Committee.
1973: President-elect, American Gastroenterological Association.

HONORS

Phi Beta Keppa.
Alpha Omega Alpha.
Comfort Memorial Award, Mayo Clinic, 1968.
Bengt Ihre Award, Swedish Medical Society, 1969.
Olaf Acrel Medal, Swedish Surgical Association, 1969.

Dr. MENDELOFF. The American Gastroenterological Association is the Nation's oldest society of medical specialists, having been founded in 1897. It is the major national organization of physicians and scientists who specialize in digestive disease. It is a professional medical society of 1,550 of the Nation's most highly skilled practitioners in gastrointestinal disorders; that is, diseases of the esophagus, stomach, liver, pancreas and intestinal tract. The principal digestive diseases are peptic ulcer, gastritis, hepatitis, cirrhosis of the liver, pancreatitis, gallstones, ulcerative colitis, ileitis, infectious diarrhea, malabsorption and cancer of the esophagus, stomach, pancreas, liver, colon, and rectum.

A year ago, when we appeared before you, we were preparing for a national conference on digestive diseases as a national problem. Over 200 physicians, scientists, interested lay persons, business and labor leaders, and others, gathered at NIH to assess the problem. I would like to tell you about the seriousness of the problem as the conference indicated it: The following is from the "White paper" which has been developed from the conference and will be sent shortly to all Members of the Congress as well as other interested persons:

Digestive diseases (DD) are the most common, most distressing, and most costly of all illnesses. Unfortunately, they are also the least studied, least understood, and least likely to be treated well even when effective treatment is known.

Over 10 percent of the cost of caring for sick Americans is spent on DD, yet less than one-tenth of 1 percent (1/1000) of the Federal Government's budget for health research and education is spent on DD.

The cost in suffering from DD is immeasurable, and its economic costs are enormous. A mere 10 percent reduction in DD would save the Nation roughly 10 times as much as the cost of a full-scale program of research and instruction in this field.

HOW IMPORTANT IS DIGESTIVE DISEASE?

The findings indicate:

One of every nine Americans has a history of a specific chronic or recurrent digestive disease.

One of every three patients undergoing surgery (excluding tonsil cases and mothers in normal delivery) is undergoing surgery for digestive disease.

Nearly one of every nine patients discharged from a hospital was treated for a digestive disease.

Disability from DD is responsible for one of every ten absences from work among men.

DD are the leading cause of hospitalization of patients aged 45 to 64; they are the second highest cause above age 65 and between 15 and 34.

Although DD tend to be chronic instead of fatal, DD account for nearly one of every ten deaths in the United States. More than half of these deaths are caused by cancer of the digestive organs; the majority of the mortality from noncancerous disease is accounted for by cirrhosis of the liver, peptic ulcer, diverticulitis, gallstones and acute pancreatitis.

DD absorb nearly one of every ten dollars spent for personal health services—hospital, medical, nursing care, and drugs.

When cancer of the digestive tract is excluded, the annual cost of DD was estimated at more than $9 billion in 1968 and nearly $12 billion in 1973, or $60 for every American.

When cancer of the digestive tract is included, the annual cost of DD was estimated at $12.5 billion in 1968, and at $16.5 billion in 1973, or about $80 for every American.

These costs were developed by experts in this area from the Social Security Administration.

Last year, Mr. Chairman, Dr. Isselbacher and I appeared before you, with another colleague, to testify as to the need for appropriations for certain areas of digestive disease research. As you may recall, at that time we stressed the importance of funding for a clinical trial to determine the efficacy and safety of chenodeoxycholic acid in dissolving gallstones, for a national center for the collection of data relating to digestive diseases, and for research on the appropriate uses of endoscopic instruments in the examination of the gastro-intestinal tract.

During our appearance before you last year, I expressed our appreciation for the leadership you and the subcommittee took in 1972 to increase funds for digestive disease research, and expressed our grave concerns about the vetoed bills and impounded funds. The vetoes, hopefully, have stopped, but certainly the impoundment of funds has been stopped, in large measure because of the courage of you, Mr. Chairman, and your subcommittee. We are deeply appreciative of you leadership on this question. You might like to know that because of the work you did at that time, approximately $3.2 million in impounded funds were released for digestive disease research. It is clear that without those funds the research advances I describe below would not have been undertaken.

Last year, Mr. Chairman, a large amount of the time we spent with you was taken up with the discussion of research in gallstones and their possible dissolution by chemical means. Because of the language inserted in your bill report in support of this research, the NIAMDD was greatly encouraged to move swiftly to work. Shortly after passage of the bill, a National Cooperative Gallstone Study was begun in August, 1973, when the contract for the Coordinating Center was let to the Cedars of Lebanon Hospital, University of California, Los Angeles, under the direction of Dr. Leslie Schoenfield. Ten outstanding medical institutions are participating in this study, including the University of Pennsylvania School of Medicine in Philadelphia.

A timetable of considerable urgency was set, and is being followed. Over the last 9 months the several committees of the Coordinating Center have formulated procedures which will enable complete evaluation of the efficacy of this treatment and any potential toxity, have established and characterized rigid standards for the composition and purity of chenodeoxycholic acid, and after widespread competitions, has selected a supplier of the drug which best meets the specifications. Extensive laboratory studies of potential toxity of this preparation have been in progress since April 1, 1974. It is planned that sufficient data will be available by August, 1974, to submit all of this information to the FDA in order to obtain an IND.

The present timetable is to begin the study in patients by September, 1974, and we believe that the project and analysis of data on efficacy and safety should be available in 2 years from that time. Present plans include the continuance of the study after that time to assess prophylaxis of gallstone formation by this form of treatment.

Thus, Mr. Chairman, in about 30 months from now, because of your

interest and support, we will be well on our way to final testing in human subjects so that shortly thereafter this form of prophylaxis will be providing enormous benefits to the American public.

We are hopeful that you will give your continuing support to this study, Mr. Chairman, so that the 15 million Americans who suffer gallstones difficulties annually may be given the opportunity for relief.

The second area in which we expressed concern last year was the need for an epidemiological research center for digestive diseases. Again, language in the appropriation bill supported this concept.

No sooner had the bill passed the Congress than the NIH began to seek applications from the medical community for the setting up of such centers. Within a month a formal application from one of our most prominent universities had been received, proposing a center in the Department of Epidemiology of its School of Public Health. That application specifically attempts to set up a center which can: (1) serve as a national coordinating unit for assaying the incidence and prevalence of digestive diseases, an effort which can only help improve our methods for reporting all diseases; (2) relate such digestive diseases data to specific populations, in order to identify high and low risk groups for each type of disorder, including occupational and environmental factors (recently, for example, you have read about the dangers of working with the material vinyl chloride, which produces a rare form of liver cancer); (3) will coordinate, when appropriate, clinical trials of new treatment schedules requiring national cooperation between groups of physicians. It is necessary, for example, to make sure that certain kinds of patients in one part of the country not be the exclusive target for a treatment which might not be effective, or might be harmful, for other groups of patients, for reasons of race, ethnic background, or environmental circumstances; (4) serve as the base for specific studies carried out by its own staff; and (5) be engaged in training of young people, because it is in a university setting, in the methods of epidemiology, so that they can later go to other schools or health care institutions in the United States and spread their expertise, improving the quality—which I may say needs improving in this country—of data and the evaluation of same throughout the country. For the money appropriated, this should be a fine investment.

Last year, Mr. Chairman, we asked for an appropriation to research the use of endoscopes in the United States, to make sure that these instruments, which are rapidly proliferating, are used properly, and are not utilized in patients where use would not be helpful. While language supporting this concept also appeared in the bill report, NIAMDD was unable to fund the program because of lack of funds.

I believe we should also report on the progress we have made within the NIH, with the Director of NIAMDD, and with staffs of both men. These meetings have been educational for all, and have led to constructice action. An Associate Director for Digestive Disease has been appointed and there has been some consolidation of efforts within the Institute to provide for more intramural research in digestive diseases.

Unfortunately, the NIH is greatly cramped for space for laboratories in the Clinical Center, and until expansion of that building is developed, it will not be possible to attract the kind of talented investigators we need in this field to have a first-class intramural program

on the Bethesda campus. The Director of NIAMDD has been extremely cooperative, but he really cannot move further until he has more space.

A corollary of this problem is the elimination of budget lines in the NIAMDD, which effectively negated the intent of Congress in providing for more DD staff. This is a general problem at the NIH; the current administration has cut back the numbers of persons needed to get the extramural jobs accomplished, while holding the total amounts of money appropriated at approximately 1972 levels. Thus, although we now have a new DD Associate Director, presumably to organize and expand the extramural activities of NIH in this field across the country, the same two extramural staff persons have to handle this increased load; it is extremely doubtful that they can actually do the job, and it is certainly not a reasonable way to effect the congressional intent.

We ask, Mr. Chairman, that the subcommittee continue to support these programs, both with appropriations, and supporting language in the bill report. However, there is one more area of research we would like to talk to you about today, an area which shows great potential benefit at this time if funded adequately. That is the problem of diarrhea, which has been a scourge of man throughout history. However, recent research indicates that a control of diarrhea in both its acute and temporary forms, might well become available. I would like to ask if Dr. Isselbacher could be permitted to speak on this matter. Finally, Mr. Chairman, I supply to this committee the draft text of the white paper, and ask that it be incorporated as part of the hearing record.

[Clerks note: The document referred to has been placed in the committee's files.]

Mr. Flood. Thank you, Doctor. Go ahead, Dr. Isselbacher.

Statement of Dr. Kurt Isselbacher

Dr. Isselbacher. Mr. Chairman, last year, as I recall, you and I had a rather prolonged discussion about gallstones and their possible dissolution, safely, by chemical.

Dr. Mendeloff has reported to you on the advances made because of your support.

Today, I would like to speak to you about another opportunity for real advance in research. We all know that promising areas of research should be followed up, especially if they promise opportunities for advances in allied areas of research as well. The biomedical research into the problems of diarrhea is one such area, which, if followed up now with sufficient resources, could not only help to control, or prevent, a historical scourge of man, but will impinge, in a major way, on other diseases.

Because your time at these hearings is limited, I would like to present my remarks in summary fashion and have my more complete statement inserted into the record.

Diarrhea, in its various forms, is an important medical and economic problem in the United States. Studies show that episodic diarrhea is a leading cause of absence of work, and occurs irregularly in most individuals without underlying chronic intestinal disease.

Diarrhea is also an important problem for our armed services, and because of your concern, as a member of the defense subcommittee of the Appropriations Committee, for the welfare of our servicemen and women, I am sure that you will be interested to know that fully 15 percent of all hospital admissions among U.S. troops in Southeast Asia was caused by infectious and so-called "nonspecific diarrhea."

It is also an important global problem. The mention of Asiatic cholera, to quote Dr. Thomas Hendrix, an outstanding expert in the field who testified before you several days ago as a citizen witness for NIAMDD, "still strikes men with fear and well it might, for the people inhabiting the world's most populous areas have scant protection against this fulminant and often fatal diarrhea. The disease is endemic in Southeast Asia and periodically moves out of the area in pandemic proportions. The current pandemic, the seventh in modern times, has involved Asia, the Middle East, and parts of Africa * * * (with) the case fatality rate in some outbreaks reaching 80 percent."

We know that any research we do here in this country will aid not only our own people, but many people in the world. But we also know that such research will benefit many of our people who have other diseases as well, such as colitis and ileitis, which are serious, chronic, and life-threatening disorders.

What has recently occurred to permit us to say that research in diarrhea presents us with excellent opportunities?

Recent basic research on the study of the intestinal tract, and studies (supported by the National Institutes of Health) of cholera epidemics in Pakistan, have yielded considerable knowledge about cholera, and the mechanism of diarrhea. This new knowledge has wide implications and applications for the population of the United States and abroad, and I would like to mention several of them, and have them more fully explained in the testimony for the record.

1. Previously, patients with extensive diarrhea, because of a loss of fluid, were hospitalized for intravenous replacement of salt and water. Now, such patients, because we understand better the mechanisms of the disease, can be treated as outpatients, because they can have their fluids replaced orally instead of intravenously as hospitalized patients.

2. We have learned that some drugs used in the treatment of arthritis, such as Indo methacin, are often effective in correcting some types of diarrhea.

3. We have learned that various malignant tumors produce hormones which act in the same way as bacteria-produced "toxins" to produce excessive fluid loss from the body, and we are learning how we can better treat these forms of diarrhea.

4. We have learned that cholera immunization, until now accomplished only by injection of a vaccine, may soon be possible by oral ingestion. We are hopeful that these newer advances will permit us also to develop vaccines against some of the common bacteria in our environment; for example, we will have, hopefully, oral vaccines for the treatment of the many so-called nonspecific diarrheas.

5. The basic research in intestinal function will also enhance our understanding of other important diseases, such as colitis and ileitis. We feel that our better knowledge of intestinal fluid secretion puts us in a better position to unravel the basic causes of these disorders.

6. It should be mentioned also that as a spinoff from the gallstone

research discussed with you last year, we have learned that bile salts also can be an important cause of diarrhea.

We have learned that the common diarrhea that you and I get if we travel in certain countries turns out to be due to organisms present in our environment which we previously thought were innocent bystanders having nothing to do with diarrhea but actually produce a toxin comparable to cholera toxin. Previously we had ignored this and thought it was irrelevant, but now we recognize that the types of situations we get into are related thereto. Therefore, it is impressive to me how knowledge about one disease which really was not very important for us in this country, cholera, has had many ramifications which do touch on many intestinal disorders including iletitis and colitis.

In summary, as a result of basic studies done on cholera, a disease which is rare in this country, but rampant in many parts of the world, important and significant observations have been made which have permitted us not only to understand how cholera produces its effects, but how many of the common types of diarrhea seen in this country are produced. This research has led to the development of effective methods of treatment of these diseases, and hopefully, via the vaccines which I mentioned, also to prevent them. This research is opening up newer approaches to other important intestinal diseases, which thus far have proven a major problem for patients and physicians alike, namely ileitis and colitis.

I believe that we have excellent research opportunities in this field, and I hope that the subcommittee will feel that it is able to support these research opportunities. I ask that the subcommittee agree to accept the fuller exposition of my remarks as part of the record.

Mr. FLOOD. Thank you.

[Additional remarks follow:]

ADDITIONAL REMARKS OF DR. ISSELBACHER INSERTED FOR THE HEARING RECORD

Diarrhea, in its various forms, is an important medical problem which in the past has received inadequate attention largely because of our ignorance about the mechanism whereby fluids are secreted into or are reabsorbed from the intestinal tract of man. As a result of basic research on the study of the intestinal tract and indirectly from the studies (supported by the National Institutes of Health) of cholera epidemics in Pakistan, considerable knowledge about diarrhea and its mechanisms has been obtained. The results of this research has wide implications and applications for the population of the United States. Episodic diarrhea occurs irregularly in most individuals without underlying chronic intestinal disease, and based on insurance disability claims, this symtom is a leading cause for absence from work (Cunnick, W. R. et al. "Digestive disease as a national problem IV. Disability claim study of digestive disease". Gastroenterology 54, 246–252, 1968). The global significance of infectious diarrhea is great. Among U.S. troops in Southeast Asia, for example, diarrheal diseases alone accounted for 15 percent of all hospital admissions (Sheehy, T. W., "Digestive disease as a national problem VI. Enteric disease among U.S. troops in Vietnam," Gastroenterology 55, 105–112, 1968).

Diarrhea represents excessive loss of fluid from the intestinal tract, and this loss is largely loss of salt and water from the body. In earlier years it was considered that most of this fluid loss in diarrheal disorders was due to the interference in the normal uptake or absorption of salt and water by the intestine. However, we now recognize as a result of the cholera research, that in most instances this concept is not correct, but that in many instances diarrhea results from the secretion of fluids from the body into the lumen of the intestine. Normally the amount of fluid that an average adult loses per day is in the order of 100 to 200 milliliter (or one-fourth to one-half a pint). However, in cholera, for

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example, patients may lose up to 10 or 20 quarts (or liters) of fluid daily. I would just like briefly to give you some of the highlights of the research accomplishments, in this important but previously poorly understood area.

The studies on cholera demonstrated that the cholera bacteria (that is, Vibro cholera produces a toxin which acts on the intestinal cell to trigger one of its important chemicals, referred to as cyclic AMP. (It should be noted that it was the discovery of cyclic AMP for which the late Professor Sutherland, Jr., received the Nobel Prize several years ago.) Cyclic AMP, when stimulated by this bacterial toxin, causes the intestine to secrete water and salt and thereby produce diarrhea. Subsequent research has shown that many so-called "nonspecific diarrheas" seen so frequently in this country (including "travelers diarrhea") is due to other types of bacterial toxins. These bacteria we previously considered to be normal components of our intestinal tract. However, we now recognize that certain of these "innocent" bacteria, especially various forms of Escherichia coli, can also produce toxins which act much like cholera toxin to produce diarrhea, although usually of a milder degree. In addition, recent research has shown that certain types of cancer can cause diarrhea by the production of certain hormones (such as prostaglandins) which, much like cholera toxin, stimulate cyclic AMP and thus lead to fluid loss. It should also be mentioned that as a spinoff from the gallstone research discussed with you last year, we have learned that bile salts can also be an important cause of diarrhea.

As a result of the work sponsored by the NIH and carried out initially again in Pakistan, it was learned that patients with extensive diarrhea do not necessarily require intravenous replacement of their salt and water, but that sugar when given orally together with salt can be extremely efficient and effective. It was shown that sugar (glucose) actually reduces intestinal secretion and hence the production of diarrhea and at the same time the sugar facilitates the ability of the intestine to take up or absorb water and salt. Thus an important byproduct of these studies is that patients with extensive diarrhea can now have their fluids replaced orally as outpatients instead of intravenously as hospitalized patients. A further important byproduct of these studies is that the salt and water lost in the sweat due to exercise can be replaced more efficiently when salt and water are taken together with sugar. This seems all so simple now and yet our understanding of the principles underlying such therapy with preparations such as "Gatorade" and "Energade" are based on this principle and are now frequently prescribed for athletes. We have also learned that some drugs used in the treatment of arthritis, such as Indomethacin can block some of these actions of hormones and bacterial toxins on the intestine and are often effective in correcting these types of diarrhea.

Thus, as a result of the original studies on cholera, a disease fortunately rare in this country, we have learned a great deal about many other types of diarrhea which are of importance to our citizens, both civilian and military. We have found that many bacteria present in our environment can produce "toxins" which stimulate the intestine to secrete salt and water and that various malignant tumors produce hormones which act in the same way to produce excessive fluid loss from the body. Fortunately, in addition to being able to understand these mechanisms, we have also learned how better to treat these forms of diarrhea.

It should also be pointed out that until now cholera immunization has had to be done by injection of a vaccine. However, recent studies indicate that vaccination and immunization against cholera probably in the very near future can be achieved by giving the vaccine by mouth. This obviously has great ramifications for many peoples throughout the world exposed to the ravages of cholera. We are hopeful that these newer advances will also permit us to develop vaccines against some of the common bacteria in our environment; for example, we hopefully will have oral vaccines for the treatment of the many so-called nonspecific diarrheas.

The basic research on intestinal function will undoubtedly also enhance our understanding of the important diseases, such as colitis and ileitis. These are serious, chronic, and life threatening disorders and we feel that our better knowledge of intestinal fluid secretion puts us in a better position to unravel the basic causes of these disorders. Salt and water secretion is altered in these diarrheal diseases and while immunologic or allergic mechanisms also seem to be involved in these diseases, one of the factors appears to be similar to that involved in the production of diarrhea as in cholera.

Therefore, Mr. Chairman, I would like to indicate to your committee that as a result, basic studies done on a disease, rare in this country but rampant in many

parts of the world, namely cholera, important and significant observations have been made which have permitted us not only to understand how cholera produces its effects, but how many of the common types of diarrhea seen in this country are produced. This research has led to redevelopment of effective methods of treatment of these diseases and hopefully, via the vaccines which I mentioned, also to prevent them. This research is opening up newer approaches to other important intestinal diseases, which thus far have proven a major problem for patients and physicians alike, namely ileitis and colitis.

FRIDAY, MAY 10, 1974.

DIGESTIVE DISEASES

WITNESS

IRWIN ROSENTHAL, PRESIDENT PRO TEMPORE, AMERICAN DIGESTIVE DISEASE SOCIETY, INC.

Mr. FLOOD. The American Digestive Disease Society, Inc., Irwin Rosenthal, president pro tem.

Mr. ROSENTHAL. Mr. Chairman, and members of the subcommittee, I appreciate the opportunity to testify before you concerning the need for research funds in digestive disease.

I am president and founder of one of the Nation's largest private digestive disease research foundations, the National Foundation for Ileitis and Colitis, Inc., and the president of the newly formed American Digestive Disease Society (ADDS).

Mr. Chairman, last year when I appeared before you the ADDS was just getting underway, and we were deeply involved in the planning of the Second National Conference on Digestive Diseases as a National Problem.

Since last year we have come a long way, at least from the point of view of non-Government programs. We now have ADDS chapters organized in 35 cities in the Nation. We now have a large number of lay and professional organizations in the field of digestive diseases working with us to improve the health of the many millions of people who have digestive diseases.

Last year also, my wife Suzanne appeared with me here, as the president of the women's auxiliary of the Ileitis and Colitis Foundation. I am pleased to report that she is now one of the 14 members of the NIAMDD Advisory Council, and will be attending the council meetings in the future. I am pleased, and proud, to tell you that she is the first lay person ever named to that council specifically to be concerned with digestive disease programs.

The National Conference held shortly after we appeared before you last year revealed that the problem is much more serious and widespread than we ever thought. My testimony indicated that upwards of 13 million people were affected by these chronic diseases, but the national conference, based on the analysis of the Social Security Administration, indicated that the figure is above 20 million. Also, more dollars are spent for medical purposes by individuals afflicted with digestive disease than any other class of disease. Perhaps the most stunning figure, however, that the national conference revealed is that despite the enormity of the problem, only one-tenth of 1 percent of Federal funds for research on disease—$\frac{1}{1000}$—is spent for digestive disease research.

We recognize that it is necessary to inform the public about the severity of the problem in the Nation, and we recognize also that it is

necessary to mobilize lay and medical people to attack the problem in an organized systematic way. That is why we have worked so hard this year to create ADDS chapters in 35 cities, and why we are planning a large number of fund-raising and informative events.

However, no matter how hard we work, and how many organizations across the country we can build, and no matter how much money we raise for the effort—the National Foundation for Ileitis and Colitis has raised over $1 million to support research and organization efforts—we are still faced with the very real problem that the Federal budget will continue to supply the massive bulk of research funds for the research that is required.

I would like to add, at this point, how deeply grateful we are for the work you have done on preventing the further impoundment of funds, and in releasing those already tied up in 1972 and 1973 by the administration. Over $3 million of digestive disease research funds were released because of the pressure from this committee.

I would also like to express my appreciation to this committee for establishing, over the past 2 years, precedents of support for digestive diseases research by the language in the bill reports on appropriations. We understand what kind of fiscal restraints you are under, and we understand that the administration has been neglectful of the National Institutes of Health, and we understand the problems of inflation that are plaguing our Nation.

But we also recognize the inequity that has been visited upon digestive disease research until now, and that is why we are here.

The NIAMDD has begun to try to redress these problems, and have given a small increase in percentage of research funds provided by that Institute, to digestive diseases' The Director of the Institute and the staff have met with us to discuss the funding of the programs.

But, clearly, any way you look at it, in terms of the number of people affected, and the severity of the diseases, research in this field is terribly underfunded. I also know that many foundations and organizations come before you to make their case for increased funding, and each has a legitimate case, but we believe that, after the situation is reviewed, and the opportunities for breakthroughs and advances are understood, that there can be no question about the underfunding of the field.

At this point, I would like to turn to the specific area of research opportunity raised by Dr. Al Mendeloff and Dr. Kurt Isselbacher, both of whom, by the way, have given ADDS enormous support in our efforts to build.

That research area is diarrhea, and that area, as Dr. Isselbacher points out, has direct relevance to the diseases of ileitis and colitis.

Ileitis and colitis, also known as Crohn's disease and ulcerative colitis, are the major diseases which are characterized in general by intestinal inflammation. Ileitis is a disease characterized in general by inflammation of the small intestine; colitis by inflammation of part or all of the colon. It is estimated that upwards of 1 million people in this Nation are now affected by diseases of the upper and lower intestines.

Until our Foundation was established, people with ileitis and colitis did not talk about these diseases—they were hidden, not only in private discussions, but in public policy discussions as well. There is enormous suffering, particularly of young people of ileitis and ulcerative colitis.

There is physical debilitation, terrible diarrhea, children who do not grow physically, women who fear pregnancy, severe emotional and economic strains created by the terrible costs involved. No other disease can say that three of the last five Presidents—Eisenhower, Truman, and Johnson, were afflicted. I can tell you about my own wife, whom I have mentioned, who has just come out of 1 month in the hospital, the 19th time, suffering pain and agony that no human being should endure. There is terrible social stigma that is in the minds of the afflicted with the two diseases that involves bathroom orientation.

The people afflicted most often are afraid to move away from their homes for fear of the diarrhea or the sudden blockages that occur. Travel is considered taboo and often taking any job where other people are involved becomes a psychological nightmare.

The National Foundation for Ileitis and Colitis is the principal source of research and educational information. Its commitments, believe it or not, is larger than the entire U.S. Government. What other voluntary agency can make that statement?

We are faced with the situation tday, in ileitis and colitis, where we are inundated suddenly with grant requests of extraordinary quantity and we do not have enough money not only not to support these programs but even to print enough of our brochures which are in such desperate demand.

What has occurred is that the national commitment to cancer and heart has dried all biomedical research funds so that our foundation in our area is requested to support brilliant investigators and their technicians, lab space, test tubes, lab animals—areas that were once supported by the National Institutes of Health—areas that drastically expend the funds needed—forcing an impossible strain upon our foundation's commitment and resources. If we are to begin stopping a national problem involving these terribly debilitating diseases, it is essential that specific funds be allocated for research, training, endowment of extraordinary research people, and career development. We would like to see the budget augmented by a specific fund of $1 million for these items in the area of ileitis and ulcerative colitis.

Mr. FLOOD. Thank you very much.

FRIDAY, MAY 10, 1974.

MENTAL HEALTH

WITNESSES

DR. JOSEPH NOSHPITZ, CHAIRMAN, NATIONAL COALITION FOR MENTAL HEALTH MANPOWER

MRS. VIRGINIA CROCKFORD, NATIONAL CONSORTIUM FOR CHILD MENTAL HEALTH SERVICES

Mr. FLOOD. We have as our next witness the National Coalition for Mental Health Manpower. Dr. Noshpitz and Mrs. Virginia Crockford of the Child Mental Health Services together.

Dr. NOSHPITZ. We are happy to be with you again.

We are meeting again today as we have met before to review between us the worth of an idea. We are here, once again, to consider

the question: should the Federal Government support the training of mental health professionals? This is a tormented issue, wriggling on the pin of recent history, embroiled in a political battle, one of the many shuttlecocks whipping back and forth between the Congress and the Administration, and, in the nature of things, mingling logical arguments and shrill accusations in a prolonged cacophony of confusing discord. Through it all, however, there shines a small, steady, unquenchable glow of fact, and reason, and ethic, that will not be argued away nor long abide neglect. It is on this aspect of the problem that I and my colleagues in the Coalition for Mental Health Manpower would focus your attention today.

A word about the coalition. We are a very small group. Most of us would, I believe, qualify as experts. We represent the training components of some of the major national organizations concerned with mental health. All of us who put this document together have been students all of our lives. All of us are teachers. We speak to you today as experts must speak, carefully and with precision.

Recently, one of my colleagues, a child psychiatrist like myself, was studying the matter of emotional disturbance in the children of the State of California. He was trying to find out how many children would properly be considered disturbed to any observable degree. In the back of his mind was the presumption that for everyone whose disturbance was manifest, there was at least one other whose pain was suffered in silence and inwardness. [These silently troubled children would someday make their problems known in withdrawal, in depression, in school failure, or in seeming physical illness. But to superficial observation they would be normal, their problems hidden.] My colleague was seeking to get some estimate of at least the more obvious group, those with the noisy problems who could be readily identified. In the course of his search he found that there were not straightforward figures available, so, after casting about in a number of possible sites, he hit upon the tactic of finding out how many children in the State were in special classes for the troubled child. These figures were readily available. Then he looked up the standard figures for the total number of children in the public school system. He divided the one number by the other, multiplied by 100, and the resultant figure was 9 percent. Nine percent of all the children in the public school system. Nine percent were identifiably in such difficulties that they needed special management within that system, and this in a State whose governance could scarcely be thought of as radical or leftwing.

Let us assume for a moment that the criteria in that State was far too generous, let us assume that local conditions affected this figure in some way, let us assume that all educators and mental health professionals in California had rocks in their heads, let us assume, in short, that the figure is widely inflated, 50 percent off. Let us cut it in half. All right, by that reasoning only 4½ percent of the State's children would need such special care. The child population in the United States today is something in the neighborhood of 75 million strong. Four and a half percent of 75 million happens to be 3,375,000 let's say 3½ million. How many mental health professionals would it take to care for that many children, to see them in therapy or counseling, to prescribe and supervise their medication, to deal with the many special

problems that arise, to work with them in groups—and we have not even begun to consider the question of their families, the factors in their families that might contribute to and maintain the difficulties, nor contrariwise, the impact of the disturbed child and his special needs and unique demands back on the family. If we consider the fact that at the very outside only some 1 million children in the country are in mental health care, and if we consider further that these are pretty well filling up our existing professional slots and creating long waiting lists at that, we can assert without a doubt that we don't have enough mental health professionals today to handle anything like the number of children and families in need. We don't begin to.

And these figures are only the obvious, the identifiable ones who can still make it within the adaptive limits of the public school system. It says nothing about the sizable body of those to sick to stay there who are in more intensive treatment sites, or that large, unknown, but terribly important group of the quietly disturbed, the silent sufferer, the nonsqueaking hinges who will presently and predictably collapse when the stress of everyday living becomes too much * * * And these are merely the children's figures—we have not even considered the adults, the aging, the alcoholics, the veterans in need, and so forth.

Today there are an army of bright young lawyers in the land whose idealism is matched by their immense energy and competence, and they are driving hard, challenging State after State, and system after system to show cause why therapy should not be given, why special education and specific remedial work should not be forthcoming, why the right to treatment, to education, to metal health care, should not be part of the birthright of every resident of the land. And they are winning, case after case. Only who is to do the evaluating, the triage, the assignment to a particular program that is meet for the needs of that child or that adult, and who is to deliver the necessary services to each person and each family?

We speak today of the upcoming program of National Health Insurance, and we can reasonably anticipate that with time any such increase in the availability of funding will cause the very low current level of utilization of mental health services to show some increase. More than that, the health maintenance organizations are on the increase, the Community Mental Health Centers are a going and very likely a growing concern, the population of the country is going to grow over the next several decades, the social concern with deprived groups is not diminishing (indeed, novel and additional patterns of intervention may well appear), we know that labor unions are becoming ever more conscious of mental health needs, schools are increasing their use of mental health personnel, alcoholics are receiving more extensive and ever more compassionate management, particularly in industry; the problems of the aged are claiming extensive public concern, and the overall result is a constantly growing demand for this type of specialized expertise. What then will happen as people wake to the fact that their needs are legitimate, and their problems remediable, except that there is no way to find appropriate help, and that full schedules and waiting lists will greet them at every turn?

This condition will make for two outcomes. On the one hand there will be a strong tendency to turn to less well trained service deliverers

who will not have the appropriate clinical and educational background to do optimal work. They will not be psychiatric social workers or psychiatric nurses, or clinical psychologists or psychiatrists, let alone child psychiatrists. They will be something else. They will be able people who need expert supervision to do their best work, but there will not be enough experts and they will be left to flounder and do the best they can—and it is the public ultimately who will pay the price. On the other hand, there will be a rising tide of public dissatisfaction with the existence of so many frustrating and painful human situations for which there is no adequate remedy. This condition is already with us as a matter of fact and the work of these many young lawyers that I mentioned is one reflection of it.

There is no way our Nation can escape the need for trained people this year, and increasingly, in the years to come. And, if we are to face what is, there is no way we can escape the need to train. Now, I think that it is not at all clear to many responsible people just how fragile any school or any training program actually is. To be available to teach, and to be free to learn, require certain social supports, a degree of tranquility, and protection. There is an all too rapidly arrived at point at which these processes can be invaded and disturbed to the extent that mutual survival rather than education and training become the order of the day. If one introduces such an element, for example, as student loans as the basic support system for education, no teacher will know from year to year whether or not he will have a job next year, and no student will know when he applies to a program in 1975, whether the program will exist in 1976. I submit that we cannot permit any such chaos in an area of such vital national concern as the training of mental health professionals. This is one of the places, like our public school system, where marketplace psychology must take a back seat to the overriding national interest, where stability and quality are the goals for which to strive, and where the issues must be to find ways to improve the level of standards and qualifications, not whether or not there will be a program next year.

Nor can this be left to local option on the basis of revenue sharing, regionalization, or any other such approach. This is a national problem, the trained social workers, psychologists, psychiatrists, psychiatric nurses, and child psychiatrists who are our concern today do not stay in one area, or serve only the State in which they train. They move about and provide the basic pool of national skills which keep our people's services viable everywhere. To put such programs totally at the mercy of local forces with no thought to the overall impact on the Nation defies all reason and destroys all possibility of rational planning. Local options means that inevitable vicissitudes will surely follow for a significant number of training establishments as fashions and personalities shift and change; to go this route means that in time the whole country will be the poorer.

We are in the process of developing a set of figures concerning mental health manpower; numbers of programs, numbers of trainees, and numbers of dollars. We will submit them to you as the distillate of much careful and highly skilled consideration, we invite your study, your review, your questions, and your critique. But, most of all, we ask for your help.

Thank you.

Mr. FLOOD. We will now hear from Mrs. Virginia Crockford of the National Congress of Parents and Teachers for the National Consortium for Child Mental Health Services.

STATEMENT OF MRS. VIRGINIA CROCKFORD

Mrs. CROCKFORD. Thank you, Mr. Chairman.

I am Virginia Crockford, secretary of the National Congress of Parents-Teachers Association which is a member of the National Consortium for Child Mental Health Services.

[Membership list follows:]

MEMBERSHIP OF CONSORTIUM

American Academy of Child Psychiatry.
American Association for Children's Residential Centers.
American Association on Mental Deficiency.
American Association of Psychiatric Services for Children.
American Medical Association.
American Psychiatric Association.
American Psychological Association.
Child Welfare League of America.
National Association of State Mental Health Program Directors.
National Congress of Parents and Teachers.
National Council of Community Mental Health Centers.
Society of Professors of Child Psychiatry.

Mrs. CROCKFORD. Before I begin I want to sympathize with you for having to sit through a grind such as this and I commend you for your patience.

Last year the consortium petitioned this subcommittee for increased appropriations for mental health manpower training and specifically asked for funds to be assigned categorically to the development of mental health manpower for services to children and their parents. We have been pleased with the committee's response, but we continue to have similar needs which the present budget does not meet.

In Dr. Noshpitz' testimony for the Coalition for Mental Health Manpower you heard the need discussed for the Government to support the training of mental health professionals. We would like to register our support for his remarks in which he has presented the problem very clearly and thoroughly.

The administration has expressed its opinion that there is an adequte supply of physicians in the United States. We, in the child mental health services field, must register strong disagreement with this belief. The country needs more trained people to carry out mental health care for children in a variety of settings; in hospitals, community mental health centers, residential treatment centers and in schools. I would like to speak specifically of the need in schools because I know personally of the children waiting, the backlogs in the schools of children who are not being treated at the present time. It may well be that the psychiatrist of the future, and particularly the child psychiatrist, will not be an individual giving direct care to a number of children, but rather acting as a consultant to a variety of agencies responsible for the mental health of children.

I want to digress here 1 minute and mention manpower in connection with the administration's position that there is a surplus of doctors and our reliance on foreign medical graduates. I am very much

concerned over the lack of availability of scholarships for young people who wish to go into their chosen profession, but do not have the money necessary.

I think it would be well for the Government to assist them, if at all possible, rather than depending on people coming in from other countries. While we are grateful for the foreign medical graduates we still have a responsibility to our own. I think this is very definitely the feeling of the national PTA, that we provide opportunities for our own students. Now back to my statement.

In addition, both the House and Senate bills extending community mental health centers legislation for the first time makes delivery of services to children by all centers obligatory. The demand for professionals created by the extension of this program and the manpower implications of all of the many pending national health insurance bills, mandates an increase in appropriations for the training and development of child mental health manpower and an increase in the appropriations for the community mental health centers program.

We are confronted, therefore, with a continuing need for manpower and the production of that manpower. We are confronted with the need to maintain training situations rather than eliminating them and cutting down on the opportunity for such training. We are confronted with the possibility of taking away support from those who will be responsible for the care of children, such as I just mentioned about the students going into the chosen fields. It is for these reasons that we continue to request appropriations to carry out these tasks; to make sure the training establishments are maintained; to make sure that stipends are available for trainees in various aspects of mental-health care.

I might say here the Community Mental Health Centers are really not serving the children as they should, partly because of the lack of professionals, and to insure the continued functions of medical schools as well as departments of psychiatry, psychology, and social work in the production of an adequately trained and competent group of individuals to assure mental-health care for children. We feel this is very important and we are sure you share our concern.

Thany you very much.

Mr. FLOOD. Thank you.

FRIDAY, MAY 10, 1974.

AGING PROGRAMS

WITNESS

ROBERT BENEDICT, COMMISSIONER OF THE OFFICE FOR THE AGING, DEPARTMENT OF PUBLIC WELFARE, HARRISBURG, PA.

Mr. FLOOD. Our next witness is Robert Benedict of the Department of Public Welfare, Harrisburg, Pa., who will testify on aging problems. He is taking the place of S. M. Sweeney of that department who was unable to appear today.

Mr. BENEDICT. Mr. Chairman, my name is Robert Benedict. I am the Commissioner of the Office for the Aging in the Department of Public Welfare. Mr. Sweeney was not able to be here today. I was in Washington and he asked me if I would come over. My perspective is

somewhat different from my colleagues who have been speaking to you this morning, in that my specific concern is the aging and that my concern is also in the area of delivery of human services. I would like to report to you very briefly this morning on a study conducted for the Department of Public Welfare about the needs of older persons by an audit and survey of New York City. The study was conducted as a part of the national social indicators program carried out by the Administration on Aging last year. I want to report to you on that study because I think it is important that we begin to understand both the scope and the scale of problems confronting older persons, lest we tend to condemn programs in existence for not meeting a fundamental human need simply because the supply is nowhere near the demand for these kinds of services.

I would like to focus very briefly on four specific aspects of the study which was conducted just 2 years ago in the State of Pennsylvania. I would like to reflect for a moment on income needs, on problems of aloneness and loneliness, on problems of functional disability and to bring to your attention the specific problems of the very old, persons 75 and over and to comment briefly on problems of mobility among the elderly. The study conducted for us revealed that in 1972, 25 percent of the elderly in the Commonwealth lived below the poverty standard, at that time, if we can really call it a poverty standard, that being $1,850 for a single individual and $2,300 for a couple. We are referring to individuals who are living within their own household, somehow managing to survive at the most marginal levels.

In the area of aloneness, and loneliness the audits and survey study reported that 23 percent of older persons in Pennsylvania reported that they lived alone. It also reported that 32 percent of the elderly in Pennsylvania, at the age of 65, reported significant degrees of loneliness. Some of the interviewers, Mr. Congressman, reported that the individuals they spoke to had not spoken to another human being for as many as 15 days. It had been that long since they had engaged in basic communication with other persons. If you examine the problems of the persons 75 and over in the issues of aloneness and loneliness, over 52 percent of the elderly in the Commonwealth of Pennsylvania expressed serious problems with loneliness, with being alone.

That means, Mr. Congressman, that for many older persons, for the very old especially, loneliness is a norm. I can't accept that as a normal social way of life for a major group of persons in our country. The area which I would like to relate to you on is an area which we describe as functional disability. There are, to my knowledge, no legal definitions of functional disability. It really represents to us a series of indicators regarding the inability of older persons to get around and manage themselves in their own homes. Such things as inability to get up and down stairs, such things as inability to get in and out of bed without assistance, such things as the inability to wash and bathe one's self without assistance. Over 13 percent of the noninstitutionalized older persons in Pennsylvania reported such serious disabilities. The point is that for every individual who is currently in a nursing home or in a home for the aged or in a mental hospital there are three or four others still living within the community who report disabilities which are similar to the characteristics of individuals that we find in institutions. They still somehow manage to get along.

In addition, nearly 35 percent of the elderly in Pennsylvania can be classified among the very old, 75 and older. We find that these characteristics of multiple disability presents us with a problem, the scale and scope of which we believe has not really yet been comprehended in meeting human service problems. That is that still today from one-third to one-fourth live in desperate poverty, that between 1,200 and 1,300 of every 10,000 elderly persons are functionally disabled, individuals still managing to live within their own homes. For each 10,000, over 2,000 are living alone and over 35 percent are among the very old. What we are suggesting then is that in order to meet the human service needs of older persons a reponse is going to be required on the part of our Federal Government, on our State government and our local government which is no less significant than gration of the aging. This suggests, it seems to me, in the area of our children. It will require the same kind of resources, the same kind of investment if we really want to work toward the full social integration of the aging. This suggests it seems to me, in the area of training and education that we have no choice but to ask our colleges and universities to turn out trained personnel who can be a new cadre for changing the living standards of older persons.

We are going to have to make the same kind of investment in training professionals who are working in the field of aging that we have made in the area of public education and turning out teachers. We can't do it without the support of Congress, we can't do it without the support of our State government. We believe that really the buck has to stop here.

In conclusion I would like to make three or four major kinds of recommendations. First, I don't believe that the Congress should allow the administration to restrict the use of social service funds under the Social Security Act for training and education. I have not seen the new regulations but I am told they are on the way. I believe it will retard not only the development and improvement of human services, but it will severely restrict the capacity of colleges and universities to begin to meet these incredible needs that are before us.

Second, I believe that the Congress should ask the Department of Health, Education, and Welfare to prepare a complete inventory of Federal resources to colleges and universities and should require the Department to submit proposals to it for developing incentives encouraging colleges and universities to expand their capacity to train persons serving older persons.

Third, I believe the Congress should be bolder in the use of its regulatory authority in enforcing institutional providers and social service providers to increase the standards of the personnel.

Fourth, I believe we have to begin to look at training and education problems for older persons themselves. We need to expand these opportunities. I would recommend that a program of direct grants to State education authorities be made to encourage those authorities to grant funds to our community colleges and also to our public school systems to make a greater investment in the educational needs of older persons.

In closing, I would like to relate one brief problem in the area of education for older persons, specifically that we found in the State of Pennsylvania last year. As you know, last year a new property tax

assistance program for the elderly was instituted. The bureau of property tax revenues reported to me a few weeks ago that of the applications for assistance that they received from the elderly household the first year that 84 percent of them had to be returned to the sender because they were improperly filled out. That seems to suggest to me that older persons are not even able to take advantage of the services and benefits before them because they do not have the capacity to confront our bureaucratic institutions and they are therefore, precluded from these many benefits. I would therefore hope that this committee and Congress would continue to assert itself in the area of training and education and it would take a very specific look at the training and education needs of older persons and of professionals and paraprofessionals serving older persons.

Thank you very much.

Mr. FLOOD. Thank you.

FRIDAY, MAY 10, 1974.

CHILD WELFARE SERVICES

WITNESS

WILLIAM G. LUNSFORD, DIRECTOR, CHILD WELFARE LEAGUE OF AMERICA, INC.

Mr. FLOOD. The Child Welfare League of America, Mr. William G. Lunsford of the Washington office, director.

Mr. LUNSFORD. Thank you, Mr. Chairman and members of the committee, my name is William G. Lunsford. I am the director of the Washington Office of the Child Welfare League of America. Established in 1920, the league is the national voluntary accrediting and standard-setting organization for child welfare agencies in the United States. It is a privately supported organization devoting its efforts completely to the improvement of care and services for children. There are 370 child welfare agencies affiliated with the league. Represented in this group are voluntary agencies of all religious groups, as well as nonsectarian public and private nonprofit agencies.

The league's special interest and expertise is in the area of child welfare services and other programs which affect the well-being of the Nations' children and their families. Child welfare services are defined by section 425 of the Social Security Act as "public social services which supplement, or substitute for, parental care and supervision for the purpose of (1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; (2) protecting and caring for homeless, dependent, or neglected children; (3) protecting and promoting the welfare of children of working mothers; and (4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, where needed, the provision of adequate care of children away from their homes in foster family homes or day care or other child facilities." The definition of child welfare services covers the spectrum of services for which the Child Welfare League of America, Inc., sets standards, and accredits agencies. Those services are: adoption services, child protective services, day care services, foster family care services, homemaker services, child welfare institution services, services to unmarried mothers, and

services to children in their own homes. A distinctive feature of child welfare services is that services are provided to children in need, without regard to the economic or social circumstances of the child's family.

My purpose in appearing before the HEW/Labor Appropriations Subcommittee is to request a substantial increase in the fiscal year 1975 appropriation for child welfare services under title IV–B of the Social Security Act. The fiscal year 1974 appropriation for title IV–B grants-in-aid was $50 million, of which $2.5 mill not be spent, leaving a net appropriation of $47.5 million. The SRS budget request for fiscal year 1975 is $46 million, or $20.4 percent of the authorization of $226 million.

In light of the significant costs being borne by the State and local units of government, an increase in the numbers of children in need of some form of child welfare service, new Federal requirements relating to the delivery of child protective services to neglected and abused children, and the impact of inflation on the cost of delivering services, the Child Welfare League of America recommends an increase of $69.36 million in fiscal year 1975 appropriation of title IV–B funds. The total budget request for fiscal year 1975 title IV–B funds amounts to $115.36 million, 51.05 percent of the authorized level of $226 million.

BACKGROUND

Title IV–B of the Social Security Act authorizes the expenditure of Federal funds to assist State public welfare agencies in establishing, extending, and strengthening child welfare services. Each State receives a basic grant of $70,000 and an additional amount based on the State population under 21 years of age and inversely correlated to per capita income. Federal financial participation in projects where title IV–B funds are used is required to be no less than 33⅓ percent, nor more than 66⅔ percent. Title IV–B funds not expended in a particular fiscal year are available for reallocation in future fiscal years.

In Public Law 92–603, the 92d Congress increased the authorization for title IV–B child welfare services from $110 million to $196 million for fiscal year 1973, $211 million for fiscal year 1974, $226 million for fiscal year 1975, $246 million for fiscal year 1976, and $266 million for fiscal year 1977 and each fiscal year thereafter.

HEW statistics for fiscal year 1975 indicate the expected number of recipients of child welfare services is expected to increase substantially, by 120,000, while the Federal share of child welfare services expenditures is expected to decrease from 8.9 percent to 7.4 percent of all funds expended (Federal, State, and local). HEW Community Services Administration's statistics for fiscal years 1973 and 1974 indicate total child welfare services expenditures amount to $401,627,000 and $482,278,000 respectively.

A recent, unpublished study of the Child Welfare League of America, conducted by Mr. Winford Oliphant, details the decline of child welfare services in the States. The study pinpoints the following factors in the decline:

1. Removal of the U.S. Children's Bureau from the Federal public welfare administrative structure;
2. The federally mandated separation of assistance payments and social

services in the administration of public assistance, and unification of administration of family and children's services;
3. Reorganization of State public welfare agencies;
4. An overall breakdown in Federal-State and State-local relationships; and
5. The reduction and limitation of Federal funds for social services in the past year.

Title IV–A of the Social Security Act both mandates and permits the use of Federal matching funds to assist the States in delivering defined child welfare services to present, past, and potential AFDC recipients. Although the services are the same (foster care, child protective, homemaker, adoption, and so forth) the philosophical and statutory difference between titles IV–A and IV–B provides the greatest reason for the independent viability of child welfare services programs. Title IV–A services are provided to current, past, and potential AFDC recipients for the purpose of preventing or ending dependency on public assistance cash payments. Title IV–B funds are used to assist any child in need of services, regardless of their relationship to AFDC.

PROGRAM NEEDS

Additional title IV–B funds will have their most significant impact on the development, strengthening, and expansion of preventive services. Foster care services will continue to be needed as a viable form of substitute care for neglected, abused, and dependent children. However, there is an increasisng recognition among professionals in the child welfare field that the provision of preventive services, designed to maintain a child in his or her own home, where possible, often provides the best opportunity for the child's growth and development. It has also been recognized that services to a child in his or her own home is often a much more cost-effective service alternative than long-term foster care.

One of the critical areas in which additional Federal child welfare services funds are needed is in the delivery of services to neglected and abused children and their parent(s) or guardian. Estimates of the number of neglected and abused children in the Nation have ranged as high as 1½ million, with an estimated 60,000 being physically abused. Title IV–A of the Social Security Act mandates public welfare agencies to provide child protective services to AFDC recipients. Child neglect and abuse are problems which are not limited to a particular social or economic group, therefore a large number of children and families in need of services do not qualify for title IV–A child protective services. Public welfare agencies are dependent upon their own funds, and whatever assistance is provided through title IV–B, to deliver preventive and rehabilitative services to neglected and abused children, their families, and guardians.

The 1st session of the 93d Congress passed "The Child Abuse Prevention and Treatment Act," S. 1191, Public Law 93–247. The Child Abuse Act authorizes the spending of $85 million over the next 4 fiscal years for research, training, and demonstration projects to prevent, identify, and treat instances of child neglect and abuse.

Although Public Law 93–247 mandates new protective services requirements, it does not provide any financial assistance to the States to assist them in complying with the new mandates. States will be

dependent upon increased financial support from title IV–B in order to comply.

If the national concern about the problem of neglect and abuse expressed in the passage and enactment of Public Law 93–247 is to really have meaning, the capability of those agencies charged with the responsibility of providing services to neglected and abused children must be strengthened. The best way to strengthen that capability is to increase the Federal financial support for child protective services authorized by title IV–B of the Social Security Act.

With the growth in the numbers of children in need of services, and the increased financial burden being borne by State and local units of government in the provision of such services, the need for increased Federal financial support through title IV–B of the Social Security Act is quite evident.

RECOMMENDATIONS

(1) The Child Welfare League of America recommends an increase of $69.36 million in the fiscal year 1975 appropriation for title IV–B child welfare services funds. The recommended increase would raise the total appropriation to $115.36 million, which would be 51.05 percent of the fiscal year 1975 authorization of $226 million.

(2) The Child Welfare League of America recommends the addition of language to the committee report which would indicate that it is the committee's intention in granting increased appropriations for title IV–B, that a substantial portion of those funds will be used for strengthening and developing preventive services.

(3) Committee report language should also indicate that the increased appropriations are not to be used for refinancing programs currently funded with State and local revenues. There should be a maintenance of effort on the part of the State and local units of government, with the increased title IV–B funds being utilized to increase the effectiveness or expand child welfare services delivery.

CONCLUSION

We feel the case for a substantial increase in the fiscal year 1975 appropriation for title IV–B child welfare services is a strong one. Only through a resumption of the close Federal/State/local relationship, which once existed, can we hope to begin to adequately meet the needs of the Nation's thousands of neglected, abused, and dependent children. Those chilren, their families, and those agencies which attempt to serve them, anxiously await the response of this subcommittee to their needs.

Mr. Flood. Thank you very much. We will place your full statement in the record.

[The statement follows:]

STATEMENT OF WILLIAM G. LUNSFORD, DIRECTOR, WASHINGTON OFFICE, CHILD WELFARE LEAGUE OF AMERICA

INTRODUCTION

My name is William G. Lunsford. I am the director of the Washington Office of the Child Welfare League of America. The league is headquartered at 67 Irving Place, New York, N.Y. I am authorized to speak on behalf of the league's executive director, Mr. Joseph H. Reid, and the Board of Directors.

Established in 1920, the league is the national voluntary accrediting and standard setting organization for child welfare agencies in the United States. It is a privately supported organization devoting its efforts completely to the improvement of care and services for children. There are 370 child welfare agencies affiliated with the league. Represented in this group are voluntary agencies of all religious groups, as well as nonsectarian public and private nonprofit agencies.

The league's primary concern has always been the welfare of all children, regardless of their race, creed or economic circumstances. The league's special interest and expertise is in the area of child welfare services and other programs which affect the well being of the Nation's children and their families. The league's prime functions include setting standards for child welfare services, providing consultation services to local agencies and communities, conducting research, issue child welfare publications, sponsoring regional conferences, and maintaining liaison with Federal agencies, and congressional committees which have an interest in child welfare issues.

My purpose in appearing before the HEW/Labor Apropriations Subcommittee is to request a substantial increase in the fiscal year 1975 appropriation for child welfare services under title IV–B of the Social Security Act. The fiscal year 1974 appropriation for title IV–B grants-in-aid was $50 million, of which $2.5 million will not be spent, leaving a net appropriation of $47.5 million. The SRS budget request for fiscal year 1975 is $46 million, or 20.4 percent of the authorization of $226 million.

In light of the significant costs being borne by the State and local units of government; an increase in the numbers of children in need of some form of child welfare service; new Federal requirements relating to the delivery of child protective services to neglected and abused chidren; and the impact of inflation on the cost of delivering services, the Child Welfare League of America recommends an increase of $69.36 million in fiscal year 1975 appropriation of title IV–B funds. The total budget request for fiscal year 1975 title IV–B funds amounts to $115.36 million, or 51.05 percent of the authorized level of $226 million.

BACKGROUND

Title IV–B of the Social Security Act authorizes the expenditure of Federal funds to assist State public welfare agencies in establishing, extending, and strengthening child welfare services. Child wefare services are defined in section 425 of the Social Security Act as "public social services which supplement, or substitute for, parental care and supervision for the purpose of (1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; (2) protecting and caring for homeless, dependent, or neglected children; (3) protecting and promoting the welfare of children of working mothers; and (4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, where needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities." The definition of child welfare services covers the spectrum of services for which the Child Welfare League of America, Inc. sets standards, and accredits agencies. Those services are: adoption services, child protective services, day care services, foster family care services, homemaker services, child welfare institution services, services to unmarried mothers, and services to children in their own homes. A distinctive feature of child welfare services is that services are provided to children in need, without regard to the economic or social circumstances of the child's family.

Each State receives a basic grant of $70,000, and an additional amount based on the State population under 21 years of age and inversely correlated to per capita income. Federal financial participation in projects where title IV–B funds are used is required to be no less than 33⅓ percent, nor more than 66⅔ percent. Title IV–B funds not expended in a particular fiscal year are available for reallocation in future fiscal years.

Prior to the 1967 amendments to the Social Security Act, Federal participation in the delivery of child welfare services was authorized by part 3 of title V of the Social Security Act. The 1967 amendments transferred child welfare services to title IV–B, thereby establishing a tenuous relationship between child welfare services programs, and the aid to families with dependent children program (AFDC). The 1967 amendments also increased the authorized spending level for child welfare services, raising the authorization from $55 million

for fiscal year 1969: $60 million for fiscal year 1970 and each fiscal year thereafter, to $100 million for fiscal year 1969, and $110 million for fiscal year 1970 and each fiscal year thereafter. Although the 1967 amendments raised the authorized spending levels for title IV–B, the budget request, the actual appropriation remained at $46 million for the fiscal years 1968–73.

As a part of its 1970 welfare reform bill H.R. 16311, the administration included a separate authorization of $150 million for foster care and adoption services. The 90th session of Congress did not act on the welfare reform bill and the new authorization for foster care and adoption services died, along with the bill, in December 1970.

In 1971 the House passed version of the welfare reform bill, H.R. 1, contained a separate authorization under title IV–B for foster care and adoption services. The separate authorizations would have provided $150 million for fiscal year 1972, $165 million for fiscal year 1973, $180 million for fiscal year 1974, and $200 million for fiscal year 1975 and each fiscal year thereafter. The earmarked foster care and adoption services authoriaztions, when combined with the regular title IV–B authorization of $110 million, would have provided total child welfare services authorizations in the following amounts: $260 million for fiscal year 1972, $275 million for fiscal year 1973, $290 million for fiscal year 1974, $310 million for fiscal year 1975, and $330 million for fiscal year 1976 and each fiscal year thereafter. The separate authorization for foster care and adoption services resulted from the increased financial burden being borne by State and local units of government for the cost of foster care services.

Rather than accepting the House recommendations for increased funds earmarked only for foster care and adoption services, the Senate Finance Committee removed the earmarked authorization section from the bill, and increased the authorization for title IV–B by adding $154 million to the $46 million actually appropriated for fiscal year 1972. The title IV–B authorization then became $200 million for fiscal year 1972, rather than the $260 million in the House passed bill ($150 million which was earmarked). The Senate adopted the Finance Committee amendments to H.R. 1.

When the House-Senate conferees on H.R. 1 met late in 1972, the Senate amendments were adopted, with the exception that the authorized amounts were decreased by $4 million. The final authorizations for title IV–B adopted by the 92d Congress and signed in law (Public Law 92–603) provided for: $196 million for fiscal year 1973, $211 million for fiscal year 1974, $226 million for fiscal year 1975, $246 million for fiscal year 1976, and $266 million for fiscal year 1977 and each fiscal year thereafter.

Despite the increased authorization for fiscal year 1973 the actual appropriation for title IV–B child welfare services remained at $46 million. For fiscal year 1974 the House appropriated $46 million, while the Senate HEW appropriation provided for an increase of $15 million for a total of $61 million. The conferees on the HEW-Labor appropriations bill arrived at a final appropriation of $50 million (a $4 million increase). A budget control formula derived as a compromise with the administration permitted the withholding of 5 percent of the funds for specified HEW and Labor Department programs. Title IV–B child welfare services was one of the specified programs, therefore the actual fiscal year 1974 spending for title IV–B programs was reduced by $2.5 million, for a total of $47.5 million.

Although the fiscal year 1975 title IV–B authorization increased from $211 million to $226 million, the budget request reverts to $46 million.

The appendix to the fiscal year 1975 Federal budget indicates the following statistics apply to title IV–B programs for fiscal years 1973, 1974, and 1975:

	Fiscal year 1973 (actual)	Fiscal year 1974 (estimate)	Fiscal year 1975 (estimate)
Recipients	850,000	800,000	920,000
Federal grants (millions)	$45.8	$47.5	$46
Federal percentage of total funds	8.8	8.9	7.4

As the budget figures indicate the expected number of recipients is expected to increase substantially, by 120,000, while the Feedral share of child welfare services expenditures is expected to decrease from 8.9 to 7.4 percent of all funds expended (Federal, State, and local), HEW Community Services Administra-

tion's statistics for fiscal years 1973 and 1974 indicate total child welfare services expenditures amount to $401,627,000 and $482,278,000 respectively. The inconsistency of the budget and CSA figures (the budget estimates would compute to a total expenditure of $521.6 million for fiscal year 1973 and $533.7 million for fiscal year 1974) reflects one of the central problems in describing the usage of title IV–B funds—namely, there is currently no effective collection of statistical data relating to child welfare services programs by HEW.

In addition to a lack of Federal finacial support other factors affecting the visibility and viability of child welfare services programs are the decline of the role and function of the Children's Bureau within HEW, and the passage of the 1969 amendments to the Social Security Act.

The establishment of the Children's Bureau in 1912 placed the welfare of children on the national agenda for the first time. The Bureau was established to perform an investigatory and reporting function. It was specifically charged with investigating infant mortality, birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children. The Bureau was envisioned as a research, rather than an action agency.

The onset of the depression, and the subsequent passage of the Social Security Act in 1935, gave new responsibilities to the Children's Bureau. The Social Security Act authorized the establishment of the current grants-in-aid programs to assist the States in the delivery of child welfare services. For an extended period of time the Bureau provided consultation and program planning assistance to the State agencies which administered child welfare services programs. Additionally the Bureau collected data, and conducted research related to child welfare services programs.

During the height of its administrative function the Children's Bureau provided a centralized Federal focus on the delivery of child welfare services. In September 1969, the Children's Bureau was transferred from the Social and Rehabilitation Service, within HEW, to the newly formed Office of Child Development. The Bureau did not carry its administrative linkage to child welfare services when it was transferred to OCD. Thus the centralized Federal focus on the need for and delivery of child welfare services began to diminish rapidly.

The passage of the 1969 amendments to the Social Security Act further confused and diminished the Federal involvement in assisting the States in the delivery of child welfare services. The 1969 amendments mandated, by January 1, 1973, the separation of public assistance related social services, and the cash assistance (AFDC) programs. The amendments also mandated the established of a single State agency to administer the AFDC public assistance-related social services, and child welfare services programs. These amendments forced the intermingling of the title IV–A and IV–B programs, and accelerated the decline of child welfare services as a separate and distinct service for children and their families, without regard to the child's social or economic circumstances.

Title IV–A of the Social Security Act both mandates and permits the use of Federal matching funds to assist the States in delivering defined child welfare services to present, past, and potential AFDC recipients. Although the services are the same (foster care, child protective, homemaker, adoption, etc.) the philosophical and statutory difference between title IV–A and IV–B provides the greatest reason for the independent viability of child welfare services programs. Title IV–A services are provided to current, past, and potential AFDC recipients for the purpose of preventing or ending dependency on public assistance cash payments. Title IV–B funds are used to assist any child in need of services, regardless of their relationship to AFDC.

As previously indicated the Federal share of child welfare services provided under title IV–B have averaged less than 9 percent of the total cost of delivering such services. Heretofore, the broad interpretation of the administrative regulations governing the use of title IV–A funds has permitted the use of those funds to provide child welfare services to children who are past or potential recipients of public assistance cash payments. The use of such funds has permitted the States to somewhat lighten the load applied by the fiscal pressures applied through the delivery of child welfare services. The comingling of the title IV–A funds with IV–B proframs has resulted in a merging of the regulation and administration of the AFDC-related social services programs and the defined child welfare services programs in the State. The result has been a decline in the visibility and viability of defined child welfare services.

A recent, unpublished, study of the Child Welfare League of America, conducted by Mr. Winford Oliphant, details the decline of child welfare services in the States. The study pinpoints the following factors in the decline:

1. Removal of the U.S. Children's Bureau from the Federal public welfare administrative structure;
2. The federally mandated separation of assistance payments and social services in the administration of public assistance, and unification of administration of family and children's services;
3. Reorganization of State public welfare agencies;
4. An overall breakdown in Federal-State and State-local relationships; and
5. The reduction and limitation of Federal funds for social services in the past year.

The fifth point of course relates to those changes made in the Social Security Act in 1972 which (1) set a limit of $2.5 billion on the total amount of Federal funds available for public assistance social services (services for families and children; the aged, blind, and disabled); (2) statutorily required that 90 percent of Federal social services funds must be spent on current public assistance recipients; and (3) the impasse resulting from the issuance of proposed regulations by HEW in February 1973, which would have greatly restricted the eligibility for and types of services which could be delivered, and the subsequent delay of those regulations by congressional action in June and December of 1973. The problems resulting from the issuance of HEW's social services regulations will hopefully be resolved when the conferees reconvene on the bill H.R. 3153. However, the passage of new legislation relating to public assistance-related social services will not meet the services needs for new child welfare programs.

PROGRAM NEEDS

In its report accompanying the bill H.R. 1, which increased the authorization for title IV–B, the Senate Finance Committee stated: "The committee anticipates that a substantial part of any increased appropriation under this higher authorization will go toward meeting the costs of providing foster care which now represents the largest single item of child welfare expenditures on the county level. The committee, however, avoided earmarking amounts specifically for foster care so that wherever possible the States and counties use additional funds to provide preventive child welfare services with the aim of helping families stay together and thus avoiding the need for foster care. The additional funds can also be used for adoption services including action to increase adoption of hard-to-place children."

Additional title IV–B funds will have their most significant impact on the development, strengthening, and expansion of preventive services. Foster care services will continue to be needed as a viable form of substitute care for neglected, abused, and dependent children. However, there is an increasing recognition among professionals in the child welfare field that the provision of preventive services, designed to maintain a child in his or her own home, where possible, often provides the best opportunity for the child's growth and development. It has also been recognized that services to a child in his or her own home is often a much more cost-effective service alternative than long-term foster care.

One of the critical areas in which additional Federal child welfare services funds are needed is in the delivery of services to neglected and abused children andtheir parent(s) or guardian. Estimates of the number of neglected and abused children in the Nation has ranged as high as 1½ million, with an estimate 60,000 being physically abused. Title IV–A of the Social Security Act mandates public and their parent(s) or guardian. Estimates of the number of neglected and abused children who are recipients of AFDC cash assistance payments. Of course, the requirement that the neglected or abused child must be a current, past, or potential AFDC recipient limits the eligibility for the receipt of child protective services. Child neglect and abuse are problems which are not limited to a particular social or economic group, therefore a large number of children and families in need of services do not qualify for title IV–A child protective services. Public welfare agencies are dependent upon their own funds, and whatever assistance is provided through title IV–B, to deliver preventive and rehabilitative services to neglected and abused children, their families, and guardians.

The 1st session of the 93d Congress gave recognition to the seriousness of the Nation's child neglect and abuse problem by passing "The Child Abuse Prevention and Treatment Act," S. 1191, Public Law 93–247. The Child Abuse Act

authorizes the spending of $85 million over the next 4 fiscal years for research, training, and demonstration projects to prevent, identify, and treat instances of child neglect and abuse. It must be remembered that Public Law 93-247 is basically a research and demonstration project piece of legislation. Its emphasis is not placed on the development and strengthening of public welfare agency ability to deliver services to neglected and abused children.

Although public welfare agencies are eligible to receive funding for demonstration projects, their eligibility is limited by a requirement that no more than 20 percent of the demonstration project funds can be granted to public agencies. The Child Abuse Act does not in itself substantially increase the public welfare agency capability to deliver child protective services. The act's impact on public agency protective services will be derived from its new mandates under title IV-A and IV-B.

Section 4(b)(2) of Public Law 93-247 requires as a precondition for the receipt of child protective services funds under titles IV-A and IV-B of the Social Security Act, States must:

(1) Provide for the reporting of known instances of child abuse and neglect;

(2) Provide for the prompt investigation of reports, and where neglect or abuse is found to exist, provide immediately for the protection of all children in the family at risk;

(3) Provide methods to preserve the confidentiality of all records in order to protect the rights of a child, parents, or guardians; and

(4) Provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services.

Although Public Law 93-247 mandates requirements under another legislative authority it does not provide any financial assistance to the States to assist them in complying with the new mandates. States will be dependent upon increased financial support from title IV-B in order to comply.

The emphasis of the new mandates for the delivery of child protective services is placed on the delivery of rehabilitative services to the neglecting or abusing parent(s) or guardian to make it possible for the child to remain in his or her own home, wherever feasible. In far too many cases, in the past, the only alternative open to child protective services agencies was the removal of the child from the home, and temporary placement in foster care. The return of some children to their own homes, without rehabilitative services being provided during the child's absence, has often had tragic consequences.

If the national concern about the problem of neglect and abuse expressed in the passage and enactment of Public Law 93-247 is to really have meaning, the capability of those agencies charged with the responsibility of providing services to neglected and abused children must be strengthened. The best way to strengthen that capability is to increase the Federal financial support for child protective services authorized by title IV-B of the Social Security Act.

Information provided to the child welfare league by some of its affiliated State and local public child welfare agencies further document the need for increased title IV-B funding:

1. Children's Services Division, Oregon Department of Human Resources:

A. The total IV-B grant for fiscal year 1974 was $527,095, out of which expenditures were as follows:

Item	*Amount*
Governor's Commission on Youth	$33,317
Interstate compact on juveniles	29,360
Foster care maintenance payments	464,418

B. The unmatched State and local funds for foster care maintenance payments are several times more than those funds provided through title IV-B.

C. Additional title IV-B funds are needed for innovation and planning by the Governor's Commission on Youth.

2. Division of Family Services, Wisconsin Department of Health and Social Services:

A. Past Use of FCWS Funds: The Federal policies on the use of FCWS funds (Social Security Act title IV-B) have always stressed that they should be used to extend and strengthen State and local child welfare programs. In the past the Department of Health and Social Services has used these funds to provide staff for strengthening existing programs but more particularly to

start new ones. For example, staff were provided for day care licensing and others were given professional training to go into counties in the DFS Direct Services program. In addition FCWS funds were used for short-term 1 or 2 year projects to demonstrate and test new methods and to fill unmet needs. These projects in cooperation with local public and voluntary agencies included:

(1) Development of group and receiving homes where none had previously existed.

(2) Study and screening of local juvenile law enforcement personnel and development of a manual of procedures.

(3) Development of a proposal for the Eau Claire Youth Study which was later funded by NIMH.

(4) A study of Direct Services Foster Care conducted by the University of Wisconsin Survey Research Laboratory.

(4) Development of a central home finding service within a single community.

(6) Provision of day care services for children of migrants in Waushara County and Door County.

(7) Surveys of day care needs in several communities including La Crosse, Black River Falls, and Buffalo County.

In addition to the above FCWS funds have been used for many years to provide help to unmarried mothers who are not eligible for AFDC or Medical Assistance. For example, a girl would be assisted whose income because of employment disqualifies her but who cannot afford the expenses of lying-in costs.

In the 1971–73 biennium 65 positions and the DFS stipend program were transferred to GPR funds with the FCWS funds allocated during each year as follows: $770,000 for Direct Services foster care primarily for children not eligible for AFDC–F, $20,000 for unmarried mothers and their children, and the balance $225,000 for projects.

B. Results of projects: Most of the projects have demonstrated their own intrinsic value. Provision of day care services to migrants' children, for example, fulfilled a need until other funds became available. Surveys of day care needs provided the data for local agencies to plan for service. The development of group and receiving homes provided urgently needed community based facilities for the foster care of children. The study of DFS Direct Services provided data for planning to meet future needs. Some projects were not productive and in some instances community interest lagged and the projects were discontinued. However, the use of FCWS funds for projects as described above illustrates purposes which have historically been the prime reason for their existence.

3. Department of Adoptions, Los Angeles County, Calif.:

A. Program—Relinquishment adoptions.

Objective: To provide services to children; natural parents and adopting families in order that children may have permanent homes at the earliest possible time.

Element: Services to natural parents.

Target: To accept 2,016 children for adoptive study.

Element: Services to children.

Target: To place 945 children in adoptive homes.

Element: Services to applicants.

Target: 1. To generate 11,222 requests to adopt. 2. To complete 4,040 adoptive home studies.

The program has an operating budget of $5,562,401, for which there is no Federal cost sharing under either title IV–A or IV–B.

B. Subprogram—Long term foster care.

Objective: To stabilize foster home placements for relinquished children, for whom adoption appears unlikely, and to work with foster parents to help such children achieve their maximum potential.

The operating budget is $103,971, of which approximately 1 percent is title IV–B moneys.

C. Program—Stepparent Program.

Objective: To provide adoption services to a stepparent seeking to adopt a stepchild(ren).

Element: Services to stepparent applicants.

Target: 1. To complete home studies resulting from the filing of adoption petitions by a steppaarent. 2. To file 1,958 court reports, with recommendations to the superior court.

The program operating budget is $295,000, for which there is no Federal cost sharing under either title IV–A or IV–B.

4. Oklahoma Department of Welfare:

Services which can be provided from title IV–B funds have been identified and are accepted as necessary services for the care and protection of children. Congress in its authorization of appropriatons recognized the need for such services and a much more realistic estimate of the amount of services needed than has been funded or is being requested by Health, Education, and Welfare.

The cutback in funding of services under title IV–A by a restrictive regulations and by setting closed-end appropriations as well as the 90-10 restriction in the law apreciably increased the need for more adequate funding of services through title IV–B funds.

A very large number of children needing services through youth service-type programs at the community level are not eligible for title IV–A funds. The services and the clientele would be within the intent and scope of title IV–B services, however, with the limitation on title IV–B funds many of the services are not being provided and cannot be without more adequate appropriations.

The funding of youth service programs through LEAA funds, OYD funds and local funds have demonstrated the need for additional services to youth, especially in the area of prevention of juvenile delinquency, prevention of truancy from school, and to divert as many juveniles as possible from the court. Developing and providing alternates to institutional care continue to be one of the paramount needs. The inadequacy of State and Federal funding for this service is critical.

It appears that the time is past for making a distinction of funding services through title IV–A and title IV–B. Services to children should be the primary goal of both the States and Federal Government. The stigma attached to AFDC by the public and fostered by much of the publicity attributed to Health, Education, and Welfare retards the general acceptance of the necessary funding of services to all children.

While low income families in terms of numbers and even percentagewise have greater needs for services, it does not rule out the fact that a large number of children in need of services are from middle and upper income families. The services are sufficiently recognized as being necessary to our society that it is no longer reasonable to expect that they be left to the local communities. Few if any communities can afford to provide a broad spectrum of services to children and youth and many communities have only what can currently be furnished from title IV–A and IV–B funds. The funding is so inadequate in relation to the overall need that the government must assume the responsibility of assuring that necessary services are available to all children in need of such services regardless of their economic status.

5. Iowa Department of Social Services:

A. During fiscal year 1973 child welfare expenditures amounted to $3,030,000, of which $665,000 was title IV–B funds.

B. Additional IV–B funds are needed to:

(1) expand the day care program,

(2) provide for additional protective services staff, and training for protective services workers in the fields of investigation procedures, and the legal process,

(3) increase the foster care payment level in order to raise the quality of foster care program.

6. North Carolina Department of Human Resources:

North Carolina's public social services program is county administered and State supervised. The State agency is the policymaking and standard-setting body; most direct services to children are provided by the 100 county social services departments. Title IV–A funds are utilized to provide child welfare services to families and children who meet the eligibility criteria as current, former, or potential recipients of AFDC. Costs are primarily for staff and other administrative expense, and for the purchase of day care under the State's AFDC services program. Based on the latest data available, the average monthly number of cases served with title IV–A funds is approximately 17,532 which represents 52,500 children. Most cases receive more than one service. Estimated expenditures for child welfare services under title IV–A during fiscal year 1973–74 are as follows:

	Month (October estimated)	Quarter	Year (estimated)
Total	$1,708,307	$5,124,920	$20,499,680
Federal	1,285,224	3,855,672	15,422,688
State	262,898	788,693	3,154,772
Local	160,185	480,555	1,922,220

In addition, foster care will be purchased for a monthly average of approximately 3,000 children under the AFDC-foster care program at an estimated cost slightly in excess of $3 million.

The same types of services (adoption, foster care, protective services for abused and neglected children, day care, etc.) are needed by a large number of families and children who do not meet the eligibility criteria for title IV–A funds. Staff and other administrative costs of providing services in such cases are born totally by the county departments. There are no Federal or State funds available to assist counties with the administrative expense of providing services to children who are not current, former or potential recipients of AFDC—no matter how neglected, abused, abandoned or dependent they may be. The result is that the scope and quality of service to such children varies widely from county to county. Whether a child receives adequate services often depends more on where he lives than on how badly he needs help.

Current data indicates that an average monthly number of 6,322 cases representing approximately 18,000 children receive services under the non-AFDC child welfare services program. Again, many of these cases receive more than one service.

North Carolina receives is maximum allocation of available title IV–B funds. This is approximately $1.3 million. These funds are utilized to assist counties in the purchase of day care for children who are not eligible under AFDC services; for the purchase of maternity home care; for the return of runaway children; and for psychological services. A portion of the grant is utilized to fund the Children's Service Branch and other costs to the State agency for administration of the child welfare services program in the State, that is, costs are allocated between IV–A and IV–B based on the distribution of services provided in the counties. The State agency staff provides supervision, consultation, technical assistance, licensing/certification services, and so forth.

Specific data on local funds expended for child welfare services is not available but it is estimated to be $6 million. In addition, the State receives an appropriation for foster care for children who are not eligible for AFDC–FC, and this is matched on a 50/50 basis by county departments to pay costs of room and board. For fiscal year 1973–74, this expenditure by the State and counties is budgeted at $3,697,514. The counties pay all other costs of maintaining children in custody (clothing, school expenses, medical care not covered under the title XIX plan, etc.) A monthly average of approximately 3,000 children are provided foster care who are not eligible for AFDC–FC. As you can see, just half of the children in foster care are eligible for care and services under title IV–A, and there is a similar breakdown in our protective services caseload between "eligible" and "noneligible" children.

7. Louisiana:

A. Additional title IV–B funds are needed to increase foster home board rates.

B. Existing funds only permit 50 percent of the needed child welfare staff to be employed.

8. Denver County Department of Welfare:

A. Additional title IV–B funds are needed to implement new program requirements recommended by the mayor's committee on child abuse.

9. Minnesota Department of Public Welfare:

A. In fiscal year 1973, $68,749 of the title IV–B grant used for training.

B. Remainder of title IV–B funds has been utilized for establishing service standards, State administrative costs, and for providing technical assistance to the counties to improve the delivery of child welfare services.

C. The Federal funding level of title IV–B funds does not allow for the funding of direct services.

D. In the past title IV–B funds have been used to fund demonstration projects to encourage the expansion of services or to stimulate innovative ways of addressing problems.

E. Increased title IV–B funds are needed for:
(1) Funding demonstration projects;
(2) Support of the subsidized adoption program;
(3) Developing emergency shelter facilities for children;
(4) Financing services to "runaway" youths;
(5) Staff development and implementation of improved standards for child welfare services; and
(6) Sharing the cost of foster care for non-AFDC foster care children.

SOURCE OF CHILD WELFARE SERVICES FUNDS

	Total	Federal (title IV–B)	State	Local
Fiscal year 1973	$13,770,829	$926,901	$2,435,786	$10,408,142
Percent	100	7	18	75

"One of the very real values of title IV–B funding is the opportunity it provides for the development and delivery of preventive services as we are not bound by the constraints of AFDC eligibility in funding services under title IV–B. Due to the inadequate IV–B funding our own efforts in the area of preventive services have had to be curtailed."

10. Division of Social Services, West Virginia Department of Welfare:

A. Programs with a large percentage of nonrecipients for which very limited Federal funds are available include:
(1) Protective services to neglected and abused children;
(2) Delinquency or prevention of delinquency programs;
(3) Adoption; and
(4) Health-related social services.

B. Most of the Federal expenditures for social services are being poured into a relatively small percentage of the total population. In 1972, only 6.2 percent of the population was receiving public assistance in West Virginia and as we achieve success in reducing the public assistance caseload, even fewer people can be served with social services funds tied to recipient eligibility.

C. Problems of child abuse or neglect, delinquency, need for adoptive services, unmarried parents and other health-related problems, are most certainly not confined to families receiving public assistance. In a rural State such as West Virginia with relatively few voluntary agencies, the public looks to the Welfare Department for prevention or treatment of many of these child and family problems. In the long run, we also have reason to believe successful treatment will be cost effective.

We are certainly in no position without additional funds to meet the 1962 amendment to the Social Security Act with respect to title IV–B funding and the requirement that States reach all children in need of services by 1975.

11. Department of Social Services, New York States:

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES—CHILD WELFARE-RELATED PROGRAMS IN WHICH THERE IS NO FEDERAL FINANCIAL PARTICIPATION, STATE FISCAL YEAR 1974–75

	Expenditures (estimated, in thousands)		
	Gross	Federal share	State and local share
Foster care	$156,000	----------	$156,800
Day care	32,800	----------	32,800
Direct child welfare services	24,500	----------	24,500
Subsidized adoptions	3,100	----------	3,100
Subtotal, Federal nonparticipating	217,200	----------	217,200
Title IV–B funds available	2,767	2,767	----------
Total, FNP and title IV–B	219,967	$2,767	217,200
Proportions (percent)	100.0	1.3	98.7

Over the years, title IV–B money has been used for many different purposes; to develop new programs, to provide education and training for State and local staff, for research and demonstration, and for administration of child welfare programs. One of the basic problems is that while programs can be designed and tested through utilizing this source of funds, the amount allocated is insufficient to support on a continuing, statewide basis, those programs which prove effective. This is one of the primary reasons why additional money is essential. It means little to develop new and innovative methods to improve the welfare of families and children if the program lapses when a demonstration period is completed.

The need for increased Federal participation in all areas is great. It is more difficult each year to raise the revenue necessary to meet State and local costs. There is little possibility of expanding services if the Federal Government does not assume an increased responsibility in this nationwide problem. Funds made available to the States and localities under revenue sharing have not found their way into social service programs, and there is little reason to believe this will change.

12. Department of Public Social Services, Los Angeles County, Calif.:

A. The use of title IV–B money is restricted to:

(1) Salaries of staff providing protective services for nonaided, nonlinked children. Los Angeles County's allocation for fiscal year 1973–74 for this purpose is $358,871.

(2) Emergency placement for nonaided, nonlinked children in shelter care facilities. Our allocation for fiscal year 1973–74 for this purpose is $119,623.

B. Additional title IV–B funds could be used for such services to families as:

(1) Psychiatric, diagnostic, and counseling services;

(2) Services for runaway children from other States;

(3) 24 emergency protective services, including prevention and treatment of child abuse;

(4) Services to unmarried minor mothers;

(5) Juvenile delinquency prevention services.

Perhaps the most basic point we would like to have legislators hear is our belief that money spent on prevention of problems is more effective and economical than money spent on treatment after a problem reaches serious proportions.

13. Illinois Department of Children and Family Services:

A. In fiscal year 1973, the department's child welfare expenditures were $70,499,697 of which U.S. Child Welfare Services funds amounted to $1,947,776, and State funds, $68,551,921. This amount does not include the operational expenditures for some of the children's institutions which might be considered child welfare.

B. The following are program activities to which additional title IV–B funds would be channeled:

(1) The department is responsible for ADC-foster care which accounts for approximately one-third of the children in placement outside of their own homes. But in terms of total children under care of the Department, the ADC children would be less than one-fourth. Of family cases, approximately one-third are said to be current ADC.

On June 30, 1973, there were 23,777 children under care or service of the Department and 12,534 active family cases. This is indication of the average caseload. During the fiscal year there were 11,350 children accepted and 14,294 discharged or child case closed.

(2) Child abuse cases reported and registered during fiscal year 1973 totaled 1,160. The trend has been an increasing number each year, but with changes in the Abused Child Act effective in September 1973, which expanded the class of reporters along with some other amendments, in the first 9 months of the current fiscal year, there were 40 percent more reports than for the same period in the previous year. It is expected that the number will exceed 1,600 by the end of June 1974. Extension and improvement of services in child abuse and neglect is a major thrust.

(3) Two changes in the Juvenile Court Act relate to certain children who formerly could be committed to the department of corrections. Children under the age of 13 cannot be adjudged delinquent and committed to corrections and minors in need of supervision, particularly if in need of supervision for violation of a court order, may be committed or referred to the department of children and family services. Our intent and direction, how-

ever, is to divert these as well as other children from the juvenile justice system to community-based service programs.

(4) In fiscal year 1973 there were 903 adoptions completed for children under care of the department, which was a little less than in the previous year because of the effect of the two well-known court decisions. Subsequently, the adoption law was changed to comply with the decisions. While our goal of 50 percent increase in adoptions this year may not be met, we are confident that we will get a 30 percent or 35 percent increase at least. Our emphasis on adoption and what we prefer to call permanent placement has a very high priority.

C. Additional objectives which would be strengthened by additional title IV–B funds:

(1) Emphasis on individualized case planning for every child under department care, with time-limited goals for each youngster to return home, be placed in adoption, or be served in a substitute family setting that meets his physical and psychological needs.

(2) Further implementation and improvement of the system of review and evaluation of institutions providing care for dependent and neglected children.

(3) Further implementing plans for community-based service system which, through reorganization in the past year, has brought services closer to families and children throughout the State.

(4) Achievement of greater citizen involvement in the work of the agency, continuing and having more of the public forums in large and small communities that give people a greater voice in the development of agency goals and services.

(5) Furthering an aggressive child advocacy role for the agency.

(6) Utilization of volunteers in the agency service programs which for the current year is going to exceed the goal of 115,000 volunteer hours.

With the growth in the numbers of children in need of services, and the increased financial burden being borne by State and local units of government in the provision of such services, the need for increased Federal financial support through title IV–B of the Social Security Act is quite evident.

RECOMMENDATIONS

(1) The Child Welfare League of America recommends an increase of $69.36 million in the fiscal year 1975 appropriation for title IV–B child welfare services funds. The recommended increase would raise the total appropriation to $115.36 million, which would be 51.05 percent of the fiscal year 1975 authorization of $226 million.

The rationale for the recommended increase is as follows:

A. Department of Labor statistics for March 1974 indicate that inflation has increased the costs of delivering services by 41.5 percent since the 1967 base year. Projecting an 8.1-percent rise in the cost of living until the end of 1974, we would have a 49.6 increase in costs in terms of 1967 dollars. The title IV–B appropriation for 1967 was $46 million. The fiscal year 1975 budget request is for $46 million; therefore, in terms of 1967 dollars the requested amount has the purchasing power of $23.18 million. The $46 million fiscal year 1975 budget request needs to be increased by $22.82 million in order to simply keep pace with the rate of inflation over the last 8 years. In order to provide for expansion and innovation in terms of fiscal year 1975 needs in child welfare, and to offset the cost of new Federal requirements relating to child neglect and abuse, an additional $22.82 million should be added to the fiscal year 1975 budget request. This would make a total of an additional $45.64 million necessary to keep pace with inflation, and for expansion, innovation, and compliance with recent Federal statutory requirements relating to child welfare services.

B. The Statistical Abstract of the United States indicates 607,900 children were receiving some form of child welfare service in 1967. The appendix to the fiscal year 1975 Federal budget indicates an estimated 920,000 children will receive some form of child welfare service in fiscal year 1975. This represents a 51.6 percent increase in the caseload since 1967; therefore, the fiscal year 1975 budget request should also be increased by 51.6 percent to reflect this increase. The 51.6-percent increase in the number of recipients represents an additionally needed $23.72 million, for a total budget item increase of $69.36 million for fiscal year 1975.

(2) In order to assure that the increased title IV–B appropriations will be used for the development and strengthening of innovative preventive services, the Child Welfare League of America further recommends the addition of language to the Appropriations Committee's report similar to that submitted as a part of the Senate Finance Committee's report on the bill H.R. 1—report No. 92–1230—which increased the title IV–B authorization, namely: "The committee anticipates that a substantial part of any increased appropriation under this higher authorization will go toward meeting the costs of providing foster care which now represents the largest single item of child welfare expenditures on the county level. The committee, however, avoided earmarking amounts specifically for foster care so that, wherever possible, the States and counties use additional funds to expend preventive child welfare services with the aim of helping families stay together and thus avoiding the need for foster care. The additional funds can also be used for adoption services including action to increase adoption of hard-to-place children."

(3) Language in the committee report should also indicate it is the committee's intention in granting an increased appropriation for title IV–B that the increased funds will not be used to refinance programs currently funded by State and local units of government. There should be a maintenance of effort on the part of the State and local units of government, with the increased title IV–B funds being utilized to increase the effectiveness or expand child welfare services delivery.

CONCLUSION

We feel the case for a substantial increase in the fiscal year 1975 appropriation for title IV–B child welfare services is a strong one. Only through a resumption of the close Federal-State-local relationship, which once existed, can we hope to begin to adequately meet the needs of the Nation's thousands of neglected, abused, and dependent children. Those children, their families, and those agencies which attempt to serve them, anxiously await the response of this subcommittee to their needs.

FRIDAY, MAY 10 1974.

SCORE

WITNESSES

WALTER CHANNING, VICE CHAIRMAN, NATIONAL SCORE COUNCIL
JULIUS DAVIDSON, LEGISLATIVE AFFAIRS COMMITTEE
WALTER O'ROURKE, REGIONAL REPRESENTATIVE

Mr. FLOOD. Now we have the Service Corps of Retired Executives, Mr. Walter Channing, vice chairman, national SCORE council; Mr. Julius Davidson and Mr. Walter O'Rourke, on behalf of the action budget.

Mr. CHANNING. Mr. Chairman, I am Walter Channing from Farmigton, Ill., vice chairman of the national SCORE council, and I have with me today two of our respected members. On my left is Mr. Walter P. O'Rourke, a member of the national SCORE council and our legal advisor, and regional representative for the States of Pennsylvania, Delaware, Maryland, West Virginia, and the District of Columbia. And Mr. Julius Davidson also of Washington, D.C., one of the cofounders of the National SCORE and former representative for region 3 who is now a member of the legislative affairs committee of the council.

Mr. Chairman and members of the subcommittee: On behalf of 4,700 SCORE members throughout the Nation, I wish to express our appreciation for the opportunity to appear before you to discuss the case for a substantially larger appropriation for SCORE than that

provided in the 1975 budget document and to answer your questions regarding our program.

SCORE, the Service Corps of Retired Executives, which was established in 1964 under the sponsorship of the Small Business Administration, was specifically designed to help the small business community with its many problems. Using retired but qualified businessmen and women, the SCORE roster embodies a storehouse of skills, knowledge, maturity, and judgment that are so vital to the success of small business which is a cornerstone of the American system of free enterprise. We are in every sense of the term "volunteers"; at no time from the very beginning having received any compensation whatsoever for the valuable services performed. We would have it no other way.

On July 1, 1971, in pursuance of Reorganization Plan No. 1 of 1971, certain functions relating to SCORE were transferred to the newly established ACTION Agency; such functions included national recruitment, public information, general budget planning, and opportunities for service in nonbusiness areas. The major area for which the overwhelming majority of SCORE men volunteered their services, business counseling, remained under the direction of the Small Business Administration.

SCORE is a voluntary, independent, autonomous organization. We are not Government employees, nor are we in any real sense of the terms under the discipline of the sponsoring agencies, although every effort is made to carry out our relations in a cooperative manner.

While the National SCORE council budget proposal, which is attached as appendix B, may appear to represent a larger increase in percentage terms over that included in the formal budget document, it is our hope you will find it to be of very modest proportions in view of the goals set by our sponsoring agencies as well as by SCORE itself and in view of the mechanics required to achieve such goals. The $400,000 included in the Budget of the United States as the official request of the ACTION Agency for the SCORE program is woefully inadequate. It is based in part of incomplete data secured from the Small Business Administration and in part on a misconception of the various activities and mechanics involved.

The modest proportions of the National SCORE Council proposal may be gauged in perspective when it is compared with the total foreign and domestic program requests for the ACTION Agency and it is found to represent less than six-tenths of 1 percent of that total.

In addition to the ongoing problems of small business it is hardly necessary to point out that the energy problems with which we are all confronted tend to strike hardest the weakest elements of our economy. Furthermore, any slowdown in the economy, apart from that created by energy shortages, further complicates the small business community. It is already apparent there will be increasing demands upon SCORE volunteers for counsel in ways and means of overcoming such problems. It would be tragic indeed were we not able to meet those demands.

I would like to add at this point that all too many of approximately 8 million small businesses are in trouble because of lack of management know-how. Their failure rate is distressingly high. Dun and Bradstreet reports indicate business losses averaged $1 billion a year each

year since 1966 and for the first time in 1972 exceeded $2 billion; 300,000 to 400,000 firms disappear from the American business scene each year.

Alleviation of this situation was one of the primary objectives of the Service Corps of Retired Executives. Achievement depends upon adequacy of funds made available to us.

For a business that has problems, SCORE represents a body of management knowledge in such diverse fields as marketing, accounting, merchandising, manufacturing, and other areas far too numerous to mention. For those not yet in business but who plan on doing so, equally valuable counsel is given on what is involved in operating businesses and the pitfalls to be avoided.

I think it is certainly important at this point also to mention that we are also engaged in nonbusiness areas, which do have their problems, not the same as in business but in many instances similar.

I think in that respect we should mention the exceptional assistance rendered by our Pennsylvania Service Corps of Retired Executives following the disaster hurricane Agnes and the resultant floods which hit the Wilkes-Barre area. We are justifiably proud of their outstanding assistance particularly in the processing of loans for the victims, and also for the activity of our chapter in Virginia in connection with that same disaster whereby they were very active in the Richmond area and also in the northern part of Virginia adjacent to the Washington, D.C. area.

I do hope that any statements we make regarding the great value of SCORE services will not appear to be merely self-serving. It is quite obvious that since any reimbursement received by our members is only for direct out-of-pocket expense, and not a dime is received by any of us for services rendered, then the cost benefit ratio must be exceptionally high. For example, assuming four hours per week on counseling or related activities to be a realistic average for the 5,000 SCORE members, which is approximately 1 million man-hours a year, and were this valued at a reasonable counseling rate of $25.00 per hour this yields a benefit of $25,000,000 to the small business community. On the basis of a similar calculation 500 additional management assistance officers would be required by the Small Business Administration to approximate the services rendered by SCORE.

The attached proposal (appendix B) explains in detail each line item contained therein. The total amount proposed is $1,117,000 as compared with the hopelessly inadequate $400,000 in the formal ACTION estimate. There are four main reasons for this difference: First, the inadequate basis of past records which unfortunately did not reflect actural costs when the Small Business Administration had responsibility for payments. For example, the fact that the Small Business Administration could use general operating funds and was not required to charge costs against a specific line item. And also, the fact that prior to July 1, 1973, SCORE members were authorized to receive reimbursement of $5 directly from the client for out-of-pocket expenses for travel less than 25 miles and a mutually agreed upon reimbursement for travel over 25 miles.

Second, out-of-pocket expenses to SCORE members of many of their important program activities were not taken into consideration at all as, for example; conducting workshops, and seminars for small

businessmen, public relations activities, and essential orientations and training of SCORE counselors themselves.

Third, inadequate amounts provided for certain necessary support functions, advertising and clerical assistance.

Fourth, failure to provide funds for an expanded program concomitant with the goals established and growth projected by both sponsoring agencies.

Of the total amount proposed by the National SCORE Council, $500,000 or 44.7 percent is for reimbursement of out-of-pocket expenses for one-to-one counseling by SCORE volunteers, an average of $100 per volunteer per year. $331,000 or 29.7 percent is for reimbursement of out-of-pocket expenses in connection with a variety of training, guidance and public relations activities.

Combining the two, 74.4 percent of the National SCORE proposed budget would be used, not as compensation to counselors for the valuable services performed, but to reimburse them for what it cost them to travel from one point to another to render their services effectively.

As to the remainder of $70,000, the same amount as contained in the ACTION budget, or 6 percent is for pilot programs in ACTION proposed financial and investment counseling and training of SCORE volunteers in fields other than business enterprises. Finally $216,000 or 19 percent is to provide clerical and advertising support.

I should add that contrary to some popular assumptions we are not by and large an overall affluent group. Many of our counselors are very ordinary men and women without the benefit of comfortable pensions or high retirement income. As retired people most of us are confronted with the same problems of others, that of meeting rising costs with fixed or even falling income.

Mr. Chairman and members of the subcommittee, we would welcome your questions on the proposal itself or any other matters relating to SCORE and its program.

Again, our appreciation for this opportunity to appear before you.

[The attachments follow:]

BIOGRAPHY

WALTER H. CHANNING
VICE CHAIRMAN
SERVICE CORPS OF RETIRED EXECUTIVES
(SCORE)

Walter H. Channing was born in Detroit, Michigan, and for thirty two years was actively engaged in the retail field.

He is a former chairman and board member of a division of the National Retail Merchants Association of the U.S., vice president and board member of the Michigan Retailers Association; member of the Greater Detroit Board of Commerce; International Association of Department Stores, Paris, France; and the International Association of Town-Planning and Distribution, Brussells, Belgium.

Following his retirement in 1954 as merchandise manager of a major Detroit department store, he served as senior consultant on marketing and retail distribution for the Organization for Economic Cooperation and Development (OECD), Paris, France and is known in European trade circles for his work with that organization making national surveys, conducting seminars and participating in international conferences.

He has been cited for his contribution to retail distribution in Europe and in 1963 was named honorary president for life of the Chamber of Commerce of Greece in recognition of his efforts in that country. He is the author of numerous papers and articles on retailing and has appeared as guest lecturer at American and European colleges.

He is a retired U.S. Army Reserve Officer, a veteran of World War II, a member of the Reserve Officers Association of the U.S. and American Legion Post No. I, Paris, France.

Mr. Channing joined SCORE at its inception in 1964, was one of the co-founders and former chairman of the National SCORE Council, and in 1970 received the Presidential SCORE Citation. He is presently vice-chairman of the Council and a member of its Executive, Legislative Affairs, and Agency Laison committees.

In 1973 he was name honorary member of Omega Chapter of Alpha Sigma Lambda of the University of Detroit in recognition of outstanding achievement and service to the community.

He is married and resides in Farmington Hills, Michigan.

APPENDIX A

THE SCORE (SERVICE CORPS OF RETIRED EXECUTIVES) ORGANIZATION

The SCORE organization plan is very simple. Currently, the 4,700 SCORE volunteers with the exception of those located in sparsely settled areas, serving as counselors at large are organized into 237 chapters. In FY 1975 we expect to average 5,000 members organized into 250 chapters. While many chapters are situated in large metropolitan areas, many of the members reside at great distances from their chapter headquarters.

SCORE is a nationwide program; the goal is to serve every business community in the United States. Elected officers, guided by by-laws, direct chapter affairs. Chapters customarily hold local monthly meeting but in some cases meet less frequently.

Chapter representatives meet, primarily for orientation at least annually in regional meetings held in each of the 10 established geographically (which is generally uniform for Federal agencies). Each region is represented by an elected member on the National SCORE Council which serves as an advisory body in SCORE matters to the sponsoring agencies and acts as the "Voice" of SCORE. The National SCORE Council meets quarterly, and at its annual meeting elects a Chairman, Vice-Chairman, Secretary and Treasurer. The Chairman becomes the eleventh man and his position as regional representative is then filled by election in his region.

The four officers of the National SCORE Council constitute its Executive Committee. Among the standing committees appointed to carry on the work of SCORE on a National basis are those on legislative affairs, public relations, training, plans and organization, agency liaison, and awards.

The roles of the witnesses appearing before you are as follows:

Walter H. Channing of Farmington Hills, Michigan, who was the past Chairman of the National SCORE Council is currently its Vice-Chairman, member of its Executive, Legislative Affairs and Agency Liaison Committees and also Region V representative (Illinois, Michigan, Ohio, Indiana, Wisconsin and Minnesota)

Walter P. O'Rourke of Washington, D. C. is legal adviser to the National SCORE Council; a member thereof; Co-Chairman of the Legislative Committee, and representative of Region III (Pennsylvania, Delaware, Maryland, District of Columbia, Virginia and West Virginia)

Julius Davidson, also of Washington, D. C., one of the Co-founders of the National SCORE Council and former representative for Region III is now a member of the Legislative Affairs Committee of the Council.

APPENDIX B

		ACTION BUDGET			
		Original 1974 Estimate	1974 Column in 1975 Estimate	1975 Estimate	NATIONAL SCORE COUNCIL 1975 Estimate
	BUSINESS COUNSELING - OUT-OF-POCKET EXPENSES				
	TRAVEL OVER 50 MILES	$62,000			$200,000
	TRAVEL UNDER 50 MILES				300,000
1.	TRAVEL OVER AND UNDER 50 MILES		$80,700	$126,000	
2.	NATIONAL SCORE COUNCIL QUARTERLY MEETINGS				12,000
3.	NATIONAL SCORE CONFERENCE	84,000			90,000
4.	REGIONAL SCORE CONFERENCES	62,000			70,000
	NATIONAL AND REGIONAL SCORE CONFERENCES		118,800	140,000	
5.	SCORE PARTICIPATION IN WORKSHOPS	NONE	NONE	NONE	24,000
6.	TRAVEL OF SCORE REGIONAL REPRESENTATIVES	NONE	NONE	NONE	15,000
7.	SCORE PUBLIC RELATIONS ACTIVITIES	NONE	NONE	NONE	15,000
8.	ORIENTATION AND TRAINING OF NEW SCORE COUNSELORS	NONE	NONE	NONE	45,000
9.	ATTENDANCE AT SCORE CHAPTER MEETINGS AND ADVANCED TRAINING OF SCORE COUNSELORS	NONE	NONE	NONE	60,000
	SUB-TOTAL	208,000	199,500	266,000	831,000
	NON-BUSINESS COUNSELING				
10.	TRAINING FOR EXPANDED COUNSELING OPPORTUNITIES			20,000	20,000
11.	FINANCIAL AND INVESTMENT COUNSELING			50,000	50,000
	SUB-TOTAL			70,000	70,000
	CLERICAL AND ADVERTISING SUPPORT				
12.	CLERICAL SUPPORT			54,000	112,000
13.	ADVERTISING		8,500	10,000	104,000
	SUB-TOTAL		8,500	64,000	216,000
	TOTAL ESTIMATE	208,000	208,000	400,000	1,117,000

EXPLANATORY NOTES

NATIONAL SCORE COUNCIL 1975 ESTIMATES

1. TRAVEL OVER 50 MILES $200,000
   TRAVEL UNDER 50 MILES 300,000

The amounts requested by the ACTION Agency were based upon incomplete data. With respect to travel over 50 miles, data secured from the Small Business Administration understated the amount expended for SCORE volunteer travel prior to assumption of that responsibility by ACTION because it reflects amounts charged against specific allotments to the field, but field offices were accustomed to charging any available operating funds.

As to travel under 50 miles, in addition to the aforementioned inadequate data, SCORE counselors were, prior to July 1, 1973, authorized to receive reimbursement of $5 directly from clients for out-of-pocket expenses for travel of 25 miles or less and a mutually agreed upon reimbursement for travel of more than 25 miles. No records are available of amounts so received.

The National SCORE Council proposal for FY 1975 is predicated in part on data secured from the Baltimore SCORE Chapter which shows an average of $250 per month for out-of-pocket expenses for a chapter of 30 members, an average of $8.33 per man per month or $100 per annum per member. While this would be understandably higher in many parts of the country, it would be acceptable as a fair average. With an average SCORE membership of 5,000 anticipated for FY 1975, total out-of-pocket expenses for SCORE counseling would amount to $500,000.

We are also informed by the Baltimore Chapter and confirmed by others that approximately 40% of the cost under this heading is for travel over 50 miles and 60% for travel under 50 miles.

2. NATIONAL SCORE COUNCIL QUARTERLY MEETINGS $12,000

The 11 man National SCORE Council is authorized to meet quarterly, with the fourth quarter meeting being held at and during the National SCORE Conference. The estimate for the three other quarterly meetings is based on an average cost of $363.63 per man authorized to travel to these meetings.

3. NATIONAL SCORE CONFERENCE $90,000

The cost of the 1973 SCORE National Conference for the SCORE delegates attending was approximately $82,500. An increase of $7,500 is proposed to allow for an increased number of delegates due to an increase anticipated in the number of chapters represented and to an increase in the cost of travel.

4. REGIONAL SCORE CONFERENCES $70,000

In recent years Regional SCORE Conferences have been held in some, but not all of the ten geographic regions. The sponsoring agencies have agreed that such conferences are to be held annually in all regions because they are indispensable as a mechanism for orientation of counselors, development of new counseling techniques, and improving program operations. An increase is proposed for this purpose as well as for an increased number of SCORE participants and increased travel costs.

5. SCORE PARTICIPATION IN WORKSHOPS AND SEMINARS FOR PRESENT AND PROSPECTIVE SMALL BUSINESSMEN $24,000

This is a highly important, steadily increasing activity being conducted by SCORE membership. It is estimated that 50 of the 250 chapters will be involved, with a team of four counselors from those chapters traveling varying distances from month to month, much of it during evening hours. This involves preparing the courses, delivering lectures, answering questions, and filing reports of the results with the Small Business Administration. The cost estimate is based on a modest average of $10 for each trip by each counselor participating.

6. TRAVEL OF REGIONAL SCORE REPRESENTATIVES $15,000

It is essential that each of the 10 regional representatives comprising the National SCORE Council visit each of the chapters in his region at least once a year to review chapter operations, advise, apprise members of sources of information and assistance, clarify Agency programs, and assist in developing esprit de corps. The estimate is based on a cost of $60 for visits to each of 250 chapters, since most such visits would involve overnight stays and travel to fairly distant points.

7. SCORE PUBLIC RELATIONS ACTIVITIES $15,000

The most effective public relations work, both to inform the public of the availability of SCORE volunteers to handle small business problems and to recruit the type of men and women suited for such work, makes it necessary for every Chapter Chairman and Publicity Committee Chairman to use every possible occasion to spread the word through speeches, lectures, and other contacts. Many chapters are currently handling 10 to 12 such visits per month. This estimate is based on one contact per month by one man from half the chapters at a cost of $10 for each such contact.

8. ORIENTATION AND TRAINING OF NEW SCORE COUNSELORS $45,000

It is expected that during fiscal year 1975, 1,500 new SCORE volunteers will require special orientation and training in the policy and procedures of the Small Business Administration, in acquainting them with additional opportunities for service offered by ACTION, in the operation of SCORE chapters, and in the conduct of SCORE counseling activities. Notwithstanding the unusual technical qualifications of most of the SCORE recruits for counseling on small business problems, unless they receive special orientation and training in the total context of SCORE, the effectiveness of SCORE service is greatly diminished. The figure of 1,500 assumes a turnover of 1,000 because of mortality, morbidity, and advancing age, and an additional 500 recruits because of an overall increase in the SCORE roster. Orientation and training properly carried out should take two full days. The $45,000 estimate is based on the assumption that two thirds will be required to travel short distances to the training centers and involve a mileage cost of $5 for each of two days, while the remaining one third will be required not only to travel greater distances, but also to be paid per diem at $25 per day for two days plus $20 for mileage.

9. ATTENDANCE AT SCORE CHAPTER MEETINGS AND ADVANCED TRAINING OF SCORE COUNSELORS $60,000

SCORE chapter meetings are essential to secure maximum member participation in SCORE activities and they serve as a means for exchange of information and information sources, continuing review of counseling activity and standard of service, and development of expanded SCORE activities. In addition, just as it is necessary to hold special training sessions for new counselors, it is equally necessary, preferably once a year, to hold state or local meetings for the specific purpose of

offering special training to the regular SCORE counselors, but in a more advanced form. This estimate is predicated on the assumption that 2000 of the 5000 members will attend such meetings and that on the average such meetings will be held no less than six times a year, including both the regular chapter meetings and the state and local training sessions. This estimate assumes a cost average $5 for each participant for each of the projected meetings.

10. TRAINING FOR EXPANDED COUNSELING OPPORTUNITIES $20,000

This would be for a pilot training program for the orientation of SCORE counselors in areas other than business counseling. It should be sufficient for the purpose in fiscal year 1975 until more experience is acquired in such non-business areas.

11. FINANCIAL AND INVESTMENT COUNSELING $50,000

This amount should be sufficient for a pilot program, and experience therewith in fiscal year 1975 should serve as a guide to the extent and nature of the program in subsequent years.

12. CLERICAL STAFF SUPPORT $112,000

A modicum of clerical staff support is a basic necessity if SCORE is not to be severely handicapped in the prosecution of its essential work. It is estimated that a minimum of 4 hours per week will be required for the 125 larger chapters and 4 hours per month for the 125 smaller chapters. At $3.50 per hour, for part time work including fringe benefits, $112,000 will be needed.

13. ADVERTISING COSTS $104,000

We are informed by our members who are expert in the field of advertising and public relations that we cannot and should not depend alone on free advertising granted as a public service. If it is essential to bring SCORE's availability to the attention of the general public in a manner that would be of maximum benefit to the small businessman as well as to recruit the type of volunteers required to perform such needed services, then there must be a willingness to use paid media. On the assumption that 125 of the smaller (less than 12 members) and newly established chapters require paid advertising in local media at a cost of $25/month or $300 per year, the annual cost would be $37,500; similarly, if 125 larger chapters were provided paid advertising in local media on the basis of $450 per year, the annual cost would be $56,250. The total cost would be $104,000, which would also provide $10,000 for special projects and publicity on a national basis.

FRIDAY, MAY 10, 1974.

MENTAL RETARDATION

WITNESSES

DR. JACK GRUENENFELDER, PROFESSOR OF PSYCHOLOGY, INDIANA UNIVERSITY, NATIONAL ASSOCIATION FOR RETARDED CITIZENS

PAUL MARCHAND, ASSISTANT DIRECTOR OF THE GOVERNMENTAL AFFAIRS OFFICE OF THE NATIONAL ASSOCIATION FOR RETARDED CITIZENS

Mr. FLOOD. Now the National Association for Retarded Citizens, Dr. Jack Gruenenfelder, professor of psychology, Indiana University.

Dr. GRUENENFELDER. Mr. Chairman, thank you on behalf of the National Association for Retarded Citizens for the opportunity to testify before your subcommittee.

My name is Dr. Jack Gruenenfelder. Until last month, I served as the president of the Indiana Association for Retarded Citizens for the last 3 years, and currently am a member of the Governmental Affairs Committee and on the Board of Directors of the National Association for Retarded Citizens. I am also past president of the Gary Lake County Association for Retarded Citizens.

I am employed by the Indiana University Northwest in Gary, Ind., as an associate professor of psychology. It may interest you to know that I am the father of six children, four of whom are mentally retarded. Accompanying me today is Mr. Paul Marchand, assistant director of the Governmental Affairs Office of the National Association for Retarded Citizens.

It gives me great pleasure to have the opportunity to represent the National Association for Retarded Citizens before this subcommittee today. I come here today to seek increased appropriations in behalf of the more than 6 million mentally retarded citizens whom our organization represents.

When one studies very carefully the administration's fiscal year 1975 budget proposals, those services and programs designed to meet the needs of mentally retarded citizens are either barely increased, not changed at all or reduced. It is clear that the Congress will have to act positively if the lives of mentally retarded people are to be improved. You have been greatly supportive in the past and we feel assured that you and your colleagues will continue in your efforts to maintain increased Federal support for programs for handicapped people.

Since the Federal Government took an active role on behalf of the mentally retarded in the early 1960's, we have seen steady increases at all levels of government. Local school systems have assumed more responsibility in education; State governments have established a substantial number of specialized programs for mentally retarded people of all ages. Many volunteer organizations have joined in to help our cause. Many of these increased efforts have been stimulated and expanded through the use of Federal funds. This full private and Government partnership will ultimately reach the point when mentally retarded people will have full opportunities to become productive, useful citizens.

This cannot be accomplished by setting up isolated special programs for the retarded. We advocate the full use of existing programs, where applicable, to achieve the most normal life-styles possible for the retarded. This means utilizing those Federal programs which are available to all citizens. Examples of these are general revenue sharing, health programs, such as medicare, education funds, and others.

These resources, however, are not enough to meet the special needs of these people. For many mentally retarded people, a full system of care and training is needed from the time of birth until such time as they reach their maximum potential for independent living. Even then, some supportive services are necessary to allow them to function adequately in our society.

This effort requires a substantial investment in Federal, State and local resources. The Federal Government is deeply committed and involved in this effort through a series of programs that impact on the lives of handicapped persons. I would like to list them for you and discuss their applicability and the need for increased appropriations for these programs.

RESEARCH AND PREVENTION

First is the Federal Government's role in research and prevention of mental retardation. President Nixon, in November 1971, committed his administration to two major national goals:

> To reduce by half the occurrence of mental retardation in the United States before the end of this century.
>
> To enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community.

He stated:

> These goals are realistic and achievable and that we already have most of the knowledge and many of the techniques they will require, and the rest are within reach of research.
>
> Improved prevention will require much wider application of recent biomedical advances which can help obstetricians avoid prematurity, a prime cause of retardation; immunization against the rubella and measles so dangerous during pregnancy; and new diet therapy for metabolic disorders. It will also call for improvement in the delivery of medical, nutritional, and educational services to expectant mothers and young children, especially those exposed to a high risk of retardation. And it will take further research in methods of screening, research, and treatment. But beyond any question, the effort is worth making: for at the present rate of occurance, more than 4 million of the 142 million children whom demographers estimate will be born in America between now and the year 2000 would grow up retarded. Their future is in our hands.

I wish I could say here today that these goals have been met. Unfortunately, they have not. This is particularly true of the goal to reduce the occurrence of mental retardation. The President's rhetoric has not been backed by the dollars necessary to meet this goal.

The major research effort in mental retardation undertaken by the Federal Government is located in the child health program within the National Institute of Child Health and Human Development. The mental retardation branch of this institute funds the 12 Mental Retardation Research Centers located throughout the country, provides research grants and projects, as well as training grants, fellowships, research career programs and special contracts and conferences. These research programs of the Mental Retardation Centers stretch from biochemistry to education, from psychoneurology to sociology.

In fiscal year 1972, when President Nixon stated his goal to prevent mental retardation through research, the child health program was funded at $48.6 million. Three years later, the administration requests $52.4 million, an increase of less than $4 million. The minute increase does not even allow the program to stay within cost of living increases. How can we expect to move forward in our efforts to prevent mental retardation? We must look towards the Congress and particularly this subcommittee to provide the impetus to make this goal a reality. The reduction in the occurrence of mental retardation will be cost efficient in the long run and certainly save much heartache for thousands of families in our country.

We recommend that this committee direct the National Institute of Child Health and Human Development to allocate no less than $10 million to be available for approved and meritorious program projects and regular research grants relating to the Mental Retardation Research Centers, in addition to the core support of $5.6 million as provided by line items in previous child health budgets. The entire mental retardation program within the child health program should be funded at no less than $25.6 million.

To accomplish this we further recommend that the child health program within the National Institute of Child Health and Human Development be appropriated $66 million and that the National Institute of Child Health and Human Development itself be appropriated $146 million.

In addition to the National Institute of Child Health and Human Development, other important prevention programs that affect mentally retarded people include the National Institute of Neurological Diseases and Stroke and the lead-based paint poisoning program at the Center for Disease Control. The National Institute of Neurological Diseases and Stroke appropriation should be increased to at least $137.5 million and the project grants under the disease control program increased to $55 million.

EDUCATION FOR THE HANDICAPPED

Another area of great concern is education for the handicapped. I know you are fully aware that our organization has been advocating for full public school educational opportunities for all children, regardless of the severity of their handicapping condition. The landmark Pennsylvania court decision in 1971 has stirred much activity in almost every State in the Union in guaranteeing each individual's right to public education. In some States, State legislatures have already passed enabling legislation to mandate public school education for all handicapped children.

While all this is going on, State and local school administrators are hard pressed to find the necessary funds to operate these special education programs, most of which are quite expensive. Through the Education for the Handicapped Act, the Congress has provided for an excellent Federal-State partnership. This includes the State grant program, as well as specialized programs for manpower development, special projects and centers and other services.

I would like to call your attention to two of the sections of this program: grants to States and manpower development.

In order to assist the States in meeting the increased costs of special education, we recommend an appropriation of $80 million in the State grant programs. This will allow the States to serve many children who currently do not receive any special education services. It is important to note that in this great country of ours, less than one-half of our mentally retarded children still are not provided with any education at all. This increased Federal appropriation, along with the States' willingness to set up new and improved programs, will go a long way to provide retarded children with what is rightfully theirs: a free public school education.

The second area within education for the handicapped programs that needs much upgrading and increased funding is manpower development. While there is a great oversupply of teachers in the general education areas, there is still a shortage of trained special education teachers. This is especially true of teachers of the severely retarded, those children that historically have not been provided special educational opportunities. The National Association for Retarded Citizens recommends $50 million be appropriated, with $5 million being earmarked for training teachers and supportive personnel for the severely handicapped and $5 million earmarked for training regular education personnel to allow handicapped children to remain in regular classes, when possible. The remaining $40 million would continue the regular special education teacher training programs.

The following is a list of our recommendations for funding educational programs that affect mentally retarded students:

Aid to the disadvantaged (title I)	$2,000,000,000
Education for the handicapped (title VI):	
State grants	80,000,000
Deaf-blind centers	18,000,000
Early childhood projects	14,000,000
Learning disabilities	5,000,000
Regional resource center	9,243,000
Innovation and development	9,916,000
Media services	15,000,000
Recruitment and information	500,000
Manpower development	50,000,000
Vocational education	420,000,000

DEVELOPMENTAL DISABILITIES

The developmental disabilities program, which enables the States to develop planning capabilities to maximize the use of Federal/State programs for developmentally disabled persons and provides for service-gap filling and construction of facilities, is one of the very few programs that serves the truly severely disabled. It has been widely supported by the administration, the Congress, the States and the many national organizations who are affected by it.

The NARC realizes that the authorizing legislation is expiring this June and that other congressional committees are busy seeking passage of an extension of this act. When your committee does consider this program, either in the appropriation bill before you or in future supplemental appropriations, we recommend that the State grant program appropriation be at the full authorization level, subject to the authorization to be determined in the development disabilities extension legislation currently pending in the Congress.

The university affiliated facilities program in the Developmental Disabilities Act should also be funded at the full authorization level.

VOCATIONAL REHABILITATION

Fewer federally funded programs have so enjoyed such universal support as vocational rehabilitation. The basic State grant program has been particularly effective in rehabilitating disabled persons and enabling them to lead productive lives. For this reason and since the States have more than adequate funds to fully match the Federal funds, we recommend full funding up to the authorization level of $680 million.

While the administration appears to be very supportive of the vocational rehabilitation program by increasing the State grants by $40 million (from $630 to $670 million), they actually are not increasing the vocation rehabilitation effort at all: they are reducing the service projects by $34 million and the training programs by $4 million. Additionally, it is expected that the fiscal year 1974 appropriation will be raised to $650 million through a $20 million supplemental appropriation which is expected to be approved by Congress shortly.

Our recommendations for all programs under the vocational rehabilitation authority are as follows:

State grants	$680, 000, 000
Expansion grants	39, 000, 000
Training grants	45, 400, 000
Facilities construction and staffing	20, 000, 000
Facility improvement and training	15, 000, 000
Mortgage insurance	1, 000, 000
Special projects (including developmental disabilities projects	35, 000, 000
Research	30, 000, 000

HEAD START

In accordance with a 1972 legislative mandate, the Head Start enrollment of handicapped children must be 10 percent of the total enrollment. If this provision is complied with, more than 25,000 handicapped children are now involved in Head Start programs.

The administration's budget proposal for Head Start increases the basic program by $38 million to $430 million. However, this large increase will not result in any additional children, handicapped or nonhandicapped, enjoying the benefits of this program. The increases will only meet indirect administrative costs previously supported by the community action agencies and other increased general operating costs.

NARC recommends an additional $38 million be appropriated, with $20 million earmarked for improving the present quality of services to meet applicable standards and $18 million for additional services to more children than are presently served.

The total Head Start appropriation would then be $468 million.

NARC also recommends appropriating $20 million, an increase of $4 million, for research and demonstration activities to meet the various developmental needs of the Head Start children and their families.

MATERNAL AND CHILD HEALTH

The projects originally authorized under the special grants provisions of title V of the Social Security Act—maternal and infant care, children and youth, regional newborn intensive care, dental care, and family planning—have proven themselves successful in meeting the health needs of low-income persons living in the inner cities and in sparsely populated rural areas, where shortages of trained health professionals is a critical problem. Studies of the impact of these projects show that they have contributed to a reduced infant mortality rate, decreased the morbidity rates, decreaesd the rate and duration of hospitalization, and decreased the per capita expenditure due to the ability of the programs to prevent illness or to treat it early.

It is critical to assure that these projects are not shortchanged or even lost in the transition to formula funding. We, therefore, recommend that the full authorization under section 516 of title V—$36 million for fiscal year 1974—be appropriated. Additionally, we recommend an appropriation of $292,455,000 for the full Maternal and Child Health program.

SOCIAL SERVICES

This program is vital to those mentally retarded individuals who are eligible for either Aid to Families with Dependent Children or Supplemental Security Income. While the Aid to Families with Dependent Children and Supplemental Security Income programs provide basic living income, the Social Services program must provide special services to enable the recipients to remain in the community.

This program has been in a constant state of shift since the Congress placed a $2.5 billion ceiling on it in 1972 and the administration proposed their very restrictive regulations to implement the program. It is important that there be appropriated enough funds to match all of the State funds appropriated.

NARC recommends appropriating the full $2.5 billion authorized by law. This will give the States an opportunity to provide vital services to a most vulnerable segment of our population.

FOSTER GRANDPARENTS

The Foster Grandparent and the Retired Senior Volunteer programs, both part of the Older American Community Service program, serve the twofold purpose of providing additional care to mentally retarded persons, as well as a genuine need to make the lives of elderly persons more productive.

We are pleased to see the administration's plans for expanding the programs and recommend that they be further expanded. We, therefore, recommend an appropriation of $49,500,000 for the Older American Volunteer programs.

The interest and cooperation of your committee on behalf of mentally retarded citizens is indeed deeply appreciated. I am sure you will give careful consideration for their needs again this year.

Mr. FLOOD. Thank you.

FRIDAY, MAY 10, 1974.

MENTAL RETARDATION CENTERS

WITNESSES

JAMES J. GALLAGHER, DIRECTOR, FRANK PORTER GRAHAM CHILD DEVELOPMENT CENTER, UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DR. RICHARD SCHIEFELBUSCH, DIRECTOR, BUREAU OF CHILD RESEARCH, AND DIRECTOR, CENTER FOR RESEARCH IN HUMAN DEVELOPMENT, UNIVERSITY OF KANSAS

Mr. FLOOD. Now, Mr. James J. Gallagher, director, Frank Porter Graham Child Development Center, testifying, on the Mental Retardation Facilities Act.

STATEMENT OF JAMES J. GALLAGHER

Mr. GALLAGHER. I would like to introduce Dr. Richard Schiefelbusch accompanying me, director of the Center for Research in Human Development at the University of Kansas in Lawrence. We represent the Mental Retardation Center Directors Group.

It is a source of great satisfaction to us to hear Dr. Gruenenfelder representing the National Association for Retired Citizens recommend support for the mental retardation centers program. It is not often, as you know, Mr. Chairman, that research organizations get endorsed by citizens groups, and I think the reason for the endorsement here and the endorsement by groups like United Cerebral Palsy is that they see this is a different kind of research effort, a research effort that is mission oriented to attack the specific problem of mental retardation.

We are most grateful to the House of Representatives Subcommittee on Appropriations for the opportunity to appear and present the case for increased support of NICHHD's child health program, and particularly the mental retardation centers program that represents a decade of effort on one of the most important and largest social problems of our society.

The problem area of mental retardation affects 2 to 3 of every 100 persons in the United States, or over 4 million of our citizens. Congress mounted a major attack on the retardation problem with the passage of Public Law 88–164 in 1963. One major part of that campaign was the funding of 12 mental retardation centers in universities and medical centers over the country beginning with small program grants to 2 centers in 1966. These centers were assigned a 20-year mission to attack problems that surround the multiple causes of mental retardation and to explore alternative strategies that could present, ease, or cure this complex condition. An authorization of $26 million was made in 1963 from the Mental Retardation Facilities Construction Act for construction money to aid in center development, and the final construction project was completed in 1973. Over $14 million additional were added from State, local, and private sources. These funds have provided a unique set of laboratories and supporting facilities to aid in the study of this major and continuing societal problem.

The MR centers were designed to cut across professional disciplines and bring the skills of many different professional areas to bear on the complex causes and treatment of this condition. The research programs of the mental retardation centers extend from biochemistry to education, from psychoneurology to sociology. These MR center programs are now threatened by inadequate funding that can cause staff desertion and program dissolution at the very time they have reached the peak of their potential.

We are most concerned with the availability of program project funds that supports and generates the collaborative research effort crucial to the mandate of the mental retardation center program itself. Mental retardation is such a complex condition that no individual, and no one profession, such as pediatrics or psychology or education, has all of the wisdom necessary to attack the problem. The program project device that allows scientists from various professions to work together provides the key to our long-range efforts. Awards for these program project requests are always based upon an exacting scientific peer review of the program.

Since MR centers are based on the program project or group research, NICHHD also insists on even distribution of resources between the three subsections of the child health program: the perinatal biology and infant mortality, growth, and development, and the MR program. The policy decision for evenhanded distribution of resources to the three interest areas is recognizable bureaucratic strategy calculated to dull the protests from all three of these areas, all of whom have legitimate serious problems to meet, and limited resources with which to meet them.

But it is not sensible policy because it threatens the basic health of programs that represent long-term agency commitments. The scientific "approval" of research programs or projects has become meaningless since well over half of the "approved" programs are never funded. An "approved without funding" request is merely a statistic on a chart in Washington, but to us it means a team of scientists leaving their own disciplines, their own professional homes, to work with professional strangers to attack together a problem they feel is important. Although that team of scientists may finally achieve some small satisfaction in getting "approval" from their colleagues who review their requests, it is a hollow victory, if all of their efforts go without crucial financial support. Two of 3 years of this kind of treatment will literally wreck the scientific programs of the centers. Highly qualified scientists will begin to go where the "grass is greener" and it will be impossible to retain quality staff or recruit quality personnel. The huge amounts of effort and resources already committeed will be without full utilization.

None of this would matter very much if these centers were not proving productive. The exciting and frustrating thing is that, we believe, they are proving productive. Nor is this our idea alone. It is a sense of satisfaction to us that increased funds for the MR center programs are endorsed in the testimony before the committee by the National Association for Retarded Children and United Cerebral Palsy to name two consumer organizations that are convinced that there is merit for their constituents in supporting the work of these centers. It is not easy for research organizations or programs to gain support from con-

sumer groups, or from parents; we think such support means that they see potential gain, as we do, from our work and that is very heartening. The term "research" often creates the picture of someone in a white coat in a laboratory but it can also mean trying to find more effective ways to deliver services to teachers and parents, and we are involved in that effort as well.

IMPACT OF CENTERS PROGRAM

Although the mental retardation centers program is only completing the first quarter of its projected 20-year cycle, there are encouraging signs of production across the many professional disciplines that are employed in the 12 MR centers. The centers are addressing many different problem areas, and the list below includes only a few selected examples. Other MR centers besides those mentioned here are working on the major questions noted below:

A. Can we discover some of the causes for the condition of mental retardation? Techniques have been developed to identify genetic defects leading to mental retardation while the child is still unborn (Boston).

One of the major new problems is the potential damage done to developing organisms by the extensive use of drugs. Investigations are being carried out on the effects of drugs on pregnant animals with special attention to damage relating to mental retardation (Cincinnati).

Scientists have identified a possible mechanism underlying the effect of poor nutrition on the developing brain (that is, the inadequate formation of amino acids and myelin) (Colorado).

Other investigations have focused on the high levels of phenylalanine on brain development. High levels appear to interfere with protein synthesis and myelination. High levels of phenylalanine result from imbalance of amino acids stemming, in turn, from malnutrition (Wisconsin).

A group of investigators have found abnormal metabolism of carbohydrate substances (acid mucopolysaccharides) is related to a group of syndromes linked to severe mental retardation. These discoveries lend direction to possible future treatment strategies (Chicago).

B. Can mental retardation be identified early and effectively so that treatment can be more effective? An inexpensive screening method has been developed that can screen every live birth in a state for six different genetic disorders causing mental retardation, at a time when treatment can be applied (North Carolina). Studies measuring the impact of nutrition and other environmental factors on mental retardation have collected data from Mexico to Scotland (Yeshiva).

C. Can the condition of mental retardation be prevented or reversed with early treatment? A landmark study is being supported to determine whether early intervention (before the age of 6 months) can prevent many of the cases of sociocultural retardation. Since 75 percent of mental retardation seems culturally related, if not determined, the highly favorable results being obtained after 6 years (children from extreme poverty areas are performing at above normal levels) are being watched with special interests (Wisconsin).

A study using retardation-prone infants hopes to demonstrate that

special rewards, incentives and learning opportunities can increase those early foundations of intelligence and prevent later retardation (North Carolina).

A study of "high risk" infants (children with identifiable neurological and physiological deficits) is being conducted to determine how to maximize their early development so as to minimize the effects of early injury and deprivation (UCLA).

Parent training has been found to be one of the most effective devices in helping mildly retarded children to escape their retardation. Special programs have been evaluated and found useful (George Peabody College).

D. Can the skills of permanently retarded children be improved so that they are manageable and productive as adults? New teaching strategies have been developed that minimize classroom learning and behavior problems of mentally retarded children. These have been carefully evaluated and found successful, and are being disseminated (University of Washington).

One of the most ingenious devices developed is a nonspeech symbol system which will allow retarded children to communicate without the use of speech and language. Using a set of geometric forms in place of words they can teach even profoundly retarded children the rules of language and communication (Karnes).

Much of the child's early learning requires him to integrate learning from various senses such as vision and hearing. Special studies are being conducted to discover the neurological basis for sensory integration and what problems neurological injury can create (Yeshiva).

An early intervention program for Down's syndrome children (mongoloid) has increased their ability to use language, motor and self-help skills. Careful followups continue (University of Washington).

Investigators have conducted a series of successful projects in a public housing area improving the social adjustment and self-sufficiency of borderline retarded children through a series of parent training and community programs (Kansas).

An automated technique has been devised to teach severely retarded children simple reading skills. Without the automated method, most such children would not have been recognized as candidates for reading instruction. To the extent that such children can read, their dependence on oral instructions, which require constant attention by an attendent, is reduced (Fernald School).

E. Can we improve research utilization? The rate and kind of expected impact of research on service programs is not clearly understood by many consumers. They wish instant program improvement whereas the translation of research to useful products often takes a decade or more under current procedures. One of the MR centers has designed a technical assistance program to speed this translation process (North Carolina).

Periodic conferences are held to bring together and synthesize the research products of the MR centers. General publications are widely disseminated to hasten the distribution of new research knowledge to the scientific community (NICHHD staff).

These are only a few examples of important work now endangered by inadequate and uncertain funding. Some minimal guarantee of

funds needs to be projected to allow these long-range programs to continue without serious disruption.

In the last available figures we have for fiscal year 1973, and fiscal year 1974 was quite similar, the mental retardation program spent about $5.5 million on MR center research programs plus another $5.6 million for MR center administrative center costs previously earmarked in fiscal years 1972, 1973, 1974. We are recommending an increase in the sum for scientifically approved program projects and research projects to $10 million so that these programs can continue as the Congress originally intended. That sum will not likely fund all approved program projects and individual research projects but it will provide reasonable support for needed program initiation and expansion for the 12 centers. We ask further that this additional sum of $5 million be added to the NICHHD total budget so that other programs in other topic areas will not suffer, and ask further that this committee direct NICHHD to spend no less than the sum of $10 million specifically for scientifically approved program projects and research projects for the MR centers so that some degree of assurance and long-range planning can continue the 20-year mandate of this program to attack and defeat the major social problem of mental retardation in this country.

Dr. Schiefelbusch has been one of the leaders in that effort of trying to design delivery systems that are effective in this area and I would like him to say a few words about what he is doing in Kansas.

Mr. FLOOD. All right.

STATEMENT OF DR. RICHARD SCHIEFELBUSCH

Dr. SCHIEFELBUSCH. I think at the beginning when we attracted scientists to this cause, this national program, there was a feeling that they had capabilities and talents, and that they could make a major contribution. But what has happened since this began is a dramatic thing.

In our culture we have actually undertaken a whole new shift of emphasis. We are putting these retarded folks from institutions into communities, and we are designing whole new lifestyles for them. We are trying to make them citizens in the full sense of the word.

My point is we can't do that without some kind of research base and information base as to how you do this in the most effective way.

I see this problem of community adjustment of the mentally retarded being addressed on philosophical terms, I see the action of the courts, I see action of citizens organizations. All of this is to the good, but we have to give funds to the scientists to design these new living arrangements and to validate these kinds of new training programs. Otherwise we are going to have a kind of an arrangement for them that is not even as good as it was when they were back in the institutions. I think it is a dramatic matter.

Kansas has tried to attract our best scientists to address the problems far beyond their original 4 year laboratories and let them move into communities with the people that are trying to make the new arrangements. Yet, we can't find support for this kind of new development. Unless, the child health program in NICHD gets additional funds, they really don't have the moneys to initiate new startup programs of this kind. That is the dramatic point I want to make.

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Mr. GALLAGHER. One of the things we are proposing is similar to that proposed by Dr. Gruenenfelder, and that is that no less than $10 million be allocated for scientifically approved program projects and research projects coming out of the mental retardation centers program. What that represents is less than $5 million increase over current spending. It is the difference between effective operation of the multidisciplinary centers, and their operation at less than half efficiency. The key aspects of these programs in both Dr. Schiefelbusch and mine and 10 other centers around the country is the drawing together of various disciplines. The philosophy is that the problem of mental retardation is so complex that no one person, no one discipline has all of the skills and knowledges to attack the problem effectively, so it means bringing together people like pediatricians, nutritional experts, psychologists, educators, and putting them together in a team of research where they put aside their professional background and say "We will all get together to attack that problem." That is quite a commitment for a person to come out of the department of pediatrics where he is comfortable and engaging in communications with other people from other disciplines. That is the commitment these scientists are making.

What we want is reasonable assurance that that kind of commitment will not go in vain and that we will have the resources to do this multidisciplinary research effort so that we can attack this problem of mental retardation in the way N.A.R.C. & U.C.P. and other service organizations are looking for us to do.

Dr. SCHIEFELBUSCH. I think that is the critical thing. The willingness of a considerable number of groups of scientists to undertake this problem has been a major and rather dramatic thing. We have seen this come on in the last 10 years. This is really no time for us to stop and to tell them that even if a group gets together and designs a very startling new approach and you get a good review and a good priority score you are still inadequately funded. What happens after a few aborted attempts is that we block the whole development that has been coming on. I think that is what we are trying to prevent.

Mr. GALLAGHER. Our request is not to siphon more money away from other programs in NICHD. They have many problem areas that they legitimately need to attack. They have tried to be evenhanded in their distribution of their scarce resources. What is really needed for all of these areas is a substantial increase in the resources so that all of these areas can get the job done. But our own particular focus here is that the mental retardation centers with the major ocnstruction investment and program investment that is made in the past will not be able to operate efficiently, will not be able to draw these multidisciplinary and scientific teams together unless these funds are available whenever they have presented the proposals, they have been scientifically reviewed, they have been found worthy by juries of their peers so that they are ready to do good work. But when they are ready to do the good work the funds aren't there.

Mr. FLOOD. Thank you.

FRIDAY, MAY 10, 1974.

FOLLOW THROUGH PROGRAM

WITNESS

JOAN A. WOJDAK, DIRECTOR, NORTHEASTERN EDUCATIONAL INTERMEDIATE UNIT

Mr. FLOOD. Now we have the Follow Through program, Northeastern Educational Intermediate Unit, Joan A. Wojdak, director.

Mrs. WOJDAK. I want to thank you, Mr. Chairman, for the opportunity to say a few words about the Follow Through program.

More than 80,000 children in 170 communities throughout the United States are participating in Follow Through programs. In 1967 Congress authorized the organization of Follow Through as a supplementary developmental service program for low-income children, to sustain the gains of Head Start and other quality preschool programs. Another objective was to develop alternative innovative teaching methods to meet the needs and demands of a rapidly changing social structure.

Realistically viewing child development, programs were required to provide parent education and involvement in the decisionmaking process of education.

Ancillary services in the areas of nutrition, medical-dental, and transportation were available to assure each child the best possible chance to succeed.

Of the 20 available models, Lackawanna County selected the "open classroom" or educational development center model from Newton Mass.

Attached is a copy of Dr. Martin Higgins' evaluation of our project done under a State department of education technical assistance grant. We are operating 31 Follow Through classrooms in six different school districts. Our Lackawanna County project includes 31 classrooms, in nine school buildings, in six school districts. This research document refers to Lackawanna County as the Scranton area, one of the two county programs that were funded by the Congress. I think the other was Johnson County, N.C.

The school districts are Scranton, Abington Heights, Dunmore, Mid-Valley, Riverside, and the Scranton dioceses. Approximately 800 children are involved in the project. Our staff includes a director, 2 educational advisers, 2 social workers, 1 parent community coordinator, 31 aides and 31 teachers.

Open classroom environments usually reach a level of sophistication over a period of at least 3 years. At this point in time our classroom—children, aides, and teachers, our staff and our parents have reached a level of prime efficiency. We are now capable of developing and evaluating new methods and procedures. For example, an area showing great promise in our own project is a creative movement program showing a causal relationship between movement and the learning process. I think what I am trying to establish is that after 5 or 6 years we are in position now to collect the data that has been made available by these programs throughout the country and if we can't go on we are going to be another Federal failure while we know at this point our program has been successful and the attached documents will support our Lackawanna County program at this point.

If Follow Through is to accomplish its goals it must be allowed to function at full funding for at least 4 additional years.

The scholastic achievement of our children is obvious in the attached report, however, the immeasurable gains made in the affective area are among the greatest accomplishments of Follow Through. Working under the attitude that children as well as adults are more capable of reaching their potential when they have positive self-concepts and have the opportunity to experience success. The desire to share, the courage to make mistakes, the human understanding to care about the feelings of others, to help those with less with a feeling of empathy and compassion instead of condescension. These are but a few of the unwritten ingredients demonstrated by Follow Through children yet only subjectively measurable. We strive to help a child reach his potential. We cannot turn average intelligence into genius but we can turn out reasonably well adjusted children able to cope with the vicissitudes of daily living.

Parents who, 6 years ago seldom involved themselves in school functions are now acting as vital contributing participants in the education of their children. The research document indicates their understanding of the importance and the need of active parent participation in the education process.

A realization has emerged among parents that authority carries responsibility for them and the local educational agency, that the word "power" at times is a misnomer and has been misconstrued frequently with programs. It is no such thing as power, it is mostly work and responsibility. They realize this is their responsibility as well as the local educational agency. Rights and responsibilities of both should be given realistic clarification in the policy advisory committee guidelines.

The success of Follow Through has been indicated not only in our six participating districts but in the other Follow Through communities throughout the country. Despite this, school districts throughout the Nation faced with rising costs created by wage-price spirals and insufficient tax revenues, are unable to meet present financial obligations. Additional financial burden cannot possibly be met despite any desire to do so. Local financing of Follow Through, especially in small communities, is nothing short of impossible. In our own community, 11.3 percent of our population was on welfare—1970. Another 12 percent had incomes below $5,000 annually. If we are to provide adequate education for our children supplementary help is needed.

I would strongly recommend that the members of this committee can lend their support t the Follow Through program in three ways. First, I would hope that the House conferees to the second supplemental appropriations bill will retain the $20 million add-on for Follow Through which was included in the Senate version of the bill earlier this week. Second, that this committee fund Follow Through at full operational level for fiscal 1975. And third, that you insert language in the committee report to the fiscal year 1975 labor, health, education, and welfare appropriations bill extending the date from June 30, 1974, to August 31, 1974, for obligation of Follow Through funds. This will give HEW sufficient time to process grant applications.

[The attachments follow:]

CHAPTER II

SCRANTON

1) Instructional Component

The Scranton Area Follow Through Program operates within the Northeastern Educational Intermediate Unit No. 19. The program is modeled after the open education concept espoused by the Educational Development Center located in Newton, Massachusetts. A series of classroom observations confirms that the project is generally following an open education model. Interviews with the project staff, however, indicate dissatisfaction with the quantity and quality of the services provided by the sponsor. As in the case of Lock Haven, the instructional component was evaluated in terms of:

(1) Comparing Follow Through performance to the national norm.

(2) Comparing Follow Through performance to a local contract group. It was very difficult to find truly comparable groups. Analysis of Covariance will solve this problem next year.

(3) Determining improvements in test performance at various points in time.

Table IX shows that, in two of the Scranton Area Follow Through Centers, the children's preparation for first grade is at a higher level than the national average. In Center H, the average child did better than 84% of the entering first grade children in the nation. Whatever learning handicaps these children brought to Follow Through have been largely overcome.

Table IX

Performance of kindergarten students attending Centers B and H of the Scranton Area Follow Through Program on the Metropolitan Readiness Test.

	Center B	Center H
Mean	63.48	72.09
Standard Deviation	12.74	9.98
Percentile*	67th	84th

*Compared to beginning U.S. first grade students

Table X indicates that the general intellectual efficienty (IQ) of the first grade Follow Through students is about 8 points above the national average.

Table X

Performance of 72-73 first grade Scranton Area Follow Through students on the Otis-Lennon Mental Ability Test.

Mean = 108.6

Standard Deviation = 14.7

Table XI depicts the performance of first grade Follow Through students on the subtests of the Stanford Achievement Test. There is not one subtest score in any of the five centers which is below the national average (1.60). The general picture is one of achievement three to four months above the national average with the students in Center C achieving 7 months above the national average in vocabulary. For disadvantaged children to perform this well is extraordinary.

Table XI

Stanford Achievement Test Performance of first grade students attending various centers of the Scranton Area Follow Through Program

Grade Equivalent Means*

	Center C	Center D	Center E	Center F	Center G
Word Reading	1.81	1.84	1.74	1.76	1.74
Paragraph Meaning	1.73	1.74	1.71	1.78	1.71
Vocabulary	2.30	2.27	1.89	2.09	1.89
Spelling	1.80	1.96	1.86	1.60	1.86
Word Study Skills	2.05	2.08	2.10	2.03	2.10
Arithmetic	2.13	1.83	2.06	1.89	2.06

*National Norm = 1.6

The Stanford Achievement Test Performance of second grade students in Centers F and G is shown in Table XII. Again we see that no subtest performance falls below the national average of 2.6. The lowest score obtained (Center F - Spelling) is one and a half months above the national average while the highest score (Center G - Word Study Skills) in one year, seven months above the norm.

Table XII

Stanford Achievement Test Performance of second grade students attending Centers F and G of the Scranton Area Follow Through Program

Grade Equivalent Means*

	Center F	Center G
Word Meaning	2.91	2.82
Paragraph Meaning	2.80	2.97
Science and Social Studies	2.77	2.84
Spelling	2.75	3.25
Word Study Skills	3.06	4.31
Language	2.88	2.99
Arithmetic Computation	3.10	3.33
Arithmetic Concepts	3.12	3.04

*National Norm = 2.6

The above-average performance shown by the first and second grade students is not evident in the third grade. Of the eight subtests, Center D has two above the national average, Center F has three, and Center G shows five subtests above the norm. The best performance was shown by the Center F students on the language subtest where they exceed the national norm by one year, four months.

Table XIII

Stanford Achievement Test Performance of third grade students attending various centers of the Scranton Area Follow Through Program

Grade Equivalent Means*

	Center D	Center F	Center G
Word Meaning	3.37	3.42	3.55
Paragraph Meaning	3.02	3.25	3.64
Science and Social Studies	3.29	3.74	3.24
Spelling	4.03	3.50	4.12
Word Study Skills	3.71	4.00	4.14
Language	3.21	5.00	3.77
Arithmetic Computation	3.44	3.41	4.03
Arithmetic Concepts	3.05	3.44	3.28

*National Norm = 3.6

The Iowa Test of Basic Skills shows the achievement of third grade students (Center A) in a more favorable light. Table XIV shows all subtests to be above the national average with language skills being one year, two months above the norm.

The second method of evaluation consists of comparing Follow Through students with a similar group of non Follow Through children. As previously stated, it is very difficult to identify a group truly comparable to the Follow Through children to a higher socio-economic status group. This constitutes a very stringent procedure which would be avoided next year through prior identification of control groups and use of covariance techniques. Despite this disadvantage, Table XV indicates no significant differences between Follow Through and non Follow Through students on the Otis-Lennon IQ Test.

Table XV

Comparison of Otis-Lennon IQ scores of first and third grade students attending Center D of the Scranton Area Follow Through Program to a non Follow Through group

	Mean IQ's			
Grade	Follow Through	Contrast Group	t	Probability
First	103.8	105.5	-.50	NS
Third	104.2	108.1	-1.14	NS

Table XVI shows that the second grade Follow Through students did significantly better than the non Follow Through second graders on all subtests of the Metropolitan Achievement Test (Center H). The Follow Through group showed an achievement advantage of six months in reading and math and almost one year in spelling. Differences of this magnitude are attributable to chance less than one in a hundred occurrences.

Table XVI

Comparison of Metropolitan Achievement Test performance of second grade students attending Center H of the Scranton Area Follow Through Program to a non Follow Through group.* (df = 41)

	Follow Through	Contrast Group	t	Probability
Reading	3.19	2.56	3.39	< .01
Spelling	3.58	2.67	4.07	< .01
Math	3.43	2.84	3.38	< .01

The third evaluation technique consists of contrasting a person's performance at various points in time. Table XVII indicates that the Scranton Follow Through sample made significant improvement in Psycholinguistic Abilities from first to third grades. (F-Ratio = 150.45) The language age development (10.1 - 7.2) is what one would expect in three years.

Table XVII

Change between first and third grade of 72-73 Scranton Area Follow Through students on the Illinois Test of Psycholinguistic Abilities (N = 22)

	Mean	
	Composite Score	Language Age
First Grade	243.54	7.2
Second Grade	290.27	8.7
Third Grade	326.73	10.1
	ANREMS	Trend Analyses
F-Ratio	150.45	598.74
Probability	< .01	< .01

A similar picture is shown in Table XVIII where significant gains exist on all four subtests of the Metropolitan Achievement Test from first to third grade.

Table XVIII

Change between first and third grade of 72-73 Scranton Area Follow Through students on the Metropolitan Achievement Test (N = 11)

	Subtest			
	Word Knowledge	Word Discrimination	Reading	Arithmetic
First Grade	2.08	2.23	2.00	2.34
Second Grade	2.80	2.88	3.06	3.14
Third Grade	3.81	4.31	3.68	4.07
F-Ratio ANREMS	36.73*	57.07*	27.55*	25.77*
F-Ratio Trend Analysis	145.56*	218.26*	107.67*	102.91*

* = Probability $< .01$

Parental opinion is an important indication of success in the instructional area. Table XIX shows that over 96% of the parents agree or strongly agree that their child liked to go to school. The Follow Through Program has developed a warm and receptive environment for these children. Over 89% agree or strongly agree that their child is learning a lot in school while 94% indicate their child gets along well with the other children.

The overall parental response indicates a program that is successful in both the cognitive and affective areas.

Table XIX

Scranton Area Follow Through Parents' Questionnaire Response

(1) My child likes to go to school.

	%
Strongly Agree	59.1
Agree	37.1
Neutral	3.0
Disagree	.7
Strongly Disagree	0

(2) I feel my child is learning a lot in school.

	%
Strongly Agree	47.4
Agree	42.1
Neutral	7.5
Disagree	2.3
Strongly Disagree	.7

(3) My child gets along well with the other children.

	%
Strongly Agree	37.9
Agree	56.1
Neutral	5.3
Disagree	.7
Strongly Disagree	0

2) Parent and Community Involvement

Parent and community involvement in the Northeastern Educational Intermediate Unit No. 19 Follow Through Program centered in Scranton, Pennsylvania, consists of two basic facets: (1) membership in the Policy Advisory Committee (PAC); and (2) involvement in the activities of the Parent Center.

The composition of the Policy Advisory Committee, for the 1972-73 school year as described by the Project Director, consists of one representative from each of the twenty-eight Follow Through classes and alternates. Therefore, although there are only twenty-eight voting members at any one time, there are approximately eighty-three actual PAC members. PAC membership does not presently include community representation other than Follow Through parents. As pointed out by the Project Director, many attempts have been made to include other community representatives; but these persons never or rarely attended the meetings.

The Policy Advisory Committee's main purpose is to discuss and make policy concerning the Program. There are several main areas that this policy formation encompasses. The PAC reviews applications and interviews applicants to determine eligibility for services through use of the established guidelines. The PAC meets with the Project Director in order to write the grant application, including the budget and the use of funds. Furthermore, the Policy Advisory Committee helps to increase parent and community involvement through its association with the Parent Center activities. Through the PAC's participation in the selection of Follow Through personnel and staff, and the assistance of the staff and parents, it functions as "the voice and governing body of the Follow Through Program and through the representatives on this board, the voice of the community and parents is heard." (By-laws of the Policy Advisory Committee in grant application) In order to assist these administrative functions, various standing committees can be established at the discretion of the PAC chairman. Examples of committees previously formed are as follows:

(1) Career: To work with agencies such as local colleges to

facilitate staff development.

(2) Screening: To hear and resolve staff and parent grievances.

(3) Personnel: To recruit, screen, hire, and discharge Project employees.

(4) Finance: To determine budget priorities.

The regular Policy Advisory Committee meets on a monthly basis. In order to determine the opinions of the PAC members towards various aspects of the Follow Through Program, a questionnaire was administered to the regular twenty-eight members. Returns on this questionnaire were 42.8% or twelve out of twenty-eight. The results of this questionnaire are revealed in the following table.

1. How often does your committee meet?

More than once a month	0.0%
Once a month	100.0%
Once every two months	0.0%
Less than every two months	0.0%
Not at all	0.0%

	0-20%	20-40%	40-60%	60-80%	80-100%	N/A
2. Average attendance at these meetings has been:	0.0	0.0	0.0	91.7	8.3	0.0

	% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree	% N/A
3. I have been encouraged to express my opinion at these meetings.	50.0	50.0	0.0	0.0	0.0	0.0
4. When I do express opinions, my ideas are considered.	25.0	66.7	8.3	0.0	0.0	0.0
5. I feel our committee has made a useful contribution to the Project.	50.0	41.7	0.0	0.0	0.0	8.3

	% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree	% N/A
6. I have a good understanding of the goals of Follow Through.	41.7	58.3	0.0	0.0	0.0	0.0
7. I feel that Follow Through has been effective in attaining its goals.	51.7	50.0	0.0	8.3	0.0	0.0
8. The present Follow Through staff is effectively working towards the Project's goals.	41.7	48.3	0.0	0.0	0.0	0.0
9. Parent involvement has had positive effects on the Project.	33.3	41.7	25.0	0.0	0.0	0.0
10. The facilities provided the Follow Through Classes are adequate.	50.0	8.3	25.0	8.3	0.0	8.3
11. The support services (medical, dental, nutritional, social, psychological) have adequately met the needs of the students.	25.0	66.7	8.3	0.0	0.0	0.0
12. The equipment and materials provided the Follow Through Classes are adequate.	58.3	25.0	16.7	0.0	0.0	0.0
13. The instructional model being employed is effective.	16.7	75.0	8.3	0.0	0.0	0.0
14. The services rendered by the sponsor of this model have been sufficient.	8.3	50.0	25.0	16.7	0.0	0.0
15. The administration (superintendent) of the school district(s) has cooperated with the project personnel.	8.3	83.3	8.3	0.0	0.0	0.0

	% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree	% N/A
16. The administration (principal) in each school has cooperated with the project teachers.	33.3	41.7	16.7	0.0	0.0	8.3
17. The project teachers have been cooperative when working with this committee.	41.7	33.3	25.0	0.0	0.0	0.0
18. The time and energy that I have invested in the Project has been worthwhile.	66.7	25.0	8.3	0.0	0.0	0.0

As revealed by the questionnaire, the average attendance at the PAC meetings is 60-80%. The respondents indicated that at these meetings they were encouraged to express their opinions and that their opinions were considered, with strongly agree or agree being marked by 100% and 91.7% respectively. The PAC members responded very positively to the majority of items on the questionnaire. Their replies indicate that the PAC has made a useful contribution to the Project, they have a good understanding of the goals of Follow Through and that the Project has been effective in attaining these goals with the help of the staff. Ninety-one and seven-tenths percent of the respondents strongly agreed or agreed that the support services provided by the Program had adequately met the needs of the students.

The PAC members were somewhat critical of the services rendered by the sponsor with over 41% rating them neutral or unfavorable. With respect to facilities, only 58.3% agreed or strongly agreed that the facilities provided the Follow Through classes were adequate. Equipment and materials were rated as adequate by 81.3% of the respondents. Generally, the majority of the members felt that the administration, superintendent and school

principal, and the project teachers had been cooperative when working with the committee.

Seventy-seven percent of the PAC members agreed or strongly agreed that parent involvement has had positive effects on the Project. Perhaps the best indicator of the opinions of the PAC members towards Follow Through can be seen in that 91.7% strongly agreed or agreed that the time and energy invested in the Project has been worthwhile.

The model open classroom developed by the sponsor, EDC, did not provide for an active parent and community activities outside of involvement in the Policy Advisory Committee. In order to fill this gap, the Follow Through staff under the guidance of the Parent Activity Coordinator and the PAC has begun to develop its own parent programs and activities. The most noticeable achievement in the 1972-73 school year was the establishment of the Parent Center.

The Parent Center, located in a store front building in Scranton, was developed to provide a place for parents to meet both socially and educationally. It was hypothesized that by helping to provide enrichment activities for parents, the parents in turn would be able to improve the quality of their own home environments. As explained by the Parent-Activity Coordinator, "The Parent Center is more than a place where activities take place. It has become a place where parents can exchange ideas and views on child care, home management, health, etc." (Northeastern Educational Intermediate Unit printout) The activities sponsored through the Parent Center are open to both Follow Through and non Follow Through parents. In an attempt to respond to the needs of the parents in the community, various questionnaires and checklists are circulated to determine the types of activities the community wanted. As a result of expressed interest, a wide

variety of activities were planned with many community members volunteering their efforts to both speak and direct the events. The activities conducted during the 1972-73 school year are as follows: courses on filing income tax, home repair and remodeling workshop, tri-wall workshops, health, exercise, hygience and nutrition programs, sewing, cooking, crocheting and other hand crafts, art courses in such areas as sketching, drawing and oil painting, gardening, courses on consumer education, parent effectiveness training, how to conduct and participate in meetings and consumer protection. The format for these activities varied from discussion groups for areas such as parent effectiveness to the more formal presentations to craft workshops. Usually each activity would last for three to eight weeks, meeting once or twice a week. Social events such as a parents' art show and fashion show and karate exhibition held in April, 1973, were enthusiastically received by the community.

In order to increase community awareness, the Parent Center also sponsored informal trips to places such as art gallaries, museums, City Hall, fire houses, libraries and factories. These trips were taken by small groups of parents and sometimes children as well.

According to the Parent Activity Coordinator, approximately three hundred fifty Follow Through parents and non Follow Through parents were involved in Parent Center Activities during the 1972-73 school year.

Only informal attempts at evaluating the effectiveness of Parent Center Activities have been made, consisting mainly of written parent evaluations and comments. These commentaries have indicated the following parent opinions:

(1) The Parent Center has helped the participants to become better acquainted with other parents.

(2) The activities have helped parents to develop new home-making skills and have provided a form or relaxation.

(3) The Center activities have provided the parents with new insights into child rearing.

The general feeling of the parents could be summed up in the words of one parent who said, "The Follow Through Parent Center to me means learning enjoyment, and socializing with other parents, and is a means of doing things together as a family."

As pointed out by the Parent Activity Coordinator, the number and enthusiasm of the people involved is one indication that the Parent Center is working.

There is little information available on parent community involvement programs other than the PAC and the Parent Center Activities. As pointed out by the Parent Activity Coordinator, there is no formal program for training parents to work in the classrooms. Parent Teacher Organizations exist in each of the Follow Through schools. These organizations meet monthly at the nine schools involved in the Program. Recently newsletters have been published by the children in the Follow Through classes for home distribution. It was also noted that parents are encouraged to observe in the classrooms although no formal program for this exists.

Generally, it can be concluded that the Follow Through Project Staff has been successful in expanding community and parent involvement. Through efforts such as the Parent Center, the parent community component of the Follow Through Program is being effectively strengthened.

In order to determine the opinions of the parents towards various aspects of the Follow Through program, a questionnaire was administered to all Follow Through parents. One hundred fifty-three of the original five hundred questionnaires, or 30.6% were returned in time for inclusion in the following table of results.

1. How many meetings about the Follow Through Program have you attended?

None	28.4%
1 to 2	42.5%
5 to 6	20.1%
7 or more	7.5%
N/A	1.5%

		% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree	% N/A
2.	At these meetings, I have had opportunity to express my opinion.	19.4	41.8	11.9	1.5	24.6	0.8
3.	When I expressed my opinion, people listened to what I said.	12.7	44.0	14.9	0.7	27.6	0.1
4.	I have been involved in classroom activities at my child's school.	11.9	27.6	28.4	9.7	20.1	2.3
5.	I have helped plan activities at my child's school.	7.5	20.1	29.9	14.2	25.4	2.9
6.	I understand what the Follow Through Program hopes to do for my child.	37.3	45.5	6.0	2.2	9.0	0.0
7.	Everything I have done for the project has been worth the time spent on it.	23.1	28.4	15.7	3.7	28.4	0.7
8.	I hope my child is in this kind of program next year.	48.5	38.8	7.5	0.7	3.7	0.8

As indicated by the table, 62.6% of the respondents attended between one and six meetings on Follow Through. Twenty-eight and four-tenths percent of the parents did not attend any meetings. The majority of those who had attended Follow Through meetings indicated that they had been able to express their opinions and people had listened to what they had to say. Less than half of the responding parents indicated that they had been very involved in classroom activities or planning classroom activities, with strongly agree

or agree being marked by only 39% and 27.6% respectively. Eighty-two and eight-tenths percent of the parents indicated that they understood what Follow Through hopes to do for their children. Approximately half of the parents, 51.5% strongly agreed to agreed that everything they had done for the project had been worth the time spent. These replies generally reflect the fact that parent involvement programs have not as yet been extensively developed. However, the overall positive attitude of the responding parents towards the Program can be seen in that 87.3% strongly agree or agree that they hope their children are in this kind of a Program.

3) Support Services

The support services of the Follow Through Program sponsored by the Northeaster Educational Intermediate Unit have been restricted by time, geographic dispersion, and finances. Evaluation of the program's support services consists of three instruments: (1) a parents questionnaire; (2) a support services personnel questionnaire; and (3) a Policy Advisory Committee questionnaire. The results of a questionnaire distributed to ten members of the support services personnel is given in the following table.

1. The procedures which have been employed to determine the deficiencies of the Follow Through students in the following areas have accurately assessed the needs of the students.

	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Can't Say
Medical	(4) 40%	(2) 20%	(2) 20%			(2) 20%
Dental	(3) 43%	(3) 43%	(1) 14%			
Nutritional	(3) 50%	(1) 17%	(1) 17%			(1) 16%
Social	(3) 38%	(3) 38%	(2) 25%			

	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Can't Say
Psychological	(3) 38%	(4) 50%				(1) 12%
2. Parents of students have been informed as to any detected deficiencies.	(5) 55%	(3) 33%		(1) 11%		
3. Parents have been instructed as to the availability of services that relate to their child's needs.	(5) 55%	(3) 33%		(1) 11%		
4. Where necessary, these services are being utilized.	(2) 22%	(4) 44%		(3) 33%		

5. In which of the support services areas are you involved?

Medical	(7) 41%
Dental	(4) 24%
Nutritional	(2) 12%
Social	(2) 12%
Psychological	(2) 12%

6. What is the extent of your involvement with Follow Through?

Full Time	(1) 11%
Part Time	(4) 44%
On a Consulting Basis	(4) 44%

Note: The number in parentheses indicates the number of people responding in that manner.

The parents responded to five questions concerning the support services.

The results of this questionnaire are presented in the following table.

1. A social worker or aide from Project Follow Through has visited my home.

Yes	(33) 24.6%
No	(99) 73.9%
No Response	(2) 1.5%

2. The social worker or aide has helped our family.

Strongly Agree	(7)	5.2%
Moderately Agree	(18)	13.4%
Neutral	(39)	29.1%
Moderately Disagree	(19)	14.2%
Strongly Disagree	(6)	4.5%
No Response	(45)	33.6%

3. My child received a check-up by a doctor and a dentist at school.

Yes	(118)	88%
No	(15)	11.2%
No Response	(1)	0.7%

4. Any problems found in this check-up were treated.

No Problem Found	(84)	62.7%
Problem Treated	(27)	20.1%
Problem Not Treated	(6)	4.5%
No Response	(17)	12.7%

5. If your child was treated, how do you rate this treatment?

Very Good	(26)	19.4%
Good	(14)	10.4%
Fair	(1)	.7%
Poor	(1)	.7%
Very Poor	(0)	0.0%
No Response	(92)	68.7%

Note: The number in the parentheses represents the number of people responding in that manner.

The members of the Policy Advisory Committee were asked to agree or disagree to the statement, "The support services have adequately met the needs of the students." Their responses were as follows: 8 members (66.7%) agreed, 3 members (25%) strongly agreed, and 1 member (8.3% remained neutral).

While the medical needs of the students in this program have been adequately met, there appears to be a deficiency in the social service area. Only 25% of the families have been visited by a social worker or aide and these parents have remained neutral in their rating of this service. A more extensive investigation

would reveal if a serious problem exists in this area, and if so, what are the causes. It should be noted, however, the parents agree with the support services personnel that a very adequate job is being done in the screening and treatment of medical problems of these students.

Mrs. WOJDAK. If there are any questions, I will be happy to answer them.

Mr. FLOOD. Thank you very much.

FRIDAY, MAY 10, 1974.

FOREIGN LANGUAGE AND AREA STUDIES

WITNESS

DR. PHILIP B. TAYLOR, JR., DIRECTOR OF LATIN AMERICAN STUDIES AND PROFESSOR OF POLITICAL SCIENCE, UNIVERSITY OF HOUSTON

Mr. FLOOD. Dr. Philip B. Taylor, Jr., director of Latin American Studies, University of Houston.

Mr. CASEY. Mr. Chairman, Mr. Philip Hoffman, president of the University of Houston hoped he could be here and I would like to put his letter in the record at this point.

We are pleased to have Dr. Philip Taylor, director of Latin American studies at the University of Houston because he is indeed a very knowledgeable person in this field and has done research and contract work for the Library of Congress and other agencies other than Government in this program. I would like to place the letter in the record.

Mr. FLOOD. Without objection that will be done.

[The letter follows:]

UNIVERSITY OF HOUSTON,
Houston, Tex., May 10, 1974.

Hon. BOB CASEY,
House of Representatives, Rayburn House Office Building,
Washington, D.C.

DEAR BOB: I deeply regret that I am not able to get to Washington to testify before your subcommittee on behalf of the American Council on Education recommendation for funding of the NDEA title VI program at $18 million for fiscal year 1975. The purpose of this letter is to reaffirm to you and the subcommittee the importance which I personally, and the University of Houston, attach to this important legislation.

As you know, the university has, for many years, had a deep commitment to international education, exemplified in particular in our strong Latin American studies program. There is now a clear emerging need for greater concentration on the needs of Mexican American people as well.

The University of Houston is expanding its international education programs, in particular Latin American studies, because of the rapidly increasing importance of many of the Latin American countries (in part a result of the energy crisis) and a growing student and faculty interest in the region. The university is doing this also because of the urgent need of our Nation to have many more people educated to understand the emerging economic and political power and changing cultural values of our Latin American neighbors. For the first time the University of Houston will need institutional assistance from the Federal Government to develop this national resource to respond adequately to this new national need.

Dr. Philip Taylor, director of our Latin American studies program and Professor of political science, is my emissary before your subcommittee. He will present a statement on behalf of the university in support of the American Council on Education's recommendations and will be prepared to testify.

If we can be of any additional assistance to the committee, do not hesitate to call on us. Thank you again for arranging for Phil Taylor to testify on this important occasion.

Sincerely,

PHILIP G. HOFFMAN, *President.*

Mr. FLOOD. You are very well presented. You may proceed.

Dr. TAYLOR. Thank you, Mr. Chairman and Mr. Casey.

I wish at the outset to express my thanks to this committee for its courtesy in extending me time to speak on the question of funding for foreign area programs for higher education. And I am most grateful to Mr. Bob Casey, Member of the Congress from the 22d District of Texas, for the privilege he has accorded the University of Houston to present testimony at this time.

Mr. CASEY. I don't do anything without the help of these gentlemen up here, especially the one in the Chair. So you want to thank them too.

Dr. TAYLOR. I think we in the foreign studies area especially have been aware of Mr. Flood's interest in foreign area matters for many years and his concern for American foreign policy, for its relations with Latin America in particular. I, as a personal specialist on Latin American matters, have been aware of this for many years. So I am happy to have the chance to speak to the committee.

The National Defense Education Act of 1958 is now before this committee for reexamination and refunding. In recent fiscal year, the Congress has been most supportive of the original goals of that law, and has made the decision, independent of the executive branch, to vote funds for title VI beyond the amounts recommended by the Office of Management and Budget. This action by the Congress has been exemplary of the best traditions of public service in its response to clear need. The need for continued support is as great as it has ever been in our country's history.

The NDEA was enacted at a time of concern for our Nation's military and political security. The "cold war" mood did not pass for at least a decade, if indeed it has passed yet. In the last few years a series of new concerns has appeared on our horizon that cause all who are committed to our country's ability to surmount its problems to feel the need for continued efforts.

At the outset, therefore, I wish to point to the recommendations of the American Council on Education that the OMB request of $10 million for fiscal year 1975 for international education be increased to $18 million. Where the Administration requests $8,640,000 for NDEA title VI uses, the American Council on Education asks $16 million. Where the administration requests $1,360,000 for Fulbright-Hays moneys, the ACE asks $2 million. The University of Houston is one of the 2,700 institutions of higher education in the United States that support the ACE's recommendations. We do so, in large part, in support of the successes that have been and will be achieved by other institutions, both famous and obscure, with title VI help.

In the first years of the title VI programs, the variety of programs established included centers intended to train specialists on foreign areas—that is, geographic regions outside the boundaries of the United States. On the whole, there were many centers and programs of exemplary quality. To be sure, the country had not lacked foreign area specialists trained in former periods; they frequently came forward in times of national need for information and interpretation of data, and we were the better for their services. The NDEA centers, together with the scholarships awarded highly qualified candidates for doctoral work in the humanities and social sciences, prepared the country to

deal ever more effectively with an ever-increasing number of foreign policy problems. Today, our country can claim the participation of thousands of persons in all areas of national life, both public and private, who are equipped to help guide us toward our goals of peace based on mutual understanding and benefit. And this fund of scholarship is, I believe, always available to the Congress at times of need for independent action.

My initial point, however, suggested that there are now more compelling arguments than the mere physical security of the country for the funding of international education programs. Academic specialists trained to observe the breadth, depth and implications of changes, in foreign countries have been able to describe, frequently with much greater perception than experts in government ranks, the trends that will affect our Nation. And they often can do it with less cost to the government, thanks to relatively modest and recurring investments made in updating their knowledge through opportunities for foreign research. A few academic specialists called the turn on the 1973 action of the Organization of Petroleum Exporting Countries before it happened, although the myth of the impregnability of our national economy led these predictions to be discounted.

And oil is only one area in which our academically trained specialists have correctly pointed out, in great detail, the certainty that increased moods of independence in the nonfuel supplying countries will affect our economy—and, if we are inattentive, our national prosperity.

Other examples can be offered: Academics whom I know personally warned about U.S. policy attitudes in Chile as far back as the early 1960s, but Pentagon, CIA and ITT still could take seriously the possibilities of interdictive action against an Allende election (as well as of a Frei election), with some substantial effects on the events that have been observed. To look to the future, it is hardly fantasy to argue that at some finite date Brazil will be one of the world's great powers. It could well be that by, say, the year 2000 we will confront Brazil as we now confront China or Russia. Unless our country takes appropriate heed of the knowledge of persons and future foreign area specialists, we could be fated to repeat the Vietnam experience.

Unless our young foreign area specialists are constantly trained in numbers sufficient to replace those of us who retire or more to other areas of activity, the country will lose a rich resource. And these young specialists can be trained only in competent area centers and with the support of academic field research funds. Their study missions will hardly be junkets; rather, they will be useful investments of national funds for a national purpose—which few State or private universities may feel they can support under the competition for funds of other instructional purposes.

A third argument is equally compelling. As our country strives for greater democratic opportunity and participation for all of its own people, a further need arises for specialists on foreign regions and cultures. Millions of our citizens have ethnic or cultural heritages that affect their lives. Indeed, all of us are "immigrants" in some degree, and our lives, values and behavior are often affected in ways that we do not understand fully. Foreign area programs train specialists on remote and occasionally exotic regions, although they have not usual-

ly, in the past, trained specialists on the quasi-foreigners within our own borders. Yet are not the specialists who understand these other cultures and languages well prepared to contribute to the study of and understanding of these ethnic groups? I have seen many instances in Texas in which "Chicanos," our young Mexican Americans, have for the first time been enabled to find keys to their personalities and histories in the study of Mexico or in a Mexican experience.

Just the other day I was talking to a young Chicano, a young Mexican American who had never been out of the State of Texas in his life. The University of Houston took a small group of disadvantaged Spanish language students to Mexico for a week during the spring break. I remember talking to him just last week. He said: "You know that the first time I walked around the streets of Huamanlla and I looked at the tribal Mexicans still living their ethnic lives in the kind of condition of predevelopment, I became aware for the first time of where my own heritage lies. It gave me a point of focus about myself and about many persons in the United States I would not have had before this time."

In 1970 the Congress responded in part to this incentive; the ethnic heritage studies program, funded for the first time in fiscal year 1974 for $2,375,000, was a first step toward establishing programs of bilingual and bicultural education. To be sure, these moneys were made available for only 1 year. But it must be expected that so necessary a program will be continued so that the assembling of personal resources can occur. The goal is not to exaggerate distinctions so as to create unrest, but rather to explain and understand heritages so that our cultural minorities can take conscious places in our greater society in dignity and self-assurance.

I do not discount the importance of bilingual specialists who have not had the advantage of study abroad. In the case of those who in Texas and the southwest prepare themselves to participate in the bilingual training of Mexican-Americans, for example, a greater portion of their training can occur within our own territories. But it is also clear that they, much more than our students, require the foreign area experience in order to achieve maximum competence in their teaching. The important point to make is that for these bilingual specialists their training facilities and laboratories are only in part immediate and at hand.

To recapitulate, therefore and to extend the discussion: foreign area specialists are much needed by our country. And they are a national resource in large part, so that the cost of preparing them to play their essential roles in our national life should be considered a national charge. They can only become foreign area specialists by work in their laboratories. A chemist is not trained only out of a room full of books, no matter how great the authors of the books might have been as chemists; the experimental and research chemists need their laboratories, as well as time for reflection. Our foreign area specialists are the book writers, as well as the investigators, for often their observations and analyses "in laboratory" have never been put in print by any author, whether of a foreign region or from our own country.

It may be asked if the State and private universities cannot handle foreign area training unassisted by Federal funding. They do much of course, and surely will continue to do it. A very few of the centers

received more than half their funding for a short period from the national Government at the beginning of the 14-year life of title VIA to be sure. But this practice was ended some years ago, and today no institution receives more than 10–15 percent of its international education expenditures from Federal funding. An institutional commitment of some 85 to 90 percent does indicate the universities are unprepared to continue the commitment of this type of training, for faculties and physical facilities now in place thus far have competed successfully for increasingly hard-fought-for dollars, and have generally earned their places in institutional plans. I might go farther and say that the University of Houston has never received institutional title VI funding, and very few of its faculty members have received Fulbright-Hays grants, but its commitment today includes 34 full-time and part-time specialists on the Latin American and Mexican American areas alone, and annual central administrative funding of approximately $135,000.

But if this be the case, what need is there for Federal funding at all? There are many needs that can only be listed. Institutional needs constantly change on college campuses. There is constant competition for budget dollars, from student demands and needs for new programs and courses, through increasing need for scholarship funds for the new groups of needy students being attracted by minority recruitment or affirmative action programs, the rising cost of library acquisitions (my librarian friends began 4 years ago to report to me that their costs were then already rising at over 10 percent annually if they wanted only to remain in the same relative position), rising costs of salaries, and the rest of an endless list. State legislators want their young citizens taught in classrooms, and often set priorities in these terms rather than on the needs of faculty and libraries for updating or upgrading of skills and knowledge. The most vital role played by Federal money is the exemplary one that carries a multiplier effect, however. The achievement of excellence—or even the maintenance of quality—can be very expensive. A library's wish to acquire scarce material that will make it excellent rather than merely good is aided immeasurably by a relatively small amount of extra funding. The same can be said for the maintenance of skill and knowledge among a faculty body, by distinctive choices than can be made in the academic marketplace among bidders for positions. A Federal increment can be shown to have attracted alumni or corporate giving in many instances where these private funds would not have been forthcoming otherwise. Faculty who must return to their laboratories to refresh their knowledge and skills in order to remain competent specialists in rapidly changing circumstances abroad are ordinarily very willing to invest personal funds in overseas work, but cannot do so without the increment a federally funded scholarship would give them for travel costs. As has been said in another place, the "strategic intervention" of Federal programs can have a catalytic effect.

There are two final points to which I wish to return. Both involve Texas and the University of Houston. Texas is not alone in its increased concern for the ethnic heritage of many of its people; many States, in various ways, share this concern. Some 10 percent of all citizens of Texas—14 percent in metropolitan Houston—are of Mexican American heritage. Many of these people are very nearly mono-

lingual in Spanish, or bilingual in a unique way. In 1974, for the first time, Texas formally recognized the need to train its classroom teachers for effective bilingual and bicultural work with students through innovative programs to be conducted at the university level. The Texas Education Agency has only recently established criteria for accredition of classroom teachers in the K–12 area, as well as for community colleges, in bilingual education.

The University of Houston, the largest university of the State's largest metropolitan area, is now prepared to respond affirmatively to this policy of the State. But the recognition by the State comes rather late in time, and the startup needs are very great. Quite frankly, the foreign area programs of the past have had the peculiar effect of creating a kind of bifurcated ethnocentricity. That is, our foreign area specialists, while remaining Americans in all of the important ways, have also become highly skilled and somewhat committed to the foreign regions of their specializations. Yet they have not necessarily become aware of the intricacies of national political and social needs as expressed by our own minority groups of foreign origin. I can attest to this personally; more than 25 years after beginning work in Uruguay, in South America, I still understand the political and social system of that country better than I do that of the State of Texas, where I have lived only a small portion of my life.

That I should say this of myself is less important than that I can say it of younger and less settled colleagues. The task of achieving emotional and intellectual awareness on the part of a specialist-teacher, of a new cultural group or region can be enormously expensive of time and effort, and often is not accomplished without some cultural shock. Yet the investment is absolutely essential, and it is not at all clear that a single State budget or private institution ought to have to bear the entire cost of this training. Ours is a country of great movement of people and ideas. Undertrained or unassimilated persons, of whatever region or cultural origin, moving freely as permitted by our laws, may transfer social problems and attitudes to other regions. Similarily, it must be noted that relatively few of the faculty members now teaching at Houston are Texans by birth or training, so that the costs of their preparation to contribute to the resolution of some of the State's problems were borne in part by other regions of the country. In effect, we must be aware of the fluidity of our society, and realize that literally no problem is a purely regional problem today.

This is not to say, however, that the University of Houston has made no investment in international and bilingual education. It has made major investments over a period of more than 30 years, and it will continue to make them. It will use those funds available to it in as efficient and toughminded a way as a machine made of people can manage it. As a person who plays a dual role of professor and administrator on the university's campus, I can attest to the fact that we are as parsimonious with ourselves as any legendary Scrooge might wish, whether it be for major overseas research plans, or for the acquisition of paper clips.

The university's capabilities in responding to the challenges of bilingual and international education, in a mix possibly unique to the Nation, will be put to the test in the summer of 1974, when for the

first time it will respond to the newly established criteria of the Texas Education Agency in offering special courses for bilingual teachers. Its large and committed faculty are ready for the new tasks involved.

More importantly, like many other institutions now approaching national stature as the result of the growing needs of our country, the University of Houston looks to support by the Congress of proposals made for fiscal year 1975 by the Office of Education for continuance of international education and ethnic heritage fundings. The centers proposed and to be continued, and the scholars to be trained and refreshed in their areas, are vital national resources. Their service to the Nation has been demonstrated, and I am confident that service will continue to be proved. We feel the multiplier effect of Federal support, within the existing program plans of the many universities and colleges of the country, will enhance their ability to serve the country's greater needs of coming years with effectiveness and attractiveness.

Thank you.

Mr. FLOOD. Thank you very much. Mr. Casey couldn't have done better himself.

FRIDAY, MAY 10, 1974.

OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA—OIC

WITNESS

HON. RICHARD S. SCHWEIKER, A U.S. SENATOR FROM THE STATE OF PENNSYLVANIA

Mr. FLOOD. Now we have the privilege and the pleasure of having before us the distinguished Senator from the great Commonwealth of Pennsylvania, Senator Schweiker, who is especially knowledgeable in this field because of his service on the Appropriations Subcommittee in the other body which corresponds to this one.

Senator, we sit here with bated breath.

Senator SCHWEIKER. I thank the distinguished chairman and the members of the subcommittee. I am pleased to come back to the House and renew old friendships.

Mr. Chairman, I would like to express my thanks to you, and to the members of the Appropriations Committee, for the opportunity to testify this morning with regard to the Labor-HEW Appropriations for fiscal year 1975. The issues involved in the manpower area are critical ones, and as a member of the Senate Labor Committee and Appropriations Committee, I am pleased to be able to participate with you in your subcommittee's deliberations.

My purpose this morning is to submit for the consideration of your subcommittee the need and justification for earmarking $75 million for the operation of the Successful Opportunities Industrialization Centers of America-OIC. The founder and chairman of the Board of OIC, Rev. Leon H. Sullivan, intends to request this amount in his testimony next week before your subcommittee, and I want to say at the outset that I back Rev. Sullivan 100 percent in this request.

Let me describe briefly what Rev. Sullivan refers to as the "10-year track record of cost-effective performance" of the OIC's.

The first point I wish to bring to the subcommittee's attention is the overwhelming success of OIC in the past 10 years. Too often we give

undeserved and uncritical support to organizations which in no way merit special consideration. And on the other hand, successful organizations like OIC get lavish praise from everyone, from the Vice President down, but when it comes right down to getting the necessary money for a specific program, the support somehow vanishes.

In 1964 Reverend Sullivan set up his Opportunity Industrialization Center in an abandoned police station in North Philadelphia's black ghetto. OIC has since expanded to more than 100 cities across the country; 200 communities have contacted Reverend Sullivan and expressed interest in starting OIC programs, and the program has been so successful in fact, that OIC has received inquiries from around the world, including Kenya, Nigeria, Ghana, Jamaica, and Haiti.

The stated goal of Reverend Sullivan is by 1980 to train 3 million people for jobs that exist—and take 1 million off the welfare rolls. Let me emphasize that jobs that exist now, not some hypothetical pie-in-the-sky training for jobs to be created later. To date, according to the Department of Labor, OIC has trained some 150,000 disadvantaged blacks, Chicanos, and whites over the past decade, and it has placed them in jobs. Manpower specialists at the Department of Labor consider this placement rate far superior to most, if not all, comparable programs. With high unemployment hitting many groups in our society, it is time to recognize and support in Federal appropriations, legislation, one of the most productive manpower training movements in our history. Two-thirds of the persons OIC has trained to date are still on the jobs where they were placed. I think this statistic alone conveys the success that OIC has had in attacking the unemployment problem in our urban ghettos: Two-thirds of OIC's trainees have retained their jobs over a 10-year period. Clearly, this is an impressive record.

In fiscal year 1975, OIC is prepared to train and place 75,000 persons at a per capita cost of $1,000, and remove one-third of that number, 25,000, from welfare rolls. As you know, I fought to give special recognition and to make a renewed commitment to OIC in the Comprehensive Employment Training Act—Public Law 93–203—because in making the transition to manpower revenue sharing, we must build on OIC's experience and expertise as the outstanding manpower training program developed in the private sector. Appropriately, OIC has the lead designation in the definition section of the Manpower Act, where reference is made to community-based organizations. (Title VI, sec. 601(a)(1)).

OIC has achieved its successful employment record at a surprisingly low per capita cost, $1,000. A major reason for OIC's astonishing efficiency is the fact that OIC pays its trainees no stipends. As Reverend Sullivan says, "Instead of paying people for training, we use motivation. To us, paying stipends was creating a stipend psychology in the community—its seemed like another form of welfare." The individuals in OIC programs "do not want a handout, but a handup."

So, while most of the OIC trainees are recruited from ghetto welfare rolls, they receive no additional allowance while they are training for jobs as typists, retail clerks, auto mechanics, and about 80 other occupations.

I would like to stress to members of the subcommittee that OIC is a lot of program for the money. Its $1,000 per capita cost is an estimated $1,500 below the next most efficient Federal program of this sort. In Philadelphia, Rev. Thomas J. Ritter, local OIC director, estimates that OIC has placed in jobs 13,700 people who earned $77 million last year and over the course of the year saved the State hundreds of thousands of dollars in public assistance checks. Reverend Sullivan estimates that the OIC organization has already saved our Nation $100 million in welfare payments. Thanks to OIC's efforts, thousands of men and women are off welfare rolls and onto payrolls.

In summing up, I would like to state emphatically that the strong new commitment that Congress made to the Nation's unemployed in the Manpower Act must be continued in our appropriations, especially with regard to OIC. The appropriations bill for fiscal year 1975, which will provide for the implementation of the Manpower Act, must protect OIC by specific language to assure the necessary funds to continue the efficient success of this invaluable program.

The Manpower Act has made it clear to countless millions, who have been unemployed or underemployed due to conditions beyond their control in terms of socioeconomic conditions and racial discrimination, that the Federal Government does care and has taken steps to do something about their problems. OIC has been a fundamental building block in the solution to our inner-city unemployment problems. In the final analysis, the cure for poverty is earning money. And the accepted way to make money in American society has always been gainful employment. The OIC's will permit those Americans at the low income and poverty levels to obtain gainful employment. We could not mount a more successful battle in the war on poverty than by encouraging and sustaining the OIC program. I urge you, therefore, to support, as I will, Reverend Sullivan's request to include specific language in the appropriations bill you are now considering, to earmark $75 million for OIC as an integral part of the national manpower delivery system.

In closing, I would like to read excerpts from Reverend Sullivan's statement in justification of this request.

"If title I money is not available to local OIC's, we believe the act says that the Secretary of Labor has a special responsibility to programs of proven effectiveness to use title III money. On the other hand, we feel that he also has a special responsibility under title I to give guidance to the prime sponsors about the desirability of including community-based organizations of proven effectiveness. In short, we think that the law is inconsistent with the laissez-faire attitude on the part of the Department of Labor. We think that there needs to be enough money for the mayors to adequately cover the needs in their communities.

The Department of Labor appears to be working their original plan that they had laid out when they intended to introduce special manpower revenue sharing administratively. They appear to be using the ambiguity of the legislation as an excuse for going back to their original plans. The legislation makes it possible to go in two directions and the Department of Labor had to choose to go one way or another. They, the Department of Labor, need more guidance from the Congress. The Appropriations Committee and the money bill is our last

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best chance to ask the Congress to give the Department of Labor more guidance.

In my efforts to cooperate with the Department of Labor and to help make the new legislation work for poor people, I designed a proposal which would work and give us at least a chance to fit into the system. We secured from several mayors an agreement that they wanted an OIC in their community and would include OIC in their plans if the money was available under title I. They agreed that if the startup money was available from the Secretary of Labor, they would pick it up as prime sponsors the second year. Therefore, if the Appropriations Committee earmarks a certain amount of money to be used by mayors to do this kind of developmental work, bringing OIC's into their communities, there will be less need for the Secretary of Labor to use title III money for this purpose. That is why I have asked for $75 million to be earmarked to train 75,000 people, with $60 million to be processed through title I, the prime sponsors, and $15 million to be processed through title III with the Secretary of Labor—in other words, the mayors need assurance from the Congress that they do not lose money by including OIC in their plans under title I. At the same time, the Secretary of Labor needs assurance from the Congress that he will have adequate money to continue OIC project development under title III.

Thank you for your consideration.

Mr. Chairman, and members of the subcommittee, I thank you very much for your patience and kindness in hearing me this morning.

Mr. FLOOD. Thank you very much, Senator.

MONDAY, MAY 13, 1974.

EDUCATION AND LIBRARY PROGRAMS

WITNESS

HON. CARL D. PERKINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KENTUCKY

Mr. SMITH. Our first witness today will be the Honorable Carl D. Perkins, chairman of the distinguished Committee on Education and Labor, which is responsible for the authorizing legislation for many of the programs for which this subcommittee recommends appropriations. Naturally the Education and Labor Committee is very interested in these matters.

At this time we are fortunate to have before us the chairman of that very important committee.

Mr. PERKINS. Thank you very much, Mr. Chairman. First, let me state that I have a lengthy prepared statement which I shall not undertake to read. This sets forth the reasons why the suggestions I have to offer should be carried out.

It is a great pleasure for me to appear before you today in connection with appropriations for Federal programs in elementary and secondary education, vocational and career education, programs for the handicapped and higher education. I feel that the request I make represents the views of the majority of the members of my committee.

Mr. Chairman, I am encouraged by the fact that the budget submission by the administration to the Congress for fiscal year 1975 recommends the forward funding of many of the elementary and secondary education programs, to be accomplished by a supplemental appropriation for fiscal year 1974 to provide funds for use in fiscal year 1975, and an appropriation for fiscal year 1975 for those programs to be used in fiscal year 1976. Following these procedures will give educational agencies and institutions the essential leadtime to plan, retain, or employ necessary personnel and otherwise to make the most effective use of educational funds.

The committee upon which it is my privilege to serve, the Appropriations Committee, and the Congress have had a difficult time in working out an equitable title I formula, updating it to reflect current needs and current data. The process of redistributing title I dollars while maintaining approximately the same total amount of dollars for the program necessarily implies that some school districts and States will lose funds while others gain. The only appropriate remedy under these circumstances is to provide an increased and more appropriate level of funding for title I. This is one of the reasons that I would recommend a $2.1 billion allocation for title I ESEA in a supplemental for fiscal year 1974 to be used in fiscal year 1975, and a like sum for fiscal year 1975 to be used in fiscal year 1976. The higher institution educational programs have already been forward funded. These programs have been forward funded for several years.

In vocational education and adult education, Mr. Chairman, the administration has indicated that it will propose legislation at a future date for consolidation. They propose to forward fund a consolidation, and the budget submission indicates they will be requesting a supplemental for fiscal 1974 in the amount of $543,798,000, and an amount of $549,798,000 for fiscal year 1975 to carry out the forward funding of the consolidated programs.

The General Subcommittee on Education of the Committee on Education and Labor has already initiated hearings on vocational education, a portion of which is permanently authorized and parts of which are due to expire on June 30, 1975. The administration has been invited to testify with respect to their recommendations.

I hope that the committee sees fit to forward fund vocational education at this ime by providing in a supplemental $689,561,000—to be used in fiscal year 1975—and an identical sum to be provided in the regular Labor-HEW appropriation bill for fiscal year 1975—to be used in fiscal year 1976—with allocations according to the attached tables.

In my judgment, there are compelling reasons for increasing the budget recommendations for vocational education. We must move forward to strengthen the vocational and technical education capacity of State and local educational agency programs.

In the congressional district in which it is my privilege to represent there are four area vocational schools serving the 27 counties of the area. For the past several years these institutions have had applications for admission totaling, on the average, 1,500 more students than they could accommodate. In my district alone, in terms of its impact on society, this means that there are 6,000 young people and adults desiring occupational skills who cannot acquire them and who must

seek employment where there are no opportunities for the untrained and the unskilled.

Evidence before the committee has made increasingly clear the need for strengthening the role of vocational and technical education.

I want to state that it holds true wherever we have conducted oversight hearings that the same situation prevails—that there is a tremendous waiting list. In North Carolina, where we held hearings recently, the same situation prevailed. If there is an area where funds should be increased, it is in this area. I am most hopeful that this subcommittee's distinguished chairman and you, Mr. Smith, will get this across to your colleagues on the committee. It is one area which should be taken care of.

Mr. SMITH. Some of the people who plan and look ahead are now saying that in 1980 we will need a smaller percentage of the population who have masters' degrees and a larger percentage will be skilled but without degrees. Is that so?

Mr. PERKINS. That is right.

Mr. SMITH. We are in a period of adjustment and your committee has been looking into that, I am sure.

Mr. PERKINS. We have. It seems to me that within the next few years vocational and technical education funds should be at least doubled. I have data which can document this need and we can provide that information without any difficulty.

Mr. SMITH. You have presented us with a very detailed statement which we shall put in the record in its entirety. I am sure everyone on the committee will want to study it.

[The information follows:]

STATEMENT OF HON. CARL D. PERKINS

PART I—ELEMENTARY, SECONDARY, SPECIAL, ADULT, AND VOCATIONAL EDUCATION PROGRAMS AND PUBLIC LIBRARY SERVICES AND CONSTRUCTION

Mr. Chairman, again let me express my sincere appreciation for the opportunity to appear before this subcommittee to present my views with respect to the funding of education programs, the authorizing legislation for which originates in the committee on which it is my privilege to serve.

In this regard, my comments today will be divided into two parts. The first part will be directed to programs generally operating below the college level, and the second part will address itself to postsecondary education. I would like leave to submit to the subcommittee at a later date recommendations with respect to manpower and economic opportunity programs.

In past appearances before this subcommittee, I have stressed the importance of making allocations of funds to educational agencies well in advance of the school year in which they are to be used. If we are to obtain the most effective use of Federal support dollars for education the accomplishment of this objective is most urgent.

In this regard, I think that it is an encouraging note that the administration in its fiscal year 1975 operations recommends the forward funding of many of the elementary and secondary education programs to be accomplished by a supplemental appropriation for fiscal year 1974 to provide funds for use in fiscal year 1975 and an appropriation for fiscal year 1975 for these programs to be used in fiscal year 1976. Following this procedure will give educational agencies and institutions the essential leadtime to plan, retain or employ necessary personnel and otherwise make the most effective use of these educational funds.

The House passage of H.R. 69 on March 27 provided an extension until June 30, 1977, of elementary and secondary education programs and provided for consolidating certain of these programs in line with recommendations of the administration upon which their forward funding recommendations seemed to be contingent.

The tables following these prepared remarks reflect the equivalent fiscal year

1974 appropriation for the consolidated programs, the 1974 supplemental budget estimate for these programs (to enable forward funding in fiscal year 1975), and the fiscal year 1975 budget estimates compared with my suggestions for 1974 and 1975. I feel the amounts I suggest are urgently needed to meet the educational needs of our Nation's schoolchildren.

Let me proceed program by program to outline these needs as I see them based upon very extensive hearings, studies and deliberations in the House Education and Labor Committee over a period of many months.

Title I, Elementary and Secondary Education Act

The most significant of the Federal support programs for elementary and secondary education is title I of the Elementary and Secondary Education Act. To me its significance lies not only in the fact that its funding level is larger than other programs but also because of its growing effectiveness in meeting the universal problem of underachievement and the special educational needs of educationally disadvantaged children.

To me, this program is also significant in the fact that it provides grants directly to local school systems which develop programs and projects according to local needs to meet the special educational needs of disadvantaged children. This concept of title I makes it consistent with the historical development of providing education by keeping as close to the local level as possible the decisionmaking process.

This very nature of title I has made evaluation on a national level difficult. To illustrate, many school systems viewed deficiencies in health and nutrition as inhibiting the educational process of children in schools with large concentrations of educationally deprived children. No evaluation criteria, to my knowledge, has been developed which can measure, say, the reading and mathematical gains from the application of programs of this nature. Nevertheless, during the course of hearings over the past 2 years, the committee has received evaluation reports from local educational agencies and State educational agencies showing the positive performance gains of students participating in title I programs. Some of these are reported in the committee's report on H.R. 69 (H. Rept. 93–805). They are more elaborately contained in the oversight hearings conducted by the committee in the 92d Congress and in the extensive hearings conducted by the committee on H.R. 69 in the first session of the 93d Congress.

In view of the importance of this program and in view of the importance to the Nation of solving the problems to which it is directed, I would urge that $2.1 billion be provided in a supplemental for fiscal year 1974 to be utilized for making allocations to local educational agencies for programs in fiscal year 1975, that the regular Labor-HEW appropriation bill for fiscal year 1975 contain an identical sum to forward fund programs in fiscal year 1976.

Consolidated programs in H.R. 69

With the House passage of H.R. 69, a new title VIII of the Elementary and Secondary Education Act was created providing for consolidation of programs. Under this title, the first consolidation dealt with libraries and learning resources into which programs previously authorized by title II of the Elementary and Secondary Education Act, title III of the National Defense Education Act and guidance and counseling programs were merged.

For these merged programs, the administration's budget called for $118,750,000 in a supplemental for fiscal year 1974 and a like sum in the regular appropriation for fiscal year 1975. In fiscal year 1973, the Congress appropriated $50 million for title III, NDEA and $100 million for title II, ESEA.

I would recommend that $195 million be provided for these consolidated programs in the supplemental for fiscal year 1974 and a like sum in the regular Labor-HEW appropriation bill for fiscal year 1975. This sum would enable expenditure of $120 million for title II purposes and $75 million for title III, NDEA and guidance and counseling purposes, a level that is more consistent with the demonstrated need and would be more in line with the amount that the Congress appropriated in fiscal year 1973.

The U.S. Office of Education has conducted a study of the effectiveness of this program. Although this study concluded title II has been effective in meeting its purpose, only 15 percent of the school districts surveyed met or exceeded the most recent standards for per pupil expenditure for instructional materials. This finding shows clearly the need to continue to provide Federal aid which can be used for library and other instructional resources. Whether through a consolidated library and instructional resources program, or as a separate categorical program, this Federal library support must be continued.

The second consolidation of programs accomplished by the House passage of H.R. 69 deals with educational innovation. Into this consolidation, programs formerly authorized by title III of the Elementary and Secondary Education Act, the nutrition and health education program in title VIII of the Elementary and Secondary Education Act, title V of ESEA and the dropout prevention program authorized by title VIII of ESEA were merged.

The Administration's budget calls for a supplemental appropriation in fiscal year 1974 of $191,718,000 for these consolidated programs. A like amount is proposed for fiscal year 1975 to carry out the forward funding request. I believe that program needs justify an increase of each of these amounts to $249,500,000.

Under one of the programs consolidated, title V of the Elementary and Secondary Education Act, $53 million was appropriated in fiscal year 1973. After the 5 percent reduction, the fiscal year 1974 apropriation was $39,425,000. Title V provides grants to State educational agencies in order to strengthen the technical services and the administrative functions of State agencies. In view of the fact that H.R. 69 calls upon State educational agencies to play a larger role in carrying out Federal programs both under the consolidation amendment and in other areas, there is a greater need for providing additional resources to the State educational agencies for title V type activities.

Education, as very other activity in the Nation, has been beset with rising costs and it would seem clear to me that a national commitment of $53 million for title V type operations is the minimum required. The additional amounts that I have recommended for other educational innovation programs in the new consolidation will enable these activities to continue in the face of rising costs.

Drug Abuse Education Act, Environmental Education Act, Right to Read, Bilingual Education

In fiscal year 1974, Congress appropriated $5,700,000 for the Drug Abuse Education Act. Nothing is proposed in the President's budget for fiscal year 1975 and no additional funds have been requested for fiscal year 1974. The serious problem with which this legislation deals justifies a fiscal year 1975 appropriation of at least $13 million.

With respect to the Environmental Education Act, the Congress appropriated $1,900,000 in fiscal year 1974. Identical amounts are recommended by the budget for supplemental and fiscal year 1974 and for the regular Labor-HEW Appropriation bill in fiscal year 1975. The Congress appropriated $4 million in fiscal year 1973. I would recommend an appropriation of $5 million in fiscal year 1975.

The Administration has recommended $12 million for the Right to Read program authorized under the Cooperative Research Act. I would recommend the appropriation of the budget estimate.

The initial budget submission proposed only $35 million for the Bilingual Education Act authorized under title VII of the Elementary and Secondary Education Act. A total of $50,350,000 was appropriated by the Congress in fiscal year 1974. It is my understanding that the Administration intends to submit an additional request of $35 million for fiscal year 1975 under title VII, and I would recommend the appropriation of the original request plus the additional amount requested.

School assistance in federally affected areas

With respect to the so-called impact aid program, Public Laws 81–874 and 81–815, I would advise the subcommittee that these programs were extensively examined by the House Education and Labor Committee in connection with its consideration of H.R. 69. Many amendments to the legislation were discussed, debated pro and con, in both the committee and on the floor of the House.

In spite of frequent criticism of the program, two outside and exhaustive studies have concluded a justification for the program as well as a justification for the payment of both the so-called A and B categories children. Personally, I would hate to imagine what the opportunities would have been for many thousands of children had they not received the benefit of the program since its beginning in 1950. Until such time as the Congress enacts broad general support for elementary and secondary education to appropriately equalize financial assistance for education among school districts and States, I do not think that it is wise nor do I think that it is in the best interest of the country to reduce the level of support. For this reason, I would recommend that A children be funded at 100 percent and that B children be funded at at least 85 percent of their entitlements, that we initiate funding of Part C and that at least $20 mililon be provided for construction under Public Law 81–815.

Vocational education

Mr. Chairman, in vocational education and adult education, the administration has indicated that it will propose legislation at a future date for consolidation. They propose to forward fund the consolidation and the budget submission indicates they will be requesting a supplemental for fiscal year 1974 in the amount of $543,798,000, and an amount of $549,798,000 for fiscal year 1975 to carry out the forward funding of the consolidated programs.

The General Subcommittee on Education has already initiated hearings on vocational education a portion of which is permanently authorized and parts of which are due to expire on June 30, 1975. The administration has been invited to testify with respect to their recommendations.

I would hope that the committee would see fit to forward fund at this time vocational education by providing in a supplemental $689,561,000 to be used in fiscal year 1975 and an identical sum to be provided in the regular Labor–HEW Appropriation bill for fiscal year 1975 to be used in fiscal year 1976 with allocations according to the attached tables.

To me there are compelling reasons for increasing the budget recommendations for vocational education. We must move forward to strengthen the vocational and technical education capacity of State and local educational agency programs. In the congressional district which it is my privilege to represent, there are 4 area vocational schools serving the 27 counties of the area. For the past several years, these institutions have had applications for admission totaling on the average 1,500 more students than they could accomodate. This inability to serve the vocational training needs of young people and adults is repeated throughout the country. In my district alone, in terms of its impact on society, this means that there are 6,000 young people and adults desiring occupational skills who cannot acquire them and must seek employment where there are no opportunities for the untrained and the unskilled.

Evidence coming before the committee has made increasingly clear the need for strengthening the role of vocational and technical education. We are continuing to find confirmation of the strong evidence we had before us in 1963 when the Congress enacted the Vocational Education Act of 1963. These facts are that about 80 percent of the population now in school will not complete 4 years of college and even in the case of some who do, it will be necessary to provide vocational and technical education, career education. Our newly developing concept is that career education should begin at the elementary level with increasing concentration through secondary school so that every student upon graduation will do so with a marketable skill. We are ever being reminded that during the lifetime of employment there must be four or as many as five retraining opportunities for workers. This means that vocational education must fulfill a substantial responsibility for continuing education in career training. We are reminded again and again that approximately 850,000 young people leave high school each year before graduating. If there are no vocational training opportunities they're most likely to show up in the list of unemployed.

Adult Education Act

The Adult Education Act was extended and strengthened by provisions of H.R. 69. The administration proposes to forward fund this program with a supplemental request in fiscal year 1974 of $63,319,000 and a like sum in the regular Labor-HEW appropriation bill for fiscal year 1975. A total of $84,834,000 was appropriated for adult basic education in fiscal year 1973. I would recommend that the Adult Basic Education Act be forward funded at $85 million for each of the fiscal years 1975 and 1976. This would effectively restore the severe cuts made in this program in fiscal year 1974.

Library Services and Construction Act

Turning now to the library programs, I cannot overemphasize how helpful and good these programs have been. It is extremely important that they be funded at adequate levels. I simply cannot understand why this administration does not recognize the importance and the value of the library programs. Last year's budget would have ended all these programs, and this year's budget would reduce fiscal year 1975 funding for libraries some 76 percent below their fiscal year 1974 appropriations. Such a drastic cut is clearly contrary to the statement of policy in the National Commission on Libraries and Information Science Act of 1970 (Public Law 91–345), which affirms that the Federal Government will cooperate with State and local governments and public and private agencies in assuring optimum provision of library services.

Over the years, the States and localities have assumed increasing responsibility for their libraries, but libraries perform services in the national interest, too, and therefore deserve Federal assistance as well. The States know this, but the administration has apparently forgotten.

The Library Services and Construction Act continues to be a very effective Federal program that helps support our public libraries throughout the Nation. Title I provides grants to the States to help them extend library services to groups whose needs may not otherwise be adequately met, such as the rural resident, the disadvantaged, the homebound or the handicapped. For title I, I recommend appropriation of $62 million in fiscal year 1975, the same amount appropriated in fiscal year 1973.

The title II public library construction program received no appropriation in fiscal year 1974 because the administration was in the position of having to release all the title II funds impounded from the year before. Therefore, the States have been spending their fiscal year 1973 title II funds this year. It is essential that this program be continued next year, however, and I recommend appropriation of $20 million for fiscal year 1975. Kentucky State library officials report as many as 20 construction projects are needed in the State over the next 5 years, and the same is true of almost all the other States, so I am told.

For the title III interlibrary cooperation program, I recommend appropriation of $17.3 million, the full authorization. This is the old Federal program that encourages libraries to cooperate across jurisdictional lines to pool their services and eliminate duplication of effort. The general revenue sharing program, which the administration suggested would replace LSCA, has just the opposite effect from title III, as it channels funds to individual units of local government. Less than 1 percent of these funds have been devoted to libraries, according to the Office of Revenue Sharing, and I have been informed that none of this money has gone for interlibrary cooperation. Title III, therefore, must be continued and its funding level must be increased.

And finally, I recommend appropriation of $6.2 million for older readers services. Authorized just last year in the Comprehensive Older Americans Amendments of 1973 (Public Law 93–29), title IV is designed to help older Americans help themselves through their neighborhood libraries.

I would like to comment briefly on the administration's proposed library Partnership Act which President Nixon announced as a new initiative in his education message to Congress (H. Doc. 93–202). This Partnership Act has not been transmitted to Congress, and the Education and Labor Committee has no knowledge of what such a proposal might contain. I believe, however, that the existing library programs already on the books are excellent ones, and that if adequately funded they can do the job.

Education of the Handicapped

Mr. Chairman, the State grant program for education of the handicapped is another example of an essential educational program that is caught with rising costs and lowered administration requests for funding. A total of $50 million was provided in fiscal year 1973. The appropriation in fiscal year 1974 was $47,500,000 after application of the authorized 5-percent reduction. A sum of $47,500,000 has been requested by the administration in the supplemental for fiscal year 1974 for use in fiscal year 1975 and $50 million in the regular Labor-HEW appropriation bill for fiscal year 1975 to forward fund for fiscal year 1970. I would hope that this amount would be augmented in each of these instances to $60 million and that additional amounts for other aspects of the Education of the Handicapped Act be augmented to meet the needs by the amounts indicated on the attached table.

Follow Through

I am concerned, and I think that there is a general concern, too, that the administration proposes to phase out the Follow Through program. I would hope that the subcommittee would see fit to appropriate at least $57,700,000 for fiscal year 1975, which is the same amount appropriated in fiscal year 1973, so that the proposed phaseout of this program could be rescinded.

In conclusion, Mr. Chairman, let me say that there are several programs that I have not taken the time to discuss before the subcommittee. This is not because I do not regard them as important, but because I do not think they pose any controversy. I would, therefore, recommend that for programs I have not discussed but for which the administration has submitted budget requests, that these amounts be appropriated.

Statement of Honorable Carl D. Perkins
House Labor-Health, Education, & Welfare
Appropriations Subcommittee
May 13, 1974

EDUCATION APPROPRIATIONS FOR
FISCAL YEARS 1975, 1976

	FY 74 Approp (after 5% reduction)	BUDGET FY 74* Supplemental	BUDGET FY 75**	RECOMMENDATION FY 74* Supplemental	RECOMMENDATION FY 75**
		(all figures in thousands)			
Title I ESEA					
Part A Grants to LEA's Part B State Programs for handicapped, migrants, delinquents, neglected	$1,719,315	$1,885,000	$1,900,000	$2,100,000	$2,100,000
Title VIII ESEA (HR 69)					
Part B-Libraries & Learning Resources	---	118,750	118,750	195,000	195,000
(Title II ESEA)	90,250	---	---	---	---
(NDEA III)	28,500	---	---	---	---
Part C-Educational Innovation		191,718	191,718	249,500	249,500
(Title III ESEA)	146,393	---	---	---	---
(Nutrition)	1,900	---	---	---	---
(Title V ESEA)	39,425	---	---	---	---
(Drop Out)	4,000	---	---	---	---
TOTAL	310,468	310,468	310,468	444,500	444,500

* Forward funding for fiscal year 1975
** Forward funding for fiscal year 1976

	FY 74 Approp (after 5% reduction)	BUDGET FY 74* Supplemental	BUDGET FY 75**	RECOMMENDATION FY 74* Supplemental	RECOMMENDATION FY 75**
		(all figures in thousands)			
Drug Abuse Education Act	$ 5,700	---	---	---	$ 13,000
Environmental Education Act	1,900	1,900	1,900	---	5,000
Right to Read-Coop Ref. Act (Title VII)	12,000	---	12,000	---	12,000
Bi-Lingual Education	50,350	---	70,000	---	70,000
Community Education (HR 69)	---	---	---	---	1,000
School Assistance Federally Affected Areas					
"A" Children	195,665	---	229,300	229,300	240,500
"B" Children	322,330	---	40,000	422,520	422,520
Other	11,700	---	8,000	11,700	11,700
Part C	---	---	---	---	40,000
P.L. 815-Construction *	19,000	---	20,000	20,000	20,000
TOTAL	548,695	---	297,300	683,520	734,720
Vocational Education Act					
Grants to States V.E.A. Part B	405,347	---	---	530,000	530,000
Smith-Hughes	7,161	---	---	7,161	7,161
Programs for students with special needs V.E.A.	20,000	---	---	30,000	30,000

(Vocational Education Act continued on next page)

* Forward funding for fiscal year 1975
** Forward funding for fiscal year 1976

	FY 74 Approp (after 5% reduction)	BUDGET FY 74* Supplemental	BUDGET FY 75**	RECOMMENDATION FY 74* Supplemental	RECOMMENDATION FY 75**
		(all figures in thousands)			
Vocational Education Act (cont)					
Consumer & Homemaking Ed	$ 30,994	---	---	$ 45,000	$ 45,000
Voc Ed Work Study	7,849	---	---	11,000	11,000
Cooperative Education	19,500	---	---	24,000	24,000
State Advisory Councils	3,044	---	---	4,000	4,000
Innovation	16,000	---	---	16,000	16,000
Curriculum Development	4,000	---	---	4,400	4,400
Research	18,000	---	---	18,000	18,000
TOTAL	531,895	543,798	549,798	689,561	689,561
Adult Education Act					
Grants to States	(53,319)	---	---	(85,000)	(85,000)
Special Projects	(7,000)	---	---	---	---
Teacher Training	(3,000)	---	---	---	---
TOTAL	63,319	63,319	63,319	85,000	85,000
Library Services & Constc. Act					
LSCA Title I-Services	44,156	---	25,000	---	62,000
LSCA Title III-Inter Library Coop	2,593	---	---	---	17,300
LSCA Title II-Construction	---	---	---	---	20,000
Library Services for Older Americans Title IV, PL 93-29	---	---	---	---	6,200
TOTAL	46,749	---	25,000	---	105,500

* Forward funding for fiscal year 1975
** Forward funding for fiscal year 1976

	FY 74 Approp (after 5% reduction)	BUDGET FY 74* Supplemental	BUDGET FY 75**	RECOMMENDATION FY 74* Supplemental	RECOMMENDATION FY 75**
			(all figures in thousands)		
Education of the Handicapped					
State Grant Program E.H.A. Part B	$ 47,500	$ 47,500	$ 50,000	$ 60,000	$ 60,000
Sec. 622 Deaf Blind Centers E.H.A.	14,055	---	12,000	---	18,000
Sec. 623 Early Childhood Projects	12,000	---	14,000	---	14,000
Part G Specific Learning Disabilities	3,250	---	3,250	---	5,000
Regional Resource Centers	7,243	---	9,243	---	9,243
Sec. 641,642 Research, Demonstration, Phys. Ed.	9,916	---	9,916	---	9,916
Media Service & Captioned Films Part F	13,000	---	13,000	---	15,000
Recruitment & Information Sec. 633	500	---	500	---	600
Teacher Ed. Sec. 631,632	36,955	---	37,000	---	40,000
Phys. Ed & Recreational Training	660	---	700	---	700
TOTAL	147,079	---	149,609	60,000	172,459

* Forward funding for fiscal year 1975
** Forward funding for fiscal year 1976

Turning now to the area of postsecondary education, I should like initially to discuss the increasing need for student aid moneys. Perhaps this need is best illustrated by the statistics which deal with the three institutionally based student aid programs of direct loans, work-study, and supplemental grants.

For the coming academic year, a total of $766,500,000 will be available for the three programs. This compares with total requests by colleges and universities across the country of close to $2 billion—and with panel review requests totaling over $1½ billion. In other words, the three institutionally based programs, during the coming academic year, will be funded at approximately 35 percent of what is requested and at only 50 percent of what has been officially approved as reasonable and justifiable.

Considering these statistics, I am alarmed at the administration budget submission which in total requests $250 million for the three institutionally based programs. Moreover, I am dismayed that the administration's request for student aid moneys once again violates not only the intent but the very statutory requirements of the 1972 authorizing act.

I take the same position today that I have taken in past testimony before this distinguished subcommittee—the law must be obeyed! Accordingly, I strongly recommend that the institutionally based programs be funded at at least the threshold amounts required by the authorizing statute. And because of the documented need, I also strongly urge that the programs be funded at no less than what was provided last year. I further suggest that there is a documented need and adequate justification for funding far beyond these levels.

It is my hope that the subcommittee will see fit to fund the college work-study program in excess of $300 million. When one considers that the request for academic year 1974–75 for this program amounts to $614 million—with panel approved requests totaling approximately $529 million—it is quite clear that an appropriation in excess of $300 million is obviously essential and could well be used. The increase in minimum wage has implications for the work-study program, and this too must be considered in arriving at a suitable funding level.

Similar justification exists for the supplemental grant program and the direct loan program. Colleges and universities requested $732 million in loan funds for academic year 1974–75—with panel requests totaling $563 million. In other words, the loan program will be funded next year at approximately 50 percent of what has been deemed necessary.

For the supplemental grant program, the funding level is less than 50 percent—with total requests of $573 million and panel-approved requests of $459 million—as against an appropriation of $210 million. We must appropriate no less than $286 million for the loan program and $210,300,00 for the supplemental grant program.

Mr. Chairman, these statistics are an expression of the unmet need throughout the country for financial aid through the institutionally based programs. For the next academic year, that need amounts to over a billion dollars. And with the increasing inflationary costs of higher education and of all other items for American families, it is obvious that the financial crunch will be even greater for academic year 1975–76 which we are now considering. We must do more to meet this problem headon. The gap cannot and must not be allowed to widen.

As the committee knows, the President has requsted full funding of the basic opportunity grant program, with a request of $1,350 million. I applaud the administration's desire to fully fund the BOG program and I fully support this effort. I deplore, however, the tactics of doing this at the expense of the other student assistance programs. It is my plea that this subcommittee follow the administration's recommendation regarding the BOG program. At the same time, however, I hope the subcommittee will agree to fund the institutionally based programs commensurate with the expressed need. This will allow us to virtually close the gap of "unmet needs" in excess of the billion dollars mentioned above.

Despite a poor beginning, I stand behind my statement before this distinguished subcommittee last year that the BOC program holds the greatest promise for meeting the oft-stated congressional goal that no student be denied an educational opportunity because of financial barriers. Properly funded and efficiently administered, the BOG program will provide all needy students with assistance in a meaningful, equitable, and timely manner.

By any measure, the BOG program this year has been disappointing. This can be attributed to any number of factors—most of which are related to administration. At this time last year, application forms and program informa-

tion still had not been distributed to students, parents, and educational institutions. However, this year, the Office of Education distributed the grant forms by the end of March.

Last year at this time no one application form had been distributed. In contrast, as of today the Office of Education has received over 300,000 applications for academic year 1974–75; 200,000 have already been processed and the results returned to students. It appears, even with the volume of applications, the turnabout time for getting results to students is in the neighborhood of 2 weeks—certainly a much different situation than was the case last year.

The Office of Education is presently in the process of issuing award schedules for academic year 1974–75. The maximum award is estimated to be $1,050 for next year, as compared with $452 for this year. The average is expected to be in the neighborhood of $600 per grant.

As this distinguished subcommittee also knows, there were many inequities in the first family contribution schedule—the one used for the current year. It was particularly inequitable with respect to recipients of Social Security benefits and to students from low-income farm families. Through negotiations with the Office of Education and because of the great interest and determination of this subcommittee, we were able to make substantial improvements in the family contribution schedule.

In addition, our Higher Education Subcommittee, under the able and distinguished leadership of Congressman James O'Hara, is presently involved in an indepth total review of all student assistance programs with a view to processing a student aid bill before the end of this congressional session. The BOG program and how it can be improved has the highest priority for me personally and I know for many members of our committee.

The need for full funding of the BOG program is clear particularly if the promise of the program is to be realized. In the event, however, that the subcommittee once again chooses to ease gradually into the program and—as in the previous fiscal years—add one more class of students, I wish to make the following observations.

If for academic year 1975–76 fulltime juniors are added to the presently eligible population, the cost of maintaining an average grant at next year's level will require, it is estimated, at least an appropriation of $650 million.

As my colleagues know, part-time students are eligible under the basic statute, but they have been deemed ineligible because of subsequent funding limitations. Certainly many of these students are in desperate need—that is why they are part-time students. Because of this, and in the name of equity, such students should become eligible. If this is done with the first three classes—and we wish to maintain next year's average grant level—it is estimated that an appropriation of $740 million will be required.

It is my hope that we can also increase the average grant level to keep pace with rising costs. This is possible with an appropriation level that will bring us up to the first reduction level mandated by the statute. If full-time and part-time students in the first 3 years are included at the first reduction level, it is estimated that the cost will be $800 million. This would mean that all freshmen, sophomores, and juniors, full-time and part-time, would be eligible and that the average grant will be about $40–50 higher than the average grant in academic year 1974–1975.

Finally in the area of student assistance, I am pleased that this subcommittee and the Congress saw fit to fund the new State incentive grant program last year. Obviously the Federal Government does not and cannot shoulder the entire burden of student assistance. I believe that this matching program with the States will do much to encourage greater effort on the part of the States, and accordingly I urge continued funding of the program at last year's level of $19 million.

Turning now to other items, Mr. Chairman, I should like to review another matter which I mentioned last year. At that time, I discussed the overall balance in the 1972 Authorization Act between student aid and institutional aid. During the 3-year debate on the 1972 authorizing legislation, there were some who argued that virtually the entire Federal investment should be in the form of student aid. On the other hand, there were those who were advocating a much greater investment of funds for institutional aid. The 1972 act struck a compromise between the two.

Despite this congressional decision, the administration now wishes to make use of one of the extremes by budgeting nearly all of the Office of Education's

postsecondary education budget in the form of student aid. I for one strongly resist this effort to undermine congressional intent and policy, and I hope that this subcommittee will see fit to restore the balance that we so carefully constructed in 1972. To do that, we must first restore funding for a number of existing institutional programs which the President has scheduled for termination.

There is no budget request for title I of the Higher Education Act—community services and continuing education. This has been the case for many years, and traditionally the Congress has in the face of this type of submission, provided an appropriation of approximately $15 million. At a minimum we must continue the program at this level.

Moreover, I would call to my colleague's attention that in the 1973 Older Americans Act, we added a significant addition to Title I to authorize support for special college and university programs and projects designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing and the problems of elderly persons living in rural and isolated areas. Very much could be accomplished through this new authority, and accordingly, I urge not only funding at last year's level but an additional $3 million to fund this new effort for our elderly citizens. This will then bring the funding level to a total of $18 million for Title I of the Higher Education Act.

A total of $30 million should be provided next year for library programs under Title II of the Higher Education Act. In the past year inflation and the decline in the stock market have cut sharply into the budgets of our colleges and universities. Money for library books and library innovation is desperately needed, especially in our smaller colleges. Yet the administration has recommended no funds whatever for these programs next year.

I understand that more than 2,400 institutions have applied for fiscal year 1974 basic grants for library resources authorized under this act, and that most of them are entitled to receive up to $5,000 under this program to purchase books and audiovisual materials for their libraries. This represents an 18 percent jump in applications in 1 year, an indication of how important this small amount of money has become. At this rate, there is only money enough for 1,995 of these colleges to receive a $5,000 grant under the fiscal year 1974 appropriation.

In addition, I understand 106 institutions have submitted applications totaling $8,900,000 under the library demonstration section of this act. Money provided in this section is vital in developing modern, efficient library service and in training librarians to use modern technology in providing better service for students, faculty and the public.

For these reasons, I hope the Congress will reject the administration's negative approach to this important aspect of our educational program. I have recommended an appropriation of $21 million for title II–A, the college library resource program, in hopes of providing, in addition to the basic grant, the supplemental and special purpose grants authorized in the law to aid small colleges and encourage cooperative library projects. For title II–B, library training and demonstrations, I recommend $9 million to provide training for library personnel and encourage the sharing of resources through new technology.

I am pleased, Mr. Chairman, that the administration has requested full funding of the title III program for developing institutions. Considering the fact that in 1974 applications for this program amounted to over $400 million I urge that the administration request be approved.

So, too, I support the administration's request for an appropriation of $70,330,000 for the TRIO programs. Here again, applications far outdistance the amount budgeted, so that I fully support this request as a minimum figure.

Unfortunately again, this year the administration fails to request funding of the title VI program of equipment grants. Request levels for this program have been in the neighborhood of $25 million annually, and I suspect that the need today is even greater. I would urge funding at last year's initial appropriation of $12,500,000.

Unfortunately too we are again faced with an administration recommendation to terminate support for land-grant colleges and to reduce funds for language training and area studies. In the past, these requests have been rejected. The same justification exists today and accordingly, I urge funding at last year's levels.

Mr. Chairman, clearly we will not restore balance to the Federal investment that I mentioned earlier by simply restoring programs to previous funding levels. We must embark upon some of the new and important incentives authorized in the 1972 act.

I am aware that college and university representatives will be before you later this week, and they are far more competent to testify to the need for greater institutional aid than I. Anyone, however, who is at all familiar with the financing of postsecondary education is well aware that we have not by any means bridged the financial crisis in higher education. The documented needs which justified the authorization of institutional aid in 1972 remain with us today and require that we begin funding of general institutional aid.

May I point out to my colleagues that for fiscal year 1974 over 2,800 applications totaling more than $300 million were received by the fund for postsecondary education. This is an expression in part of what colleges and universities across the Nation who are striving to improve and expand their programs need for these purposes. As my colleagues also know, only $10 million was appropriated for the fund which allowed for support of only 100 projects. These statistics obviously document and support the administration's present request for continued funding of the fund for postsecondary education. To me they mean even more—for it is a clear indication of American higher education's desire for reform, expansion and improvement. Financial problems presently mean that many institutions are unable to move in these directions and in certain cases some institutions are being forced to retreat. Accordingly, I urge the start of the institutional aid program with an appropriation of $100 million.

I would urge that we continue funding a related part of this program—the cost of education allowance for veterans. In the previous 2 years, this program has been funded at approximately $25 million. I urge this level to be maintained despite the administration's desire to terminate the program.

One of the most significant expressions of the 1972 authorizing act was a desire to have the Federal Government support aspects of postsecondary education beyond the traditional 4-year liberal arts program. In title X of the 1972 act, we authorized two new programs—one providing support for the establishment and expansion of communuity colleges and the other for the encouragement and expansion of occupational and career education programs. Neither program has been funded to date, and again this year the administration fails to request appropriations for them.

Turning first to community college assistance, may I point out to my colleagues that there are one or more 2-year colleges in all but five congressional districts. There are now over 1,000 2-year institutions which enrolled more than 3 million students last fall. They are multipurpose in function and educate a broad range of citizens, and they are rapidly growing, showing a 9-percent increase in enrollment over the fall of 1972.

Community colleges have historically been low tuition, but in the fact of budget problems, some have had to propose tuition for the first time or to increase their charges. As they increasingly respond to community needs and requests and to the broad range of citizens they serve, their resources are indeed being strained. Recognizing this and the important contribution such institutions make to postsecondary education, the Congress wisely authorized the new program for expansion and strengthening of the community college movement.

It was initially planned that a small appropriation would be necessary to assist the States in a planning function. The need today for sizable grants for establishment and expansion is obvious. But at this stage, because there has been no funding of the program, I would suggest that we appropriate only $15,700,000 for the planning function set forth in the statute.

The second program in title X is designed to support postsecondary occupational and career education. Much is said with regard to our attitudes about postsecondary education. So many times we hear the statement that we have traditionally and rather improperly overemphasized the value of the baccalaureate degree and that we have not responded realistically to the needs of thousands of young persons who need postsecondary technical, vocational, and career education training.

It is high time we stop simply talking and begin to move in this area. Part B of title X is in direct response to this problem and I strongly urge an appropriation or $100 million, in order to implement congressional intent that we expand and strengthen postsecondary occupational education programs throughout the country.

Finally, Mr. Chairman, I should like to spend just a moment discussing graduate education and particularly graduate program focusing on educational personnel. Recognizing what is illegal to be the oversupply of teachers, it is clear that we must evaluate very carefully the funding of the Education of Pro-

fessions Development Act. Each year I become more and more impressed with the significance of the Teacher Corps, not only as a training program for future educational leaders, but also as a program which has a lasting impact on the schools which are fortunate to secure a Teacher Corps program. Accordingly, I fully support the administration's request for $37,500,000.

I cannot say that I agree with the administration's determination to eliminate support for all other aspects of the EPDA. As I indicated, this is a matter which must be studied carefully. There are two programs which I feel must be continued at at least last year's funding level. It is clear that the increasing demand for vocational education and the many changes which occur in this field justify a continuation of part F of the EPDA. Last year, close to $12 million was appropriated for this program, and I urge continuation at this level at a minimum.

I suggest also continuation of part E of the act which provides training for higher education personnel. I say this in part because of the accomplishments and successes which have occurred under Federal programs during the last few years. We have done much toward our commitment to provide equal access to postsecondary education, but it is a policy which requires that we provide not only access but meaningful equal educational opportunity. This means in many instances that additional personnel with specialized skills are needed at the higher education level. From institutions across the country I have heard how successful and necessary part E of EPDA has been in the past, and based on this, I urge that it be continued with an appropriation of $5,800,000.

In the area of graduate support, I simply cannot join with those who wish to virtually eliminate any Federal support for graduate programs or fellowships. Needs exist in almost every field. The withdrawal of Federal funds from research endeavors has had a severe impact on graduate education. We can ameliorate some of this by implementing that portion of the institutional aid formula which provides grants to graduate schools I urge an appropriation of $10 million here.

With respect to graduate fellowships, I wish to mention to the subcommittee my hope that we will be able to fund a portion of the 1972 act which unfortunately has just about gone unnoticed. It is popular to relate so many of our pleas and urgings to the energy crisis, and perhaps this is done little too often. But I would call to my colleagues attention that the 1972 act provides a fellowship program to assist graduate students of exceptional ability for advanced study in domestic mining and mineral fuel conservation, including oil, gas, coal, oil shale, and uranium. They are any number of ways in which we might justify an appropriation of funds for this specific fellowship program. Information brought to my attention indicates that it is likely that the total demand this year for additional mining engineers in all fields may well exceed 1,000—whereas the total graduates of all schools this year are estimated at 250. I grant that the demand is largely for graduates with baccalaureate degrees. Nevertheless, in order to produce the increased numbers needed of B.S. graduates, we must have a sufficient number of adequately trained faculty members. Overall, Mr. Chairman, this is a very small item, but I would very strongly suggest that we appropriate $2 million. This will support approximately 200 fellowships in this field.

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COMPARISON OF POSTSECONDARY EDUCATION APPROPRIATIONS -- Fiscal Year 1975

	FY 1974 Appropriation (after 5% reduction)	FY 1975 Budget Request	Minimum Recommendation	Difference
Student Aid				
Basic Opportunity Grants	$475,000,000	$1,350,000,000	$1,350,000,000	$- 0 -
Supplemental Educational Opportunity Grants	210,300,000	- 0 -	210,300,000	+210,300,000
College Work-Study Program	270,200,000	250,000,000	325,000,000	+75,000,000
National Direct Student Loans (Capital Contributions)....	286,000,000	- 0 -	286,000,000	+286,000,000
State Incentive Grants	19,000,000	- 0 -	19,000,000	+19,000,000
TRIO (Upward Bound, Talent Search and Special Services)	70,331,000	70,331,000	70,331,000	- 0 -
Institutional Assistance				
General Institutional Aid (Cost of Education Allowance)	- 0 -	- 0 -	100,000,000	+100,000,000
HEA Title I -- Community Services and Continuing Education...	14,250,000	- 0 -	18,000,000	+18,000,000
HEA Title II -- Libraries: Part A--Library Resources..	9,975,000	- 0 -	21,000,000	+21,000,000
Part B--Training and Demonstration	4,275,000	- 0 -	9,000,000	+9,000,000
HEA Title III -- Strengthening Developing Institutions....	99,992,000	120,000,000	120,000,000	- 0 -

	FY 1974 Appropriation (after 5% reduction)	FY 1975 Budget Request	Minimum Recommendation	Difference
HEA Title V -- Education Professions Development Act:				
Part E--Training Programs for Higher Education...	$2,100,000	- 0 -	$5,800,000	$+5,800,000
Part F--Vocational Education EPDA	11,268,000	- 0 -	11,268,000	+11,268,000
HEA Title VI--Equipment Grants...	11,875,000	- 0 -	12,500,000	+12,500,000
Veterans Cost of Education Allowance	23,750,000	- 0 -	23,750,000	+23,750,000
HEA Title IX -- Graduate Programs:				
Part A--Institutional Aid...	- 0 -	- 0 -	10,000,000	+10,000,000
Part D--Mining Fellowships...	- 0 -	- 0 -	2,000,000	+2,000,000
HEA Title X -- Community Colleges and Occupational Education:				
Part A--Community Colleges (Statewide plans).....	- 0 -	- 0 -	15,700,000	+15,700,000
Part B--Occupational Education Programs	- 0 -	- 0 -	100,000,000	+100,000,000
Section 1202 State Postsecondary Education Commissions	3,000,000	- 0 -	3,000,000	+3,000,000
Language Trainig and Area Studies (NDEA Title VI)	12,693,000	10,000,000	12,693,000	+2,693,000
Land Grant Colleges	9,500,000	- 0 -	12,500,000	+12,500,000
TOTALS	$1,533,509,000	$1,800,331,000	$2,737,842,000	$+937,511,000

Mr. SMITH. You mentioned forward funding. We tried this 2 or 3 years ago. It has considerable appeal, but to have forward funding we will have to have at all times an authorization a year in advance.

Mr. PERKINS. That is right. It would be my hope, from here on out, that we will always have that. We put that rider for an automatice 1-year extension on the ESEA bill several years ago which took care of the emergency we had last year. That expires this June 30; it is applicable to all programs of the Office of Education. The reason we took so long last year on title I, I am sure you are well aware, was because of the problems involved in the title I formula. It took us a long time to try to get an equitable formula. I can tell you that we will stand by that position because we think we are headed in the right direction.

Mr. SMITH. Once you get that settled, you see no reason why you cannot have authorizations a year ahead?

Mr. PERKINS. That is correct. We just let it get out of hand, never anticipated such a thing, and after the 1970 census, it got out of hand.

Mr. SMITH. I have been hearing from financial aid officers at various colleges as well as from college deans. They say the BOG's should be considered the supplementary programs rather than the basic programs. First of all, we should fund these ongoing programs such as direct loans and work study, and to the extent there are additional resources available they can funnel into the BOG's. Have you heard that?

Mr. PERKINS. Yes. I heard considerable comment from heads of institutions along the same line that you have suggested. However, I think this has been brought about becaues at this time last year there were still no applications available for the BOG program. The program was available only to freshmen, and the rules and regulations cut out practically all farm youngsters and anyone from families drawing social security.

Through oversight hearings, held by our special Subcommittee on Education, under the chairmanship of James O'Hara, of Michigan and by questioning the Department, we were able to effect some changes. Students through the sophomore year will qualify for academic year 1975–76 and the Office of Education has been getting applications processed for some time. They have been getting them back to the student within a couple of weeks.

I would certainly recommend to this committee that we fund the supplemental educational opportunity grants work-study, and national direct student loans for beyond the requested levels. In two of those programs there is nothing in the administration's budget. They should be funded well beyond what we provided a year ago.

I believe educational institutions as a whole want the standard student assistance programs funded first. I don't think there is any doubt about that.

To do that you may have to take some money out of the basic opportunity grant program and I assume you will. I hope you will keep in mind, however, that the basic opportunity grant program this year will be a horse of a different color. I believe you will see considerable progress made and the youngsters will be taking advantage of this

program and being declared eligible by the hundreds of thousands if the money is available. Last year many were ostracized and left out.

That is one of the reasons for the deep feeling—that it did not work out as it was supposed to in the first year. We feel we have this situation turned around now to a great degree.

According to the requests of institutions they could use the full amount of the authorizations. Their institutional requests shows much greater amounts of need than are presently in any of the other budgeted student assistance programs.

Mr. SMITH. There is no flexibility in the BOG's. They cannot help the needy students because some of them need as much as $4,000. That is what I have been told. Is that what you understand?

Mr. PERKINS. Some of them need that. That is absolutely correct. However, you can use the basic opportunity grants and the supplemental grants as well. $1,400 is the maximum BOG. These programs complement each other. There is no question about that. You have to have the other programs, and more fully funded than they have been in the past.

Mr. SMITH. Thank you, Mr. Chairman.

Mr. PERKINS. We will take no more of your time. We have gone over several programs here. If I may have an additional minute, I want to mention various others.

We ask that the Library Services and Construction Act be increased to $105 million.

We have the Follow Through program which should not be phased out. We are hoping you can put $57 million in the Follow Through program.

Mr. SMITH. We will insert the table in the record in detail. I very much appreciate your bringing in that kind of table.

Mr. PERKINS. We will supply you with the tables. The postsecondary program is shown. You have general institutional aid. That never has been funded. So many institutions are going under. We ask for $100 million for the first year, and for community college statewide plans we would hope to see $15,700,000.

Postsecondary occupational educational programs are also shown. We request $100 million to start it.

We will leave these charts here to simplify our presentation.

Mr. SMITH. They are already in the statement. We shall insert the balance of your condensed statement, and we thank you again for appearing before the committee.

[The information follows:]

In the House-passed H.R. 69 some programs previously authorized by the National Defense Education Act and by the Elementary and Secondary Education Act of 1965 were consolidated into a new title VIII ESEA.

The administration budget recommends that these programs be forward funded. I would concur; however, I think that the total amount appropriated in each of the years should be $444,500,000 rather than the $310,468,000 contained in the budget.

I would recommend that vocational education be forward funded at $689,561,000 for each of the years involved.

I would recommend that adult education be forward funded at $85,000,000 for each of the years involved.

I would recommend $105,500,000 for the Library Services and Construction Act and $172,459,000 for the Education of the Handicapped Act.

With respect to the so-called impact aid program Public Laws 81–874 and 81–815, I would advise the subcommittee that these programs were extensively examined by the House Education and Labor Committee in connection with its consideration of H.R. 69. Many amendments to the legislation were discussed, debated pro and con, in both the committee and on the floor of the House.

In spite of frequent criticism of the program, two outside and exhaustive studies have concluded a justification for the program as well as a justification for the payment of both the so-called A and B category children. Personally, I would hate to imagine what the opportunities would have been for many thousands of children had they not received the benefit of the program since its beginning in 1950. Until such time as the Congress enacts broad general support for elementary and secondary education to appropriately equalize financial assistance for education among school districts and States, I do not think that it is wise nor do I think that it is in the best interest of the country to reduce the level of support. For this reason, I would recommend that A children be funded at 100 percent and that B children be funded at at least 85 percent of their entitlements, that we initiate funding of part C and that at least $20 million be provided for construction under Public Law 81–815.

This, in summary, is the gist of my recommendations. For a more elaborate description of these recommendations, and justifications for them as well as for other programs, I would refer the chairman and the members of the subcommittee to my prepared statement.

MONDAY, MAY 13, 1974.

FOLLOW-THROUGH PROGRAM

WITNESSES

HON. SIDNEY YATES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

MRS. DARLING BARNES, ST. FRANCES CABRINI FOLLOW THROUGH PROGRAM, CHICAGO, ILL.

Mr. SMITH. The next witness will be the Honorable Sidney Yates, our esteemed colleague from Illinois.

Mr. YATES. Thank you for the privilege of testifying before your subcommittee, Mr. Chairman.

Mr. SMITH. We are glad to have you.

STATEMENT OF HON. SIDNEY YATES

Mr. YATES. I want to support the previous witness, the distinguished chairman of the House Committee on Education, and Labor insofar as his request for funds for the Follow-Through program is concerned. We agree Follow-Through is a great program. That is why we are here.

I have with me Mrs. Barnes of Chicago who lives in my district and who has three children in the Follow-Through program. She can tell you about the wonderful result of the Follow-Through program.

I know firsthand the advantages of the Follow Through program because I have seen it in operation in my district in the city of Chicago. I say it is most unfortunate that the decision has been made by the administration to phase out the program, because time has shown it is a very good program. It has proved itself as an experimental program, and I think it should be made permanent.

The students who have been in the Follow Through program have benefited tremendously from it. The tests of the value of the program

show that the students who have been in the Follow Through program have progressed more quickly than those who have not had its benefits.

I would ask, too, Mr. Chairman, unanimous consent to include in the hearings a copy of an article from the Chicago Sunday Times with regard to the Follow Through program.

Mr. SMITH. Without objection that may be done.

[The information follows:]

THE CLASSROOM AS A TINKERTOY

STILL ANOTHER EDUCATIONAL EXPERIMENT HAS BEEN MADE TO WORK, AND NOW IT'S BEING PHASED OUT

(By Anthony Monahan)

What's going on at 751 S. Sacramento is not a great educational revolution, just a good one, a small one, a manageable thing with limits of hope and rhetoric.

What we have on the struggling West Side is yet another "revolution" in inner-city education. Not the first such dream, as we know, nor the last. It is called St. Francis Cabrini School, a standard red-brick fortress of old classrooms, fluorescent lights and adolescent art on the walls.

But it is more than just a school and, in fact, less a fortress than a political and social toy whose inner workings we tear down and put together again when it isn't working just right.

More than just a school.

These old structures in our inner cities have become the handiest targets for social tinkering. The society isn't working—urban poverty, hostility and confusion simmers through new frontiers, great societies and new federalisms—and the schools are temptingly available.

It is difficult to transform a neighborhood, but the neighborhood's schools are a different matter. If a school isn't performing, if tests designed in Washington are failures in Lawndale, then a bureaucratic lobotomy can be ordered. It is a constant surge into experimentation, a search for something that works, for this year's revolution. It seems to many parents that schools are not administered, but simply stamped, "approved/disapproved."

The petition to Washington reads:

"We the concerned parents of Cabrini School and other community residents ask for the continuation of full/funding for the Follow Through program * * * The program should be continued because of its value to the children and parents. Not because of any research value it may have. We ask the Office of Education to switch Follow Through from 'research and development' * * *"

"When is the research over?" asks Mrs. Norma Comier. "When do we become a school and not part of a research paper? Black people get tired of being somebody's research project."

Her school is about to be terminated by congressional action. The decision seems to have been made in an impenetrable fog of appropriation reports, cost-value studies and interagency memorandums. The Cabrini parents all have their Xerox copies of the order from Health, Education, and Welfare to Chicago's public and Catholic school superintnedents: Follow through is an experimental program which will begin phasing out in the 1974–75 academic year * * *

The Cabrini parents are fighting back, but the battle plan is hard to design. A group of parents have chartered a bus to Washington, hoping to talk to people in the Office of Education, to Congressmen, to anybody. They have their petitions. They have their sense of power over their children's destiny, a power they will not give up easily.

"It isn't fair," says another parent in the group which has drifted together, seated in a circle of folding chairs. The twice-monthly parent meeting is over, but few parents and teachers have left the room. Most are clustered around the room, in the hallway, quietly talking strategy.

"It just isn't fair," she says. "After 5 years, this isn't an experiment, it's a school. It's working. Living in a neighborhood like this, we're used to a lot of agencies and social workers, a lot of model programs. We need them. But it seems that when something begins working, then it's too successful. Then it gets shut off."

It is called Followthrough, a confident liberal's pretentious title that promises much, too much. One remembers the program slogans of the 1960's—Upward Bound, Model Cities, Mobilization for Youth—and one is embarrased, almost angry at their optimism and dangerous innocence; dangerous because of their own slef-congratulatory slogans they created the mood for later reaction and distrust.

Today, the problems are still there, just as visible and raw. Too few people found themselves upward bound, none of our cities are models, our youth aren't yet "mobilized." Somehow, nobody was able to * * * follow through. We never admitted that we lost the war on poverty, but neither will we soon predict again that we can win it.

In the official terminology. Followthrough is a "research and development program for disadvantaaged children from low-income families," started in 1967, one of the Great Society efforts at compensatory education.

There are 178 Followthrough projects in the country teaching 78,000 students, kindergarten through third grade. Nationally, 48 percent of the Followthrough students are black, 33 percent white, 13 percent Latino, 6 percent American Indian. Cabrini's is the only Catholic school in the eight Followthrough programs in Chicago; the rest are in public schools throughout the city.

Followthrough pumps advantages into disadvantaged schools, flooding the first three grades with classroom resources and extra teachers, extra food services, health services (medical, dental, psychological). social workers, field trips, babysitters, adult sewing classes, and more.

The cost, for the 1973–74 school year: $75,000. Most staff people are drawn from the neighborhood, and parents work as paid assistant teachers. All parents can participate in workshops and other free educational and cultural activities.

The promise, at least the hope, is that these poverty-area schools can be instantly suburbanized.

But the core of Followthrough is its degree of parent control, the method by which the parents directly choose the kind of school they want.

Obviously searching for innovations to jolt poverty-area schools into different achievement, the Federal Office of Education contracted with universities, foundations, and private consultants to produce new models for early primary education. Finally, Followthrough offered 23 separate systems, ranging in technique from closely structured learning to totally democratic classrooms.

The systems have names like behavior analysis approach, Florida parent education model, mathemagenic activities program, cultural-linguistic approach. The educational theories bubbled into Washington, each one carrying with it the hint of another revolution.

Followthrough parents first band together, then try to stay together through the murky and exasperating process of grant proposals, usually through such agencies as local Model Cities offices. Once approved, and with an administrator hired, the parents are ready. They are free to choose how their children will be taught, shopping cafeteria style from Washington's list of bright new educational packages.

It is an indication of how desperate, or how insistent, many ghetto parents are when they will so abruptly transform their schools.

In June, 1969, the founders of Cabrini's Followthrough program met to choose their system. At about the same time, parents in Chicago's other Followthrough schools were also choosing—at Fuller, Price, Brown, Jenner, Lathrop, Howland, and Ogden public schools.

The Cabrini parents were all parents of Head Start students. They knew each other, they knew their children. They were the only Chicago school to choose the open education program, a loosely structured, "open classroom" system developed by the Educational Development Center in Newton, Mass. The EDC approach was, and is, a reaction against the traditional classroom of rote learning and rooted desks. The emphasis is on movement and questioning, on intense group interaction between teacher and students.

To many parents, and even a few Cabrini parents, a functioning open classroom can be a confusing, unfocused, insolent affair. But the Cabrini founders liked that approach and its safeguards against classroom anarchy.

"There are two major strands in open education," an EDC policy statement says. "A growing number of fashionable, integrated open classrooms are 'interest centers,' with lovely art work, movement, projects to replace traditional reading and math * * * but teachers continue to dictate activities with little input from the students.

"There are also schools, of which many 'free schools' are examples, where democratic procedures are the major adult inputs, where children are left free to pursue their interests without being intellectually challenged, free to do as they please without and order or purpose * * *"

The Cabrini parents wanted more than a "free" school. They wanted something different, even radically different, for their children. But they knew it would be self-defeating to spend years of defining classroom freedom. They realized that "rebellious," even hostile, children could become the most questioning, creative children—but that these children would be lost if their freedom was allowed to become a destructive force.

The Cabrini parents were ready to try almost anything. They, and other groups of Followthrough parents in Chicago, found themselves with a unique opportunity to mold their schools with a rich mixture of money and ideas, and to do it outside the ponderous administrative structure of the city's regular school systems. But still, education was their goal, education in the strict sense. Their children would learn to read, and write, and count their change. But the children would learn.

Mrs. Barnes says: "They want learning desperately, especially for their children—more so than white parents, people in the suburbs. We don't take things like this for granted. Something like this, our kids wanting to go to school, every day—we won't give it up without a fight."

It would be easy to romanticize "parent power." But the Cabrini parents are acutely aware that after fun discussions of the philosophy comes the hard work. Each parent meeting includes pleas and arguments for more participation: Not enough parents are attending new math workshops; not enough parents contribute fundraising ideas; only a few mothers have signed up to cook goodies for the next bake sale.

But somehow the work gets done, and has been done for 5 years. The parents whose children were wrenched into a new system of learning in 1969 now see Followthrough as their own private school built with public money, an alternative school that is more real than any "free school," more valuable because it is rooted in the urgent black experience instead of some vague, white, middle-class yearning for new lifestyles.

The Followthrough parents believe they are in the mainstream of the community-control concept. "Innercity schools must be rebuilt from the ground up," James Redmond, Chicago public school superintendent, said recently about child-parent centers, local programs similar in concept to Followthrough. "They should be rebuilt on the foundation of close co-operation between home and school. Without parent participation in the education process, the child is doomed to failure."

What urban schools need, according to Redmond, are a "virtual revolution." But with the huge Chicago school deficit, the child-parent centers may not be expanded beyond the present 10 in operation, and may be cut back.

Officially, Following Through is through. Beginning next September Washington will begin turning off the money, dissolving the program one grade at a time.

One official reason is that Follow Through students have performed erratically on standards tests. A 2-year s tudy by the Stanford Research Institute showed that Follow Through students mdae greater achievement gains than non-Follow Through students—but the differences were disappointingly small. The Follow Through children performed much better in such areas as "self-expression" and "self-learning." But the big SRI study could not conclusively document the academic worth of Follow Through, and this revolution, at least, was declared to be over.

"The SRI report was really just an excuse," says Phyllis Noble, Cabrini, Follow Through coordinator. "A lot of Federal programs have been continued on much worse performance.

"First, we should look at the kind of testing. They used the standard achievement tests designed for your standard, middle-class white child. Minority children have never performed well on these kinds of tests. But mainly, I think the feeling today in Washington is a tiredness. They're weary of such programs, without immediate results. If a program doesn't get publicity like Head Start, it's in trouble.

At Cabrini, the 90 families are not giving up. They have their upcoming lobbying trip to Washington, five Cabrini parents busing eastward with other Follow Through parents busing eastward with other Follow Through parents from

Chicago, $35 each including one night in the YWCA Hotel. They have their petitions, their lines out to local foundations; they have a strange feeling that something will pull them through.

At a national Follow Through conference a year ago, when the Stanford study had just been published and "project termination" was first mentioned, a group of parents publicly walked out of the conference. Their minority report mentioned education, but it stressed power and self-esteem:

"We the parents like Follow Through, not so much because of where it is, although we know that some good things are happening in the classrooms, but because it recognizes the fact that poor parents are an integral part of any decision made about their children . . ."

"The damned thing is working," a Cabrini parent says, sipping cold coffee in the school's meeting room, late one night after a parents meeting. "My child wants to go to school, I couldn't keep him home if I tried, and it's the same with the other parents. A lot of us have kids in Follow Through and in public school, and you wouldn't believe the difference. We don't care that much about the tests. We know the kids are learning. We can feel it."

Mr. YATES. I should like now to introduce Mrs. Barnes for the purpose of making a statement.

Mr. SMITH. You may proceed, Mrs. Barnes.

STATEMENT OF MRS DARLING BARNES

Mrs. BARNES. Thank you.

My name is Darling Barnes. I'm from Chicago, Ill. I'm an assistant teacher and a parent of three children in the St. Frances Cabrini Follow Through program. I'm proud of the fact that I am one of the original Head Start parents that selected the E.D.C. model of Follow Through.

When I say thank God for Cabrini Follow Through I mean it. Because without it my children wouldn't be functioning in school as well today. I have three children in the program. Gary is in fifth grade. Erica is in fourth, and Rodney is in my classroom in second grade. All three children went to Head Start and came up in Follow Through. I'm especially proud of Erica. For the first 2 years of her school year she was able to move freely on her own level, observing what was going on. The third and fourth years she began getting involved and applying what she had observed in her classroom and also at home. Now she is helping others with their school work and has a new paper route. This is what our Follow Through is about. Children are able to make decisions and to be independent self-starters.

Our children read well. They learn to read in more than just books. In order to bake their cake or bake their birthday cakes they have to know how to read the recipe. They're reading from things they're involved in. They make up their own plays and write their own books, their own stories.

Our Follow Through children do well in math, too. Math comes easy with our kids. They measure themselves and they work with slide rules. They understand what they're doing. When they can really feel and understand what they're doing it makes a difference. It stays, and you don't have to worry about what they are doing, and they can apply it when they need it.

EDC advisers come to us every 2 months. The workshops are very helpful. They give us reinforcement and new ideas on open classrooms. They really inspire us.

In our school many services are provided by Follow Through, such as dental care, where children can go and have their teeth filled and cleaned and pulled. They get medical examinations and treatment and polio vaccine shots to prevent childhood disease. There is a psychologist that comes in to work with children and their parents with their problems. We also have a parent coordinator that works hand in hand with the parents and with their social needs such as providing sewing and cooking classes.

We have a Follow Through social worker that is special to me because he picks up on parents' feelings and needs and follows through on them. He helps with legal rights and medical and dental services of the children. If we didn't have Follow Through, some of the children might not get to the doctor.

The services include snacks twice a day for the children, which I think is a needed thing, because some of our children come to school without breakfast for one reason or another. They really expect those snacks.

Follow Through is just beautiful for the parents. It brings out a lot of parents that ordinarily wouldn't come out. One parent comes up and thanks us all the time. Another parent wrote us a letter saying thanks for treating my child as if you were the parents. They really appreciate Follow Through. They like the idea that they can come up and check on their child anytime they want. They can see what's happening to their children. It's their school and they don't have to be afraid of it. We the parents hire our own staff. We haven't fired anyone but we do have the power to do that. At the beginning of the school year, parents can choose which teacher they want for their child. In our Follow Through program parents have a choice. We have four classrooms, all set up differently.

Cabrini Follow Through is a good program. We have the support of the archdiocese and of Chicago's community action agency. But local money does not exist in Chicago to keep Follow Through going. We need Federal funds.

I really feel if more children had an opportunity like Follow Through there wouldn't be so many dropouts, or so many children thinking that they are slow learners. So let's keep kindergarten and work hard toward getting more Follow Through programs in all schools on all grade levels.

Thank you for your time.

Mr. SMITH. Thank you for your testimony. Your statement was right to the point, Mrs. Barnes. I am sure that this program is very important to you. You have firsthand knowledge of it, so your testimony is important to us.

Mrs. BARNES. I was very nervous.

Mr. SMITH. You did very well.

Questions, gentlemen?

Mr. YATES. Thank you, Mr. Chairman. We appreciate the opportunity for presenting our statements.

NATIONAL INSTITUTE OF EDUCATION

WITNESS

ROBERT E. STROTHER, ASSISTANT SUPERINTENDENT OF PUBLIC INSTRUCTION, STATE OF NORTH CAROLINA

Mr. SMITH. I see Mr. A. Craig Phillips, State superintendent of public instruction, State of North Carolina, is listed next.

Mr. STROTHER. Dr. Phillips could not come this morning. He and the Governor were involved in a meeting.

Mr. Phillips is a Democrat and the Governor is a Republican, and they are meeting on the battle of the budget today.

Mrs. Williams, on my left, has passed out statements to you. We will confine our remarks to the NIE, which is unusual for me because I work with Federal programs and this is perhaps the one I know the least about.

Dr. Phillips' statement shows the role which he takes. Mrs. Valleta's statement shows the role of the division's director and the manager of the NIE program in North Carolina. I will not go over these statements, but I have several comments to make on my own.

STATEMENTS OF DR. A. CRAIG PHILLIPS AND MRS. VON VALLETTA

Mr. SMITH. We shall insert the statements of Dr. Phillips as well as Mrs. Von Valletta.

[The information follows:]

TESTIMONY PRESENTED BY MRS. VON VALLETTA, DEPUTY ASSISTANT SUPERINTENDENT FOR RESEARCH AND DEVELOPMENT, STATE OF NORTH CAROLINA

The Education Amendments Act of 1972 created the National Institute of Education to achieve these purposes:

(1) Help to solve or alleviate the problems of, and promote the reform and renewal of, American education;

(2) Advance the practice of education as an art, science, and profession;

(3) Strengthen the scientific and technological foundations of education; and

(4) Build an effective educational research and development system.

The Institute has in the last 18 months assembled a staff of 385 researchers, program developers, practitioners, dissemination specialists, and support personnel who have;

(1) Managed numerous research and development efforts transferred to them from other agencies;

(2) Studied all those existing institutions already engaged in educational research and development—colleges, universities, profit and non-profit corporations, private contractors, regional laboratories, other Federal agencies, State education agencies, and local school systems;

(3) Planned for and established priorities for operations which might result in more effective articulation between those efforts; and

(4) Begun some new research and development efforts within the priority areas established.

In doing those things the leaders of the Institute have solicited information and advice from the leaders of representative institutions concerned with NIE's operation. Soliciting that advice was, in my judgment, necessary and appropriate. It appears now that two primary results have come from that action. One result ws intended; the other was probably unanticipated. The accomplished, intended result was to receive advice from a broadly representative group of potential NIE clients and to consider that advice in planning for future operations. The

unanticipated effect was that the action subsequently raised fears in some quarters that limited Federal moneys for educational research and development might be redistributed across potential participants in dramatically different proportional shares. Consequently, vigorous debate has occurred, and that debate seems to have placed the Institute's existence and resources in jeopardy.

I will attempt to clarify the situation by drawing your attention to some well established facts:

1. Any private corporation which hopes to remain viable in the marketplace invests from 5 to 10 percent of its annual budget in research and development to continually improve its procedures and products.

2. This Nation's annual investment in education approaches 7.5 percent of our gross national product, but the Federal investment in research and development for education accounts for less than two one-hundredths of 1 percent.

3. Educational research and development has up to this time been conducted primarily in semi-isolation from the practitioners who should subsequently use the improved procedures. Primary participants in previous efforts have been located in colleges and universities, regional laboratories, profit and nonprofit corporations, foundations, and government agencies.

4. Many improved practices which are developed are not subsequently translated into practice in schools across the Nation because we have had no adequate, systematic procedures for managing that translation.

5. State education agencies are in a unique position, because of their authority for educational affairs in the States, to provide leadership for planning and building a system to achieve effective use of recently developed improved practices; but the States already bear the major proportion of the cost for operational programs in public schools. Resources for educational research and development at the State level are, therefore, almost nonexistent.

6. There is an urgent need for Federal resources and leadership, not mandates and controls, for the collaborative building of an effective research and development system for education.

7. The National Institute for Education, created for that purpose, has not had sufficient time, sufficient resources, and a fair chance to prove itself.

8. Without reducing the already low level of support for educational research and development in those institutions external to public school systems, we must find a way to increase the capacity of State and local education agencies to participate in the process, for the surest way to get use of what is developed is to develop it with the participation of the intended users.

For all the preceding reasons I urge you to support the 1975 budget request from the National Institute for Education.

Testimony Presented by Dr. A. Craig Phillips, Superintendent of Public Instruction, State of North Carolina

One of the most persistent problems facing the educational institution is that of how we systematically and continuously improve educational practice in our public schools. Lack of desire for systematic improvement is not a problem. Evidence abounds that the National Congress, leaders in the U.S. Office of Education, Chief State School officers, State Legislators, State and local boards of education, professional educators, students, and the public at large are not only ready for systematic improvement but are demanding it.

In recent years, millions of dollars have been appropriated for the purpose of reinvigorating educational practice so that learning experiences for millions of children and youth can be more stimulating and more effective. We can point with pride to places where dramatic improvement has occurred in isolated sites but we cannot claim success in sharing those successful practices and seeing them subsequently adopted in numerous other sites. We have not yet developed an adequate system through which practicing educators can:

1. Participate in identifying those practices which need to be improved and participate in research and development efforts addressed to that purpose.

2. Become aware of a comprehensive array of recently developed effective practices—practices for which evidence of effectiveness exists.

3. Judge the feasibility of adapting and adopting an identified practice in a given local education agency.

4. Secure additional start-up resources and technical assistance to support adoption of the improved practices.

Finding a way to collaboratively develop with State Education Agencies—and others—an adequate system for development, diffusion, and adoption of improved practices is one of the major priorities of the National Institute for Education. I have had the privilege of serving on NIE's advisory panel on dissemination and utilization. That panel and a task force on NIE chaired by superintendent Lyman Ginger of Kentucky for the chief State school officers have analyzed the situation which now confronts us. Those two bodies came up with similar analyses. I will not attempt to discuss those analyses here but I do encourage you, if you have not already done so, to study carefully the recent NIE planning document on "Build ing Capacity for Renewal and Reform" in which a detailed analysis appears. Now, it appears that:

At the Federal level in recent years—while there has been much interest in and some resources invested in educational research and development—those efforts have been fragmented across various categorical programs. Many legislative acts require research, development, and dissemination of results; but as categorically funded programs have been implemented, we have not achieved coordinated pooling of those efforts across programs. The National Institute of Education, created by the Congress in 1972, has initiated a well-planned and promising start toward systematic orchestration of educational research and development. Federal leadership for that critical function is, in my judgment, absolutely essential. Yet, providing that leadership is an enormously complex task. NIE must orchestrate, without absolutely controlling, research and development activities in many already existing institutions. NIE must deal with local education agencies, State education agencies, colleges, universities, profit and nonprofit corporations, and individual contractors. When all those entities compete for limited resources, debate ensues which places NIE in a precarious situation, for each entity feels it should receive the lion's share of the resources.

Members of Congress, of course, receive feedback from the several competing constituencies and may begin to wonder about the effectiveness of NIE. Drastic budget reductions for fiscal 1974 may have been caused by the debate I have described. Yet, reduction of already inadequate resources only compounds the problem which faces us.

I am convinced that the National Institute of Education must exist supported by adequate Federal resources if we realistically expect to systematically improve the educational institutions in this Nation. Your support for the Institute's 1975 budget at the requested level is critically important to millions of children and youth in this society who deserve the best eductional experience we can provide for them.

I urge you to approve the budget request. Further, I encourage you to study carefully the testimony which will be presented next by Mrs. Von Valletta, deputy assistant superintendent for research and development in North Carolina.

STATEMENT OF ROBERT E. STROTHER

Mr. STROTHER. We have read the statement by Congressman Perkins and we agree with it. We have worked with him on all the formulas. We agree with them, and we would like to add an "Amen" to what he suggests.

Remarks by me will be confined to the NIE program. I will take just a moment or two.

No. 1, we believe the statements are extremely clear. It is evident that the NIE was funded for the purpose of stopping our reinvention of the wheel. We have an organization such as this in North Carolina. What we attempted to do was to look at the educational practices around the State which are working in one place, and rather than investing considerable money in the same reseearch again to figure some way to transport it to fertile ground. We think this is being done at the national level, and we think with a little more time it will work.

The objectives of the statement are clear. These are the priorities for fiscal 1975. We find nothing wrong with these objectives.

I have two personal exceptions I would like to make, however. No. 1, my postman has a hernia, but it does not come from the information supplied to me personally by NEA. Since I work with the congressional delegation, in fact I meet with them once a month, I will meet with the North Carolina congressional delegation on Thursday at 10 o'clock, were they to ask me about the NEA I would have trouble telling them anything I know firsthand. I would hope they can communicate with me a little more frequently than they do.

No. 2, I would like for them to involve the State education agency a little more where students are concerned. That does not bother me when they work with teachers. They can go through anybody they want to, but if they are working through local student agencies, sooner or later we are held accountable, and I would hope that the State Education Agency would be involved.

In behalf of Dr. Phillips, the State superintendent, and one and a quarter-million kids in North Carloina, we thank you for your time. We want to go on record as supporting the budget and statement as recommended by Congressman Perkins.

Mr. SMITH. Thank you very much.

MONDAY, MAY 13, 1974.

EDUCATION PROGRAMS

WITNESSES

DR. HELEN D. WISE, PRESIDENT, NATIONAL EDUCATION ASSOCIATION
JEAN M. FLANIGAN, DIRECTOR OF RESEARCH, NATIONAL EDUCATION ASSOCIATION
JAMES W. GREEN, ASSISTANT MANAGER FOR LEGISLATION, NATIONAL EDUCATION ASSOCIATION

Mr. SMITH. We have next the National Education Association, Mrs. Helen D. Wise, president.

Mrs. WISE. I am Helen D. Wise, president of the National Education Association. NEA is the largest professional organization in the world, representing nearly 1.5 million teachers and other educators who have an obvious interest in funding of Federal education programs. With me today are Jean M. Flanigan, NEA Director of Research, and James W. Green, assistant manager for legislation in NEA Government Relations.

We wish to express our appreciation to the members of the committee and staff for their support in consideration of our request for fiscal year 1974. It was a different and enjoyable experience to be able to support the subcommittee and full committee through the conference. We look forward to a repeat performance this year.

In the interests of brevity, I will not comment specifically on the amounts we would consider realistic for each program in fiscal year 1975. We will subsequently supply you with our program-by-program recommendations. We will also wish to express our support for forward funding, and will request that it be accomplished through a supplemental appropriation for implemention in fiscal year 1976. To discuss forward funding for fiscal year 1975 at this time of the year is academic. Today I will just cover some general areas of concern.

INFLATION

Inflation is a tremendous factor in school budgets today. Unless the appropriations for Federal programs are based on a reasonable projection of buying power, the programs will purchase less in educational goods and services as prices rise.

The budget request of the administration for spending authority for elementary and secondary education is increased from $2,077 million in 1974 to $2,245 million in 1975, up $168 million or 8 percent. This is inadequate in an economy in which prices are increasing at an annual rate of 10 to 12 percent.

When similar calculations are made for all of the Federal education program requests, it becomes clear that this is a budget request which, for all its palaver, is not adequate to keep the Federal share rising with increasing costs.

Of the advance funding requested for the proposed consolidated formula grants, the grants for the disadvantaged increase only 9.7 percent. Grants for the handicapped, support services, and innovation increase not at all. With rising prices, we can anticipate less program rather than more in all of the areas of consolidation. Indeed, the $166 million increase in aid for the disadvantaged is almost offset by the proposed decrease in the formula grants of the Emergency School Aid Act.

A ROSE BY ANY OTHER NAME

This is the fourth year that we have reviewed a similar administration budget proposal for grant consolidation under changing nomenclature: special education revenue sharing was renamed the Better Schools Act, and now somewhat more realistically, the consolidated education grants. Each year, the components of the consolidated programs change somewhat, but NEA's basic objection remains the same: bigger packaging of inadequately funded programs is still inadequate.

The NEA has testified on a number of occasions that we support the principle of consolidation of grants but only under a condition of adequate funding.

IMPACT

The administration is requesting that funding for Public Law 874, impact area aid, decline from $597 million this year to $340 million in 1975. If the more than 4,000 affected school systems are to maintain the same level of funding of their education programs in 1975, this cut will result in a $250 million increase in local property taxes. If the level of funding is not met from local tax increases, $250 million will be cut from school programs. Close examination of the administration's request of $40 million to hold harmless districts with a minimal drop in entitlement indicates that the scheme simply cannot work. The administration representatives should be required to give an in-depth explanation of the system and how it would function.

The importance of in lieu of property tax payments to local school systems in federally impacted areas is apparent in view of the magnitude of the problem. Unequal concentration is demonstrated by the tables attached showing by State percent of land owned by the Federal Government and the number of civilian employees of the Federal

Government per 1,000 population (exhibit A). The Federal Government owns in excess of one-third of the land area of the United States and over 50 percent in five States. It employes 13 civilians per 1,000 population in the United States and over 25 per 1,000 population in five States. Within school systems there is an even wider range. Of the total property taxes paid in 1972, nonbusiness property, that is residential and personal property, paid $20,930 million or 52.1 percent while business property paid $19,270 million or 47.9 percent of the total property tax payments. Systems which house large numbers of federally connected families will obviously be in trouble financially if impact aid is removed.

EMERGENCY ASSISTANCE

The rationale for reducing emergency school aid from $234 million in advance funding in 1974 to $75 million in 1975 is incredible. HEW claims that "the crisis atmosphere surrounding school desegregation eases. . . ." Gentlemen, I assure you that this is not consistent with the reality of the needs in classrooms which are desegregating—some for a second and third time. Areas other than the South have not begun to implement desegregation. The record of this administration in offering ESA as a palliative is deplorable.

BILINGUAL-BICULTURAL EDUCATION

I wish to call your attention to the special need to increase the appropriation for bilingual-bicultural students. The funding requested reduces the appropriation from $50 million to $30 million. This is absurd in light of the documented needs of bilingual-bicultural pupils and the court decisions guaranteeing rights of these pupils to an education. Curriculum needs have not been met nor have the needs for trained teachers to work with these pupils.

HANDICAPPED

Federal categorical support for programs for the handicapped declined $75 million from $391 million to $316 million, while the project grants to States remain at $48 million for fiscal 1974 and 1975. It is not hard to predict that many of the programs for the handicapped will disappear under the pressures of decreasing Federal funds, increasing prices on school budgets, increasing demands for nonschool State and municipal services, and increasing demands for local and State tax cuts.

To those of us who are still in touch with the real world of the local school budget, the Secretary's rationale for these cuts is implausible at best.

The Federal role will continue to be one of providing support for model programs, development activities, demonstrations, resource centers, and the training of educational personnel. It is expected that State and local governments will assume the principal responsibility for providing the necessary operational support for the education of these children.

HIGHER EDUCATION

Higher education programs would also be hurt under the proposed budget. A bright spot is basic opportunity grants (BOG's). However, with the financial plight of institutions of higher education, rising costs of living at college, and rising tuition rates, the BOG will, next year as this year, prove inadequate to finance higher education for students from low-income families and put middle-income students in a terrible situation—too wealthy to qualify for help and too poor to go to college. Elimination of institutional grants will tend to force tuition rates to rise even faster.

The financial problems of students and institutions of higher education will not be solved by eliminating support for one to increase support for the other or vice versa. What is needed is a sound system of Federal aid for institutions and students.

NATIONAL INSTITUTE OF EDUCATION

We support the budget request for the NIE with some reservations. NIE was established to learn more about the processes of teaching and learning. We support the NIE efforts along these lines. We support additional funding for the purpose of wide dissemination of the results of research on teaching and learning through State education agencies involving representatives of teachers' associations, school administrators, school boards, and school-community groups. We oppose the use of NIE research funds for demonstration of the voucher system, which if limited to public schools only is simply an innovative school program and if extended to private schools is of questionable constitutionality and would lead to the destruction of the public school system. NIE should not be allowed to substitute for OEO as a social engineering force.

ADMINISTRATIVE COSTS

If you have any doubt about the cost-increase requirements just to stand still in these days of rising costs, compare the increases in educational formula and project grants with the cost of administration of the Federal education agencies:

ADMINISTRATION AND OTHER [1]

[Budget authority in millions]

	1973	1974	1975	Change
Salaries and expenses:				
Officer of Education:				
Program administration	$78.6	$86.6	$101.5	+$14.9
Planning and evaluation	11.8	7.2	9.0	+1.8
General program dissemination:				
(a) Dissemination	.8		.5	+.5
(b) Packaging and field testing			3.5	−3.5
Advisory committees	1.3	1.2	1.2	
National Center for Educational Statistics:				
(a) Surveys and special studies	6.9	4.3	4.3	
(b) Common core of data			1.3	+1.3
(c) National achievement study	7.0	4.5	6.0	+1.5
Subtotal	106.4	103.8	127.3	+23.5
Office of the Assistant Secretary for Education	2.5	2.3	3.7	+1.4
Educational activities overseas	3.0	1.0	2.0	+1.0
Total	111.9	107.1	133.0	+25.9

[1] HEW press release, "The Fiscal Year 1975 Budget," Feb. 4, 1974, p. 65.

Although we are not opposed to adequate administrative costs, we cannot support increases in administration at rates so obviously out of line with recommended program increases.

DISCRETIONARY GRANTS

The Federal discretionary assistance such as project grants to Lea's for a particular program are producing a state of flux in schools. These projects accomplish a great deal during a limited lifetime, but even so they must end after a specific period because Federal funds are withdrawn. Teachers are in despair over the many good programs which are seeded by Federal project funds and dropped when Federal funds are discontinued.

The list of project grant programs (discretionary grants) which will be reduced next year by program reduction or by failure to keep pace with rising costs is long and disheartening.

[Budget authority in millions]

	1973	1974	1975
Education for the handicapped (excluding State grants)	$107	$100	$100
Indian education	18	42	42
Bilingual education	45	50	35
Right to read	12	12	12
Educational broadcasting projects	20	19	14
Civil rights advisory service	22	22	22
Follow through	58	41	35
Drug abuse education	12	6	----
Ethnic heritage studies	----	2	----
Career education	14	----	10
Educational personnel development	118	97	46
Total	425	391	316

We generally support the intent of title V of ESEA. It has helped to provide increased leadership and services to local school districts. However, we are concerned that some title V funds are being used as a means of financing fads, demonstrating ideas for which the basic research and development are not completed. I refer specifically to the accountability trip that State education agencies are taking at Federal expense. Millions of pupils are being tested with test instruments when no one knows what is being measured or why.

CONCLUSION

In conclusion, we wish to state that the problems of the existing Federal aid programs will not be solved by patchwork or tinkering with combinations, eliminations, and the like. The real need is for an adequate program of Federal funding—general Federal aid to all programs, general and special, amounting eventually to one-third of the cost of public education.

(Exhibit A)

PERCENT OF STATE LAND OWNED BY THE FEDERAL GOVERNMENT, JUNE 30, 1971

1.	Connecticut	0.3
2.	Iowa	0.6
3.	Maine	0.7
4.	New York	0.8
5.	Ohio	1.2
	Rhode Island	1.2
7.	Kansas	1.3
8.	Massachusetts	1.5
	Nebraska	1.5
10.	Illinois	1.6
11.	Texas	1.8
12.	Indiana	1.9
13.	Pennsylvania	2.2
14.	New Jersey	2.5
15.	Delaware	3.0
16.	Maryland	3.1
17.	Oklahoma	3.3
18.	Alabama	3.4
19.	Louisiana	3.6
20.	Missouri	4.5
	Vermont	4.5
22.	North Dakota	4.9
23.	Kentucky	5.0
24.	Wisconsin	5.1
25.	Mississippi	5.2
26.	Georgia	5.8
27.	South Carolina	5.9
28.	North Carolina	6.2
29.	Minnesota	6.5
	Tennessee	6.5
31.	South Dakota	6.7
	West Virginia	6.7
33.	Virginia	8.8
34.	Michigan	9.3
35.	Arkansas	9.4
36.	Florida	9.6
37.	Hawaii	9.7
38.	New Hampshire	12.3
39.	Montana	29.6
	Washington	29.6
41.	New Mexico	33.5
	UNITED STATES	33.5
42.	Colorado	36.0
43.	Arizona	44.0
44.	California	44.9
45.	Wyoming	48.1
46.	Oregon	52.3
47.	Idaho	63.8
48.	Utah	66.1
49.	Nevada	86.5
50.	Alaska	96.7

Census, *Statistical Abstract, 1972*, p. 194.

NUMBER OF FEDERAL CIVILIAN GOVERNMENT EMPLOYEES (WITHIN THE UNITED STATES) PER 1000 POPULATION, 1971

1.	Iowa	6
	Michigan	6
	Wisconsin	6
4.	Connecticut	7
	New Hampshire	7
	North Carolina	7
	Vermont	7
8.	Louisiana	8
	Minnesota	8
	West Virginia	8
11.	Arkansas	9
	Delaware	9
	Indiana	9
	New Jersey	9
	Ohio	9
16.	Florida	10
	Illinois	10
	Kansas	10
	Mississippi	10
	Nebraska	10
	New York	10
22.	Kentucky	11
	Massachusetts	11
	South Carolina	11
25.	Idaho	12
	Oregon	12
	Pennsylvania	12
	Tennessee	12
29.	North Dakota	13
	Texas	13
	UNITED STATES	13
31.	Maine	14
	Missouri	14
	South Dakota	14
34.	California	15
	Montana	15
	Rhode Island	15
37.	Alabama	16
	Arizona	16
	Georgia	16
	Washington	16
	Wyoming	16
42.	Nevada	17
43.	Colorado	19
44.	Oklahoma	21
45.	New Mexico	25
46.	Virginia	31
47.	Maryland	32
48.	Hawaii	34
49.	Utah	37
50.	Alaska	49

Census, *Public Employment in 1971*, p. 11; *Estimates of the Population of States: July 1, 1971 and 1972*, p. 2.

Mr. SMITH. Mrs. Wise, do you think if there were to be special revenue sharing in lieu of a number of these other programs that the local school districts would use the special revenue-sharing funds for the purpose of carrying forward the local educational programs?

Mrs. WISE. Our experience has not shown that.

Mr. GREEN. If you are talking about special education revenue sharing, that is, revenue sharing for education as opposed to general revenue sharing, there is a possibility that they would. Certainly, however, we have not benefited to the extent we thought we would from the general revenue sharing.

We have found it has been used basically to replace funds from other sources and has resulted in no increase.

Mr. SMITH. Thank you.

MONDAY, MAY 13, 1974.

EDUCATION PROGRAMS

WITNESS

MICHAEL A. RESNICK, LEGISLATIVE SPECIALIST, NATIONAL SCHOOL BOARDS ASSOCIATION

Mr. SMITH. Next will be the National School Boards Association, Mr. August W. Steinhilber, assistant executive director.

Mr. RESNICK. Mr. Steinhilber was unexpectedly called out of the country for today and the rest of the week, Mr. Chairman. Therefore, I shall make the presentation on behalf of the National School Boards Association.

Mr. SMITH. Very well.

Mr. Chairman, members of the subcommittee, my name is Michael A. Resnick, and I am the legislative specialist for the National School Boards Association. The National School Boards Association is the only major education organization representing school board members—who are in some areas called school trustees. Throughout the Nation, approximately 80,000 of these individuals are association members. These people, in turn, are responsible for the education of more than 95 percent of all the Nation's public schoolchildren.

Currently marking its 35 year of service, NSBA is a federation of State school board associations, with direct local school board affiliates, constituted to strengthen local lay control of education and to work for the improvement of education. Most of these school board members are elected public officials. Accordingly, they are politically accountable to their constituents for both educational policy and fiscal management. As lay unsalaried individuals, school board members are in a rather unique position of being able to judge legislative programs, including the adequate funding level of programs, purely from the standpoint of public education, without consideration to their personal professional interest.

Association policy is determined at the NSBA annual convention at which representatives from every geographic region of the Nation translate policies and resolutions into ongoing programs.

For years now, NSBA has championed adequate funding levels for the Federal program. Our 1974 convention was not an exception. In-

deed, resolutions to expand the Federal assistance program and to rectify recurring problems in the Federal process dominated the convention agenda.

Mr. Chairman, at the outset, you and the members of the subcommittee are to be commended for your successful efforts last year to advance increases over the funding levels requested by the administration for fiscal year 1974.

Turning to the fiscal year 1975 budget, we wish to briefly highlight several issues which are of utmost concern to the Nation's school boards. Five of these issues relate to the funding levels for ESEA title I, emergency school assistance, impact aid, vocational education, and the National Institute of Education. We recognize that the subcommittee cannot act on some of these issues until the authorizing legislation is enacted, but my comments are sufficiently general that they will apply regardless of the differences which separate the House and Senate authorizing bills from each other, or from current law. In addition, I wish to restate NSBA's continued support for the forward funding of education programs.

TITLE I

For many years, title I of the Elementary and Secondary Education Act, which provides compensatory education programs for disadvantaged children, has been one of the Federal Government's wisest education investments. The current debate in the authorizing process over the precise manner in which State-by-State and local allocations will be made does at least serve to underscore the national financial need, popularity, and success associated with title I.

As we search for a realistic funding level for this program, several problems of equity arise. First, existing funding levels could result in some States losing money, depending upon the title I formula which is ultimately adopted. It is our opinion that during a formula transition stage, States should not be forced to incur sudden drops in funding. At the same time, experience with "save harmless" provisions have been less than satisfactory in that the title I formula is, in effect, rewritten each year. In recent years, this subcommittee has been subjected to the hapless task of developing "save harmless" provisions on top of previous years' "save harmless" provisions which finally culminated last year in a nightmare of technical complications and political divisiveness. Accordingly, to avoid the recurrence of previous problems, we urge the subcommittee to let the new title I formula operate in its first year, as written, by providing funding thereunder to place each State, to the extent practical, at an allocation level which at least equals its level of last year. In this regard, if the new title I formula approximates the House approach, an appropriations level of $2.1 billion will significantly accomplish the State "save harmless" goal.

Second, while changes in the title I formula may cause some statewide increases, many school districts, particularly the big cities, may lose as much at 15 percent of their allocation at current appropriations levels. A $2.1 billion appropriations could help some of those areas.

At the same time, an appropriations of $2.1 billion will not result in gains of such magnitudes in other States or school districts that adequate preparation cannot be made for the expenditure of same. In accommodating for gains, it should be recognized that last year we

have had an inflationary rate in excess of 10 percent which can be expected to continue into fiscal year 1975. Applying that 2-year rate of inflation to the fiscal year 1973 title I appropriations of $1.810 billion would yield a fiscal year 1975 nationwide breakeven point of $2.179 billion.

EMERGENCY SCHOOL AID ACT

While the National School Boards Association strongly supports Federal assistance to school districts facing large costs in the implementation of desegregation plans, we find that the emergency school aid program as it is currently operated is not supportable as a priority funding item.

This legislation contains no less than six program categories with which school boards must concern themselves. In addition, notwithstanding the administration position favoring an easing of Federal program administration, the regulations thereunder encompass 40 pages in the Federal Register plus a maze of guidelines and application forms. As a result, it is not surprising that one big city school board advised us that it took their Federal specialist 3 weeks just to understand the program. Another district advised us that its overhead cost in developing an application would exceed the amount of funds which it needed. In short, because the program is so complicated and contains such voluminous report procedures, the school board risk capital for the program is prohibitively high.

Moreover, the program as presently structured must fall on its merits. Although not required by statute, the regulatory provision upon which applications are ranked against each other are heavily skewed in favor of the larger districts. We believe that applications of equal merit should be treated on an equal basis. The regulations as currently structured suggest that the adversities of segregation do vary with district size. To our knowledge that assertion has yet to be proven. In addition, grants are awarded as much as for the achievement of a narrowly defined concept of pupil assignment as for the real end product—a quality equal education opportunity.

Predictably we find school district apathy for this program, which is now reflected in the administration's own regulations. Originally, a school district had to amass 900 "points" in its grant application just to qualify for consideration. Faced with reduced interest, however, the regulations this year, varying with the grant sought, require far fewer "points," which any good-sized district can amass simply on the basis of enrollment figures. Apparently, the administration is likewise dissatisfied insofar as it is seeking to replace the existing program with yet to be disclosed legislation—at less than one-third the current appropriations level.

In light of the foregoing, if the current program is merely extended, we respectfully urge the subcommittee to reflect the administration's $75 million request for emergency school aid through additional funding for ESEA title I (that is, over the $2.1 billion level).

IMPACT AID

Unlike other Federal aid to education programs, impact aid is not primarily intended to fund a specific educational need. Rather, it is a program of general aid to compensate school districts for the cost

which the Federal business places upon them. Specifically, these costs consist of any combination of the following factors: The burden of educating federally connected children, lost revenues which federally used land takes off the local rolls, and income and sales tax revenues which are lost under the Soldiers and Sailors Relief Act and in commissary privileges.

As in the case of title I, the factual—not the philosophical—basis on which payments are made has changed since the program was implemented 24 years ago. As a result, a situation has arisen whereby a few wealthy districts are receiving relatively large payments for the children of fully taxed, high-salary civilians who work on Federal installations located in neighboring school districts. At the same time, dozens of poor districts are receiving relatively small payments for high concentrations of children whose parents are in the military and/or because of the location of a large Federal installation within the district. In such cases, the Federal business poses a real and a heavy burden on local resources to educate both the federally connected and the local children. Given the philosophical soundness of the program and the need of dozens of poor districts for these funds, the high payments to the few districts in question should be rectified by a change in the formula, rather than a cut in funding to all districts. In this regard, we note that the Senate bill contains reform measures which more carefully define classes of Federal impact. Indeed, the Senate committee bill eliminates entitlements for civilian "b-out-of-state" payments, which has been the major source of criticism for the program.

In terms of current law, NSBA recommends that the appropriations be sufficient to fund all category 3a children at 100 percent of entitlement, or at $240,500,000. We also urge that category 3b children be funded at 77 percent of entitlement, or at $387,381,000. In addition, we request minimal funding of $50 million for category "c" students, the public housing section, and $40 million for Public Law 815.

VOCATIONAL EDUCATION

The National School Boards Association is committed to a strong national program of vocational education that can supply the necessary complement of trained workers that make this Nation prosper. The people in this country, and especially students, have come to learn that college is not the answer to every person's career needs. On the other hand, training in a skill or trade is absolutely essential if an individual is to compete successfully in the very tight job market that now exists and, presumably, will continue to exist for many years. In this regard, adequate vocational training of students at the secondary school level spares the Nation the cost of retraining adults. But the process of preparing students for the real world of work must be based on sound educational principles, backed by all the resources that the citizens and educators can muster. The Federal Government, through the Vocational Education Act of 1963, has been a driving force in this campaign to promote the unfortunately unglamorous program of vocational education.

Based on estimates of the State needs, the National School Boards Association urges the subcommittee to recommend a total appropria-

tion of $702 million for vocational education activities to cover the rising costs of running programs for more than 14 million students. This amount, $153 million over the budget requests, would provide needed funding for basic State grants, State and national advisory councils, programs for students with special needs, work-study, cooperative education, consumer and homemaking, vocation research and innovation, and vocational teacher training under the Education Professions Development Act.

NATIONAL INSTITUTE OF EDUCATION

The National School Boards Association has always supported a vigorous role for the National Institute of Education. We recognize that NIE has had problems in getting started, and, frankly, we have been less than enthusiastic about its initial efforts. There are, however, indications that the Institute is now able to respond to the needs of Congress and of educators, and NSBA believes that it is time to provide NIE with an opportunity to demonstrate its potential. Accordingly, NSBA supports the President's budget request of $130 million for NIE, with certain reservations.

Specifically, NSBA is firmly opposed to NIE's commitment to vouchers, its low priority for field grants in elementary and secondary education (particularly at the local school system level), and the Institute's unwillingness to assure that the perogatives of school boards are not overridden by Federal research funds.

On the first point, NSBA is flatly opposed to NIE's commitment to education voucher programs involving nonpublic schools. Our opposition is grounded upon the notion that the diversion of public funds to nonpublic schools can only work to weaken the free public school system. Although NIE voucher programs to date have not included nonpublic schools, that may be the result of restrictive State laws rather than the wishes of NIE officials. Apart from education policy, NSBA opposes the involvement of nonpublic schools in a publicly supported voucher system on constitutional grounds. That conclusion may even be shared by NIE Director Thomas Glennan who recently went on record as saying that he also was "leaning" in the same direction.[1] We urge the subcommittee to insert legislative language in the appropriations bill to forbid NIE from using any appropriations to support nonpublic schools.

On the second point, NSBA believes NIE has not shown a sufficient commitment to the applied research needs of elementary and secondary education. While NSBA recognizes the need for basic research, we believe that NIE's proper role is that of an agency supplying our schools with information and innovation that can improve the educational system. Even the most basic research has shown that schools must reach children early in life to have a great impact on individual cognitive and affective development. As a result, we urge that the subcommittee earmark one-third of the NIE appropriation for use at the local school district level.

Finally, NSBA is concerned that certain community based NIE activities could undermine school board governance of education. For example, we were alarmed to learn that, as part of the so-called

[1] See "Federal Focus on Education" (Apr. 18, 1974), transcript of proceedings at p. 87.

"problem-solving" priority of the Institute, NIE hoped to issue grants to stimulate self-improvement in the schools. Among the suggested activities were teacher centers for in-service training, and among the possible grantees were professional associations. But NSBA believes that an NIE-supported teacher center operated by a teachers association could seriously interfere with the public duty of local school boards. Local boards are elected to, and are legally responsible for, setting educational policy in the schools; teachers are not. Accordingly, it would be unwise for NIE to encourage teaching practices relating to local educational policy when such practices are unilaterally advanced by a teacher center under the control of contract employees—especially if public schoolchildren are directly involved in the program. Consequently, NSBA urges that NIE grants not be finalized without the approval of any local school board that might be affected by the grant.

FORWARD FUNDING

NSBA has long advocated forward funding for education. Under the existing appropriations cycle, school boards more often than not must prepare their "final" budget for the school year far in advance of the time when the amount of their Federal allotments are known. For the most part, State laws require that school budgets be in place before July, and the laws do not allow much flexibility in extending the budget deadline. Consequently, if school boards do not know by July 1 how much Federal assistance they can expect, there is a tendency to design Federal programs in such a way that they can be plugged in or out of the normal school operation, rather than in a way that can best meet the educational needs of the district. If, on the other hand, the board commits itself to the Federal programs and overspends because the actual Federal allotment is disappointingly low, the program may have to be terminated early or incur a deficit, which is a violation of law in many States. In short, school boards cannot plan properly when appropriations are late, which can lead to less than efficient spending of the Federal dollars.

The National School Boards Association appreciates this subcommittee's previous efforts to solve this problem, and we understand your inability to act this year because authorizing legislation is not in place.

President Nixon has now added his support for forward funding. Unfortunately, administration officials indicated that the President's support is limited to several "key" programs. We respectfully urge the subcommittee to ask why other elementary and secondary programs should not be handled in the same fashion.

CONCLUSION

In sum we are asking the subcommittee to recommend that (1) $2.1 billion be appropriated for ESEA title I; (2) funds for the desegregation program be transferred to ESEA title I until the administrative problems with the former are corrected; (3) Impact Aid be funded as follows: category 3a at 100 percent of entitlement, category 3b at 77 percent of entitlement, public housing at $50 million, and Public Law 815 at $40 million; (4) at least $700 million be appropri-

ated for the various vocational education programs; and (5) $130 million be appropriated for NIE with at least one-third of the funds be used for elementary and secondary purposes and, in a manner which properly involves local school districts and prohibits the implementation of vouchers to nonpublic schools.

Mr. Chairman, on behalf of the National School Boards Association I wish to thank you for this opportunity to present our views on the fiscal year 1975 appropriations for Education Division programs.

Mr. SMITH. Thank you very much for your testimony Mr. Resnick. It is in great detail and we are glad to have it.

Mr. RESNICK. Thank you.

MONDAY, MAY 13, 1974.

VOCATIONAL EDUCATION

WITNESSES

C. M. LAWRENCE, PRESIDENT, AMERICAN VOCATIONAL ASSOCIATION AND

LOWELL A. BURKETT, EXECUTIVE DIRECTOR, AMERICAN VOCATIONAL ASSOCIATION

Mr. SMITH. The American Vocational Association.

Mr. LAWRENCE. I am C. M. Lawrence, president of the American Vocational Association and have with me Mr. Lowell A. Burkett, our executive director of the American Vocational Association.

We do have here prepared for you a formal presentation which we would like to enter into the record.

Mr. SMITH. We will enter it at this point.

[The statement follows:]

STATEMENT OF THE AMERICAN VOCATIONAL ASSOCIATION, DELIVERED BY C. M. LAWRENCE, PRESIDENT AND LOWELL A. BURKETT, EXECUTIVE DIRECTOR

Mr. Chairman and members of the subcommittee, on behalf of the 53,000 teachers, teacher educators, supervisors and administrators in the field of vocational-technical education who are members of the American Vocational Association, we wish to express appreciation to the Congress and members of this subcommittee for the support given to vocational education. We realize you have a great concern for the development of vocational education in the public school systems of this Nation.

Vocational education is no longer a minor part of the public school systems of this Nation. It is generally recognized that vocational education is a major contributor to the total instructional system. This is true for in-school youth and for programs for unemployed and underemployed youth and adults. The increased interest in vocational education by the public is the result of work and emphasis that you and other Members of Congress have given to programs of realistic job training education.

Members of Congress had the foresight in 1963 to enact the Vocational Education Act and to provide improvements with the amendments of 1968 (Public Law 90-576). Since enactment, funding for this legislation has been increased each year. By doing this, you have indicated your concern with national priorities of educating people for employment. We are happy to report to you that much progress has been made in implementing the desires of Congress through the Vocational Education Amendments of 1968. In a time when some school enrollments are tending to decrease, interest in vocational education is on the upswing. We are serving a larger percentage of the population every year. Additional programs are being instituted to meet the needs of business, industry and the individual who is seeking employment. State and local support for vocational education

continues to improve and is currently at the national average ratio of approximately $6 State and local expenditures for every $1 of Federal funds. It would appear that this justifies the action taken by Congress in 1968 to provide the leadership and thrust for vocational education at the national level.

While we are saying that progress is being made, we do have several concerns:

(1) It is imperative that funding of all parts of the Vocational Education Amendments of 1968 and part F, section 552, 553, and 554 of the Education Professions Development Act be continued at a level consistent with program needs. Additional funds are needed to support the national thrust in career education.

(2) We request attention to the planning needed for the immediate future of vocational education. The need for comprehensive planning continues to mount in vocational education programs. In addition we hope that Congress will soon give vocational education an expanded role in preparing people for employment. With the anticipation of this expanded role, State and local agencies must prepare themselves and report to Congress in relation to their needs and their planning. It is this issue that we address when requesting the attention of Congress to be directed toward planning for vocational education.

(3) We believe that Congress should give its attention to adequate staffing for vocational education in the U.S. Office of Education.

We have expanded upon these concerns in our testimony on the following pages.

NEED FOR FEDERAL APPROPRIATIONS

The Vocational Education Amendments of 1968 (Public Law 90-576) stated the purpose of the legislation being enacted was: "* * * so that persons of all ages in all communities of the States * * * will have ready access to vocational training or retraining which is of high quality, which is realistic in the light of actual or anticipated opportunities for gainful employment and which is suited to their needs, interests, and ability to benefit from such training."

The amount of funds requested in the table on page 4 will not fully accomplish these purposes. This amount will, however, stimulate approximately 10 percent growth in vocational education enrollments during fiscal year 1975 and maintain the ratio of State and local and Federal expenditures for programs. (See attached chart—Relationship of Federal Funding and Vocational Educational Education Enrollments). In addition, the funds requested reflect an approximate increase of 10 percent to offset the cost of operation anticipated for fiscal year 1975. Also, our request provides a means for Congress to utilize a portion of State grant funds to initiate planning for vastly broadened vocational education programs.

The American Vocational Association is requesting that appropriations for fiscal year 1975 be made to fund the Vocational Education Amendments of 1968 at $690.5 million. We urge consideration be given to include language directing the utilization of $25 million of these funds toward planning. We request $11.2 million for EPDA, part F and $10 million for career education. The request for the various parts of existing legislation is as follows:

Projected needs for Federal funds for vocational education

Basic vocational education programs (VEA, rt. B):	
Basic grants (includes request of $25,000,000 for planning)	$541,285,000
National Advisory Council	363,000
Programs for students with special needs (VEA, sec. 102(b))	24,200,000
Consumer and homemaking (VEA, pt. F)	45,000,000
Work-study (VEA, pt. H)	9,997,000
Cooperative education (VEA, pt. G)	23,595,000
State advisory councils (VEA, pt. A)	4,315,488
Vocational research:	
Grants to States for innovation (VEA, pt. D)	17,000,000
Curriculum development (VEA, pt. 1)	4,400,000
Grants to States for research (VEA, pt. C)	19,800,000
Total	690,555,488
EPDA (pt. F. sec. 552, 553, 554)	11,268,000
Career education (Education Amendments of 1972, sec. 303(a)(2), amendments to the Cooperative Research Act)	10,000,000

This request is based on the fact that Congress appropriated $548.6 million for vocational education for fiscal year 1974. A slightly less amount may actually be available to the States due to the authorized 5-percent reduction in some appropriations.

With this in mind our request for funding is made on the basis that we plan for and project a 10-percent growth in vocational education for fiscal year 1975. In addition operating costs are anticipated to increase approximately 8 to 10 percent during the next year and we have requested approximately a 10-percent increase in all programs to counterbalance this for fiscal year 1975.

In fiscal year 1972, the actual enrollment in vocational education was 9,984,416. This was distributed by educational level as follows: Secondary—56 percent, postsecondary—13 percent, and adult—30 percent. Since enrollment in vocational education has increased at approximately 10 percent per year, we anticipate that enrollment in vocational education for fiscal year 1975 will be 14,461,000 individuals. (This statement is based on straight line projections relating to enrollment and funding patterns of previous years. See attached chart—Relationship of Federal Funding and Vocational Education Enrollments.)

The dramatic impact of vocational education upon the total population and the reason for continued increases in enrollment in vocational education is indicated in the chart below that shows the increases in enrollment per 1,000 total population.

RELATIONSHIP OF VOCATIONAL EDUCATION ENROLLMENT TO POPULATION

	Total enrollment in vocational education	Enrollment in vocational education per 1,000 total population
Fiscal year 1961	3,785,773	21.1
Fiscal year 1966	6,070,059	31.3
Fiscal year 1971	8,977,891	44.4
Fiscal year 1972	9,984,416	48.5

At a time when there tends to be decreased enrollments in the public schools vocational education continues to increase due to the fact that we are serving a higher percentage of the population each year. The projected secondary enrollment in job training programs for fiscal year 1975 is still less than 40 percent of the high school population and the adult enrollment is less than 3 percent of the adult population of this Nation. There are undoubtedly many more who need and want job training and many more who are not enrolled in vocational education. These figures become especially meaningful when it is recognized that approximately 80 percent of the Nation's work force requires education and training of less than a baccalaureate degree in order to perform adequately in their occupation.

In addition to increases in enrollment, programs have become more comprehensive. Project Baseline, "Learning a Living Across the Nation," volumes 1 and 2, 1971–72, indicates that vocational education:

Enrolls a high percentage of minority groups.

Is undertaking new developments—the major cause being vocational research and development.

Has made a definite impact upon the employment market.

Covers the occupations in which an overwhelming majority of workers are employed.

In order to gain more comprehensive programs, State and local communities have exerted a tremendous effort in response to Federal leadership. Federal funding has had a magic about it that caused increases in State and local expenditures. The effects of the Vocational Education Act of 1963 and the 1968 amendments show this clearly. At the present time, nationally, $1 of Federal money for vocational education generates approximately $6 of State and local funds. This ratio varies among the States, some may go as high as 1 to 10.

The concept of vocational education representing a partnership between the States and the Federal Government has exceeded all expectations. The States have so overmatched the Federal investment that Federal funding would have had to exceed $2.6 billion in fiscal year 1972 before the matching would have been on an equal basis.

PLANNING FOR VOCATIONAL EDUCATION

The House Education and Labor Committee is holding oversight hearings on vocational education to determine the need for updating the current act. We applaud this move. The American Vocational Association is hoping for a vastly broadened role for vocational education in the coming years. We are looking to Congress to provide the thrust for expansions in programs and increased enrollments. The State administrative agencies must respond to Congress concerning program needs. It is anticipated that this planning process will be taking place during fiscal year 1975. Our request is for $25 million of the increases appropriated in the basic program grants to the States (VEA, part B) to be designated for the purposes of program planning and evaluation. It is our belief that this request, while departing from the usual appropriations appeal, could contribute greatly to the future of vocational education.

STAFFING IN U.S. OFFICE OF EDUCATION FOR VOCATIONAL EDUCATION

When Congress passed the Education Amendments of 1972 (Public Law 92-318) there was recognized a need to strengthen and increase the role of the U.S. Office of Education in program leadership and technical assistance. Title X of the Education Amendments of 1972 mandated the establishment of a Bureau of Occupational and Adult Education and detailed the staffing needs for providing leadership for vocational education. We realize that some may consider this as impinging on the prerogatives of the executive branch of Government. However, Congress did identify a need and sought to strengthen the cause of vocational education.

At this time we wish to call attention to the fact that the intent of Congress has not been realized and the intent of the law relating to the organization of the Bureau of Occupational and Adult Education has not been implemented. We continue to observe a decrease in technical assistance provided by the U.S. Office of Education for vocational education. There continues to be a reduction in staff assigned responsibility for vocational education and many top level positions remain unfilled in the Bureau even after 2 years. The attached chart—Staffing for Vocational Education, summarizes the concerns AVA has in this area.

Because of the reluctance of the administration to implement the law as it relates to staff for vocational education, this section is included in the testimony of the American Vocational Association. If Members of Congress wish to pursue this issue, perhaps one course of action may be to resort to a previous practice of earmarking staff and expense funds in appropriations measures. The strength and purpose of an educational program will always reflect the leadership given.

PROGRAMS OF NATIONAL INTEREST

In 1968 Congress included several parts in the Vocational Education Amendments of 1968 (Public Law 90-576). It is evident that these areas of special categorical emphasis remain vital today. In its wisdom Congress determined that special attention should be given to certain groups of people such as the disadvantaged (VEA, sec. 102(b)). In addition, certain programs serving people were emphasized as worthy of categorical emphasis. These programs included consumer and homemaking (part F), cooperative education (part G), work-study (part H) and research activities (parts C, D and I).

The foresight and understanding displayed by Congress in establishing these special emphasis areas must be maintained today. There is an administration proposal without legislative background to delete funding for these emphasis areas. The list of accomplishments attributed to vocational education programs warrants full funding for all parts of the Vocational Education Amendments of 1968. We realize, however, the task that Congress has to allocate existing funds to the many programs and services funded by the Federal Government. Therefore, while we can identify a need for full funding we are requesting consideration for the funding level identified above. We feel this is a minimum need based upon the people to be served and the circumstances of the economy. Following is a brief summary of the need and justification for funding the parts of Public Law 90-576 and certain programs vital to vocational education.

CONSUMER AND HOMEMAKING EDUCATION (PART F)

There are 40,000 teachers of home economics and approximately 3 million students in consumer and home economics education. However, the potential far

exceeds the present enrollment since all boys as well as girls will become homemakers whether married or single. The need for expansion at the adult level results from such factors as percent of low income families, rising cost of living, consumer practices, malnutrition, inadequate housing, numbers of employed mothers, teenage marriages and single parent homes. Concurrently there is a renewed interest in homemaking skills which were in the past economically necessary but presently are becoming as creative activity of both men and women that enrich the lives of individuals and families.

You will note that request for funding of this program indicates this identified need; therefore, we urge a definite increase for support in consumer and homemaking education. The authorization level (Public Law 90-576) of $50 million can adequately be justified by those who implement and plan programs. We feel the $45 million request can be utilized adequately by State and local education systems to implement the planning already done for consumer and homemaking education. To support this request the following goals have been established:

Assist individuals and families at all levels of education, K-12, postsecondary and adult levels in becoming competent consumers.

PROJECTED ENROLLMENT INCREASE IN CONSUMER EDUCATION

	Outcomes			
	1972	1974	1975	1979
Enrollment K-14	102,055	125,000	150,000	200,000
Economically depressed	400,000	410,000	420,000	500,000

Assist home economics education personnel at all levels to reorient and update all aspects of home economics instructional programs.

Evaluate the impact on consumer and homemaking on families, individuals, community, and the economy.

Assist youth and adults, males and females, to prepare for the dual role of homemakers and wage earners thus contributing to their employability.

PROJECTED ENROLLMENT IN ALL CONSUMER AND HOMEMAKI NG COURSES

	Outcomes: Fiscal year—		
Enrollments	1972	1974	1975
Total	3,165,732	3,400,000	3,600,000
Female	2,916,587	3,000,000	3,100,000
Male	248,745	400,000	500,000

Assist families and individuals at all levels to become more knowledgeable of the value of nutrition in relation to quality of life.

Assist youth and adults in preparing for parenthood and improving the quality of family life.

Assist teachers of consumer and homemaking education to reach most of the economically depressed by expanding and developing new or different instructional materials.

PROGRAMS FOR STUDENTS WITH SPECIAL NEEDS (SECTION 102(B))

Vocational educators have continued to emphasize instructional programs for thousands of disadvantaged and handicapped students as they are enrolled in regular vocational education programs. Most instructional systems provide teachers and facilities to enable the disadvantaged and handicapped student to particiapte and succeed in a regular vocational education program. This emphasis prepares the special need student to better succeed in the surroundings that they encounter in every day life. Our request for expanded funding for special needs programs is based on the fact that we project increased enrollment and additional attention to these students from the State and local level. The projected enrollment of students in these programs will move from 1.9 million in fiscal year 1974 to 2.1 million in fiscal year 1975.

WORK-STUDY (PART H)

The goal of Congress to make vocational eduaction "available" to all people of all ages in all communities can be enhanced considerably by student support programs which make it possible for students to take advantage of vocational education offerings. Without such provision, some students will be effectively denied the basic goal Congress seeks to achieve. The concept of work-study programs, as described in the Vocational Education Amendments of 1968 has been found to be successful in practice and should continue. Expanded program goals for unemployed and underemployed youth, particularly dropouts or potential dropouts, makes work-study provisions an imperative aspect for expanding vocational education programs.

During fiscal year 1972, a total of 24,382 students were served by this program. The proections for fiscal year 1975 are 41,122. For this reason we urge an appropriation of $9.9 million.

STATE AND NATIONAL ADVISORY COUNCILS

A definite part of the planning process for vocational education has been and must continue to be the State and national advisory councils. During the last 5 years, advisory councils have demonstrated a viable relationship as a communication link among labor, management, education, business, industry, the public at large, and special interest groups. Approximately 1,500 persons have been involved as members of NACVE and SACVE. This is a significant achievement in vocational education in that such councils have provided a sounding board for public opinion at local and State levels. Prior to the Vocational Education Education Amendments of 1968 no systematic basis existed to encourage the public to be concerned with an educational program solely devoted to the vocational interests of people.

In order to meet the basic responsibilities of statewide planning, we urge continued support and increased funding for the State and national advisory councils. Public Law 90-576 indicates a minimum authorization to each State of $50,000 for the State advisory council for vocational education. We urge an appropriation equal to this amount for the State advisory councils and a 10-percent increase for continuation of the National Advisory Council for Vocational Education.

COOPERATIVE EDUCATION (PART G)

The continued emphasis on job-training programs that are relevant to the needs of business and industry have created a growing interest in cooperative education. A program designed to permit on-the-job training that is consistent with the needs of an employer must be a continuing part of the repertoire of vocational education. For this reason we urge increased funding for cooperative education. The $23.5 million figure requested for fiscal year 1975 is less than half that authorized by Congress. With a projected enrollment of 158,287 students for fiscal year 1975, the program of cooperative education continues to make a contribution to the employment needs of the Nation.

VOCATIONAL RESEARCH

Grants to States for research (part C), curriculum development (part I), and grants to States for innovation (part D) have stimulated a major thrust in many States to restructure the total education system. While it is realized that these funds were intended for research and development in vocational education, they have played a major role in the career-education theme. It is felt that these research funds have provided the leadership for the development of broad concepts in education where many schools are involving students in education for the world of work. Increased and continued funding for these programs is essential to the life of ongoing exemplary programs as well as to developmental work being done.

Since 1968 the exemplary programs in vocational education have demonstrated what may well be our most effective system for bringing about lasting change in the educational community. Due to the fact that these programs do not operate on the basis of a regular student population we have not requested increased funding at the same rate for these programs. We have, however, indicated a need for an increase due to the economic situation and the fact that appropriations in these areas have remained constant for the last 3 years.

EDUCATION PROFESSIONS DEVELOPMENT ACT (PART F, SECTIONS 552, 553, 554)

Each of these three EPDA sections are essential to the proper development of vocational education in the United States. There are indications that funds spent for leadership development awards (section 552) represent one of the exceptionally high-return investments the Federal Government has made. It has been positively demonstrated that they have reached the goals set forth in Federal law. Section 553 has enabled the States to reach into local districts and speed up leadership development among local districts. It has improved the ways and means that local schools work with the community, and has affected standards of performance for the delivery of vocational education. Section 554 has enabled the U.S. Office of Education to provide national workshops and symposia that are vital toward stimulating effort among the States and strengthening unity of purpose toward developing standards of performance for vocational education. It is the position of AVA that these sections of the Education Professions Development Act are essential to the continuation of quality in vocational education, and that they should be included in the appropriations for fiscal year 1975. Most of education has been leadership starved for decades, these funds provide, in an essential way, a means to develop an informed and inspired cadre of people to lead vocational education. The $11.2 million requested for Vocational Education EPDA is the same figure as the effective allocation for fiscal year 1974.

CAREER EDUCATION

The American Vocational Association is supportive of funding for career education to enable the continued development of this national thrust. Last December the association passed a resolution stating, "Be it resolved, that the American Vocational Association strongly support alternative sources of funding for career education in addition to those appropriated for vocational education." Presently and historically vocational educators have realized the need for comprehensive programs designed to make students aware of the occupational areas and orient them toward employment as they seek to explore the occupational opportunities available. For this reason, we feel it important for Congress to fund the research activities of career education.

The language contained in the Education Amendments of 1972, section 303(a)(2) and the Conference Report 92-798 indicate an authorization for career education of $14 million. We feel $10 million for career education during fiscal year 1975 can be justified.

CONCLUSION

In summary, the American Vocational Association is requesting $690.5 million for the Vocational Education Amendments of 1968, $112 million for EPDA, part F and $10 million for career education. We urge $25 million of the basic vocational education grants be set aside for planning and we urge your attention to adequate staffing within the U.S. Office of Education to accomplish the purposes of the Vocational Education Amendments of 1968.

We have presented these proposals for your consideration. We appreciate your continued interest and leadership for vocational education.

Thank you for this opportunity to present our views regarding the needs for vocational education. Our requests are made on behalf of all the people in this Nation who want and need vocational education. In addition, we offer our services to you in providing further information or consultation regarding the needs as we see them.

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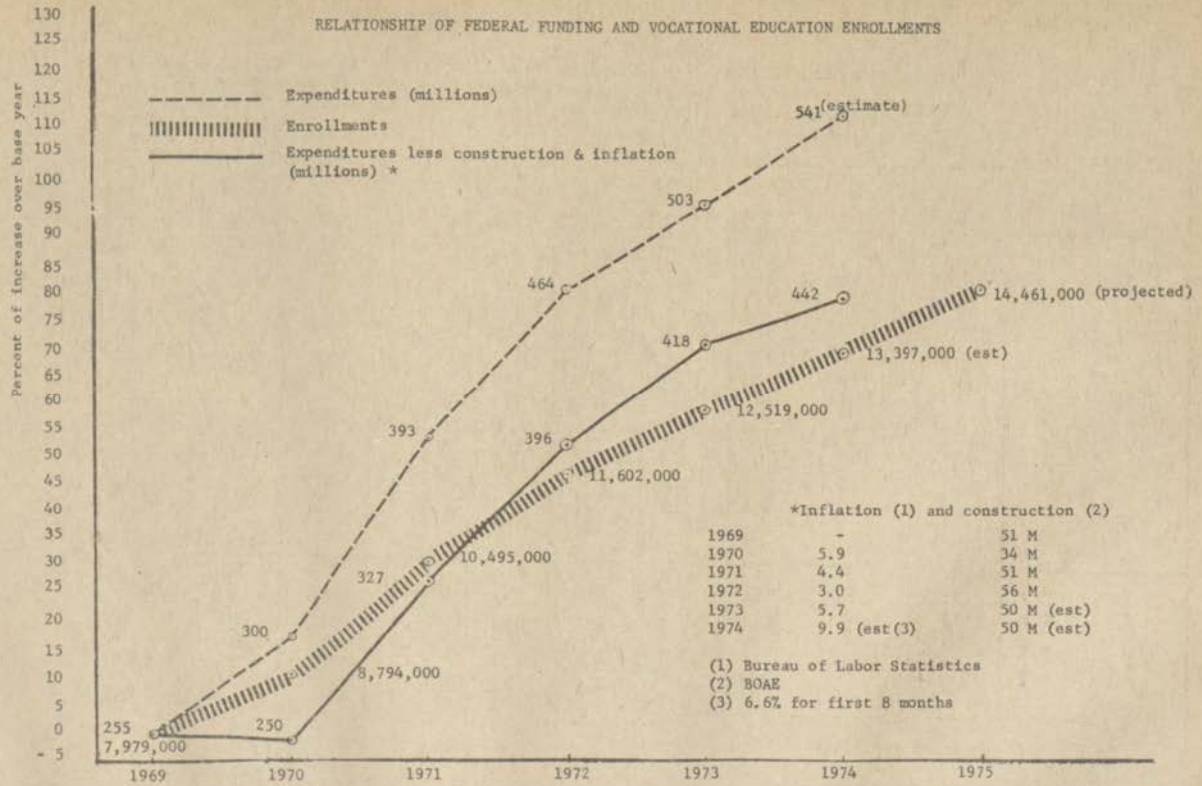

American Vocational Association, Inc. (RISC)
1510 H Street N. W.
Washington D. C. 20005

May, 1974

Staffing for Vocational Education
U.S. Office of Education
(Bureau of Adult, Vocational, & Technical Education)

	Deputy Commissioner	Office of Associate Commissioner	Division of Adult	Div. of Voc-Tech	Div. of Manpower	TOTAL (A)	New or Realigned Services					TOTAL(B)
							Div. of R & D	Occupational Planning	Office of Career Ed.	Div. of CE programs	Div. of Ed. Syst. Dev.	
1971		45	31	74	46	196						
1972		37	22	74	44	177						
Jan. 1973		37	24	60	41	162						
Transition 1973		(27+7)	25	45	42	146	25					171
				(Bureau of Occupational and Adult Education)								
June 1973	23	6	25	45	42	141	25	6				172
1974	23*	6*	24	34	42	129	24	12	6	10	45	226
% of change from 71 to 74		-36	-23	-54	-9	-34						

* In 1974 the 29 administrators and support staff are serving approximately 100 positions which pre-existed in 1971; in addition they serve almost 100 new or realigned positions; therefore - only about 50 per cent of the Deputy Commissioner's staff and the Associate Commissioner's staff can be considered as having duties and responsibilities that equate with 1971 figures.

AVA/RISC/5/10/74
American Vocational Assn.

Mr. LAWRENCE. I will try to summarize briefly our concerns in just as few minutes as possible.

On behalf of the 53,000 members of the American Vocational Association we are happy to be here to appear before your subcommittee and appreciate the excellent support that vcoational education has gotten from Congress and this subcommittee in years past. We recognize that you do have a real concern for the development of vocational education in the public schools of our system.

We know that today vocational education is a major part of the instructional program both for the inschool youth and the out-of-school youth and adults who are unemployed or underemployed. We know that you recognized this when you passed the Vocational Education Act of 1963 and its amendments of 1968.

We are happy to report to you that much progress has been made in implementing the desires of Congress through these Vocational Education Amendments of 1968. At a time when a lot of school enrollment has a tendency to decrease, interest in vocational education is on the upswing and we are serving a larger percentage of the population earlier in vocational education programs.

It would appear that the action taken by Congress in 1968 has been justified by the improvements in the vocational programs in the past few years. We are pleased with that progress, but we do have two or three concerns we would like to discuss with you here today.

The first one is need for appropriations for all parts of the Vocational Education Act of 1968. In addition, part 2F section 552, 553, and 554 of the Educational Professions Development Act, and we would like to see these at a level consistent with program needs, and additional funds are needed also to support the national thrust in career education.

The second concern we have is the need for comprehensive planning in vocational education programs. We hope that Congress will soon give vocational education an expanded role in preparing people for employment. With the anticipation of this expanded role, we think that States and local agencies have to do a lot of preparing and getting ready for this expanded role that we think Congress will ask them to do. Of course this is an issue we would like to draw your attention to as part of this vocational education package.

The third thing we would like to speak to today is we believe that Congress should give its attention to adequate staffing for vocational education in the U.S. Office of Education.

These three concerns we have I would like to summarize as briefly as possible for you and then the details are in the information we have already given you.

The first of these is the appropriation for fiscal '75. We are recommending for the Vocational Education Amendments of 1968 that a total of $690.5 million be appropriated.

We also would like to urge you to give consideration to include in the language of this basic program the utilization of $25 million of these increased funds for planning at the State and local level.

We are also requesting $11.2 million be appropriated for the part F, section 552, 553, 554 of the EPDA. We recognize that this has been a most successful program in providing leadership for vocational education throughout the country, and we ask that this be funded at

the same level in order to insure the continued development of our leadership throughout the country.

In addition we are asking that $10 million be appropriated for career education and to support the concept of career education and national thrust for career education throughout the country. The Educational Amendments of 1972 authorize about $14 million for career education, and we think we can properly justify at least the $10 million we are asking for here in this appropriation.

I would like to give a little bit of attention to the request that we are making for the basic program of vocational education of $690.5 million. This request is based on the fact that Congress appropriated $548.6 million for vocational education in fiscal 1974.

In this increase we are talking about here, we are talking about a 10-percent increase to take care of the growth in the vocational program for 1975, and additional operational costs of an increase of 10 percent to take care of the anticipated 8 to 10 percent cost of living factor that will increase the cost of all programs during the year 1975.

In support of this type of appropriation, in fiscal 1972, the latest year we have complete enrollment figures for, the actual enrollment in vocational education was a little less than 10 million persons.

Since we have anticipated that the growth has been 10 percent per year, we are anticipating that the enrollment in vocational education for fiscal 1975 will be approximately 14.5 million individuals.

The dramatic impact of vocational education upon the total population can't be overemphasized. You have a chart in your information that indicates that vocational education enrollment per 1,000 total population has more than doubled in the past 10 years. At a time when there tends to be a decreased enrollment in the public schools vocational education continues to increase, and we have a higher percentage of the total population in our vocational programs each year.

These figures become especially meaningful when it is recognized that approximately 80 percent of the Nation's work force requires education and training of less than a baccalaureate degree for performance in jobs.

In addition to increasing enrollment in vocational education, our programs have become much more comprehensive, and according to information we received from Project Baseline last year, we are enrolling a higher percentage of the minority groups, we are undertaking new program developments as a result of our research and development. We are making a definite impact upon the employment market throughout the country, and we are now training in occupations that contain overwhelmingly the majority of the workers in our Nation's work force.

In order to gain a more comprehensive program, our State and local communities have put in more and more dollars and have been more responsive to the Federal leadership that you provided. There seems to be something magic about this Federal funding, in that it does stimulate growth at the local level. At the present time they are spending about $6 at the State and local level for every $1 of Federal funds for vocational education. We think this stimulates growth at the local level and additional funding at that level. However, this

ratio does vary among States. Some of them go as high as 1 to 10 in State and local dollars.

I am going to pass on to the second concern we have, and that is planning for vocational education. As you heard from Congressman Perkins, the House Education and Labor Committee is holding oversight hearings on the Vocational Education Act and the influence it has had upon our programs at the present time and will be in the next few months.

We applaud this move, and we in the American Vocational Association hope that a broader role will be assigned to vocational education in the years to come, and we are looking to Congress to provide this thrust and expansion in vocational programs. We think that the local agencies must do more extensive planning in order to be prepared for this expanded role in the years ahead to meet more peoples' needs through vocational education. So we are asking that $25 million of this increased money for fiscal 1975 be set aside or be used for planning at the local level.

The third issue that we would like to mention is the staffing of the U.S. Office of Education for vocational education. When Congress passed the Educational Amendments of 1972, there was recognized the need for strengthening the role of the U.S. Office of Education vocational education, and the title X part C, D have a mandate for the establishment of the Bureau of Occupational and Adult Education and even detailed the staffing needs for providing leadership for vocational education.

We realize that sometimes this may be impinging upon the prerogatives of the executive branch. However, since Congress did see fit to do this last time, we think that we need to tell you that in reality the intent of Congress hasn't been realized and the intent of the law relating to the organization of the Bureau of Occupational and Adult Education hasn't been implemented. We continue to observe a decrease in technical assistance provided by the U.S. Office of Education for vocational education.

There continues to be a reduction in staff assignment responsible for vocational education, and many top level positions are yet unfilled in the Bureau even after 2 years after the implementation. The attached chart, "Staffing for Vocational Education," summarizes the concerns we have on this issue.

The Vocational Education Act of 1968 did provide several parts to meet the needs of special categorical phases of our program that Congress wanted to emphasize. It is evident that we are still concerned about these areas of special categorical emphasis that remain to be a vital concern today. You remember that Congress gave special attention to special target groups, such as "The Handicapped and Disadvantaged Under the Vocational Education Amendments," and also gave emphasis to certain programs such as consumer and homemaking cooperative education, work study, certain types of research activities under C, D and I.

We think that the foresight and understanding displayed by Congress in establishing these special emphasis areas must be maintained today. There is an Administering proposal without legislative background to delete funding for these emphasis areas. The list of accomplishments attributed to vocational education programs warrant full funding for all parts of the Vocational Education Act of 1968.

We realize that existing funds for programs and services are limited, and while we can identify need for full funding, we are requesting consideration for funding levels that we have identified above, and we feel this is a minimum need based upon the need of people to serve and the circumstances of the economy of the Nation.

I would like to in conclusion summarize what I have said very briefly, in that the American Vocational Association is requesting $690.5 million for the Vocational Education Amendments of 1968, $11.2 million for EDA part F, $10 million for career education, and we urge $25 million of the basic vocational education grants be set aside for planning.

We also urge you to give some attention to the U.S. Office of Education staffing for vocational education. We have presented these proposals for your consideration, and we appreciate your continued interest and leadership for vocational education, and we thank you for the opportunity of being here today to present our views.

We also want to add that our services are at your disposal for further information and consultative services regarding these acts.

Thank you for the opportunity to be here.

Mr. PATTEN. Thank you very much.

MONDAY, MAY 13, 1974.

VOCATIONAL TECHNICAL EDUCATION

WITNESSES

CHARLES L. LEWIS, EXECUTIVE DIRECTOR, AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

PATRICK J. McDONOUGH, ASSISTANT EXECUTIVE DIRECTOR, AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

Mr. PATTEN. Mr. Lewis.

Mr. LEWIS. My name is Charles L. Lewis. I am executive director of the American Personnel and Guidance Association, the national professional organization of over 35,000 guidance counseling and student personnel workers. These individuals work primarily in elementary, secondary and higher education settings, but also in community agencies, government and business and industry performing counseling and guidance functions. Seated beside me is Dr. Patrick J. McDonough, assistant executive director for Professional and Governmental Affairs, who will present APGA's testimony today. Also seated in the audience, Mr. Chairman, are several key leaders representing subdisciplines of our profession. Dr. Neil Gunter, director of Pupil Personnel Services, Georgia State Department of Education, representing the Association for Counselor Education and Supervision; and Mr. Hiram Davis, director of Student Financial Aids, Montgomery County (Maryland) Junior College, representing the American College Personnel Association. Both Dr. McDonough and I stand ready to answer any of your questions after our testimony.

STATEMENT OF PATRICK J. M'DONOUGH

Dr. McDonough. Mr. Chairman, we find our task today to be a complex and difficult one. In anticipation of this, we have asked your staff if our time could be extended from 10 to 15 minutes to explain and express our appropriations concerns.

The American Personnel and Guidance Association is an umbrella organization of 11 National Divisions representing various interest areas and subdisciplines of guidance, counseling and testing but also 52 State branches, including 50 State organizations, the District of Columbia, and an European Branch. Programs authorized by Congress having guidance provisions are administered by a variety of Federal departments. This year, our concerns relate to programs administered by the Department of Labor, and the Welfare and Education Divisions of the Department of HEW. In the brief time allotted we will attempt to summarize our concerns as they relate to the Comprehensive Employment and Training Act (USDL); the Vocational Rehabilitation Act (Welfare of DHEW); and the Education Amendments of 1972, Career Education and the Elementary and Secondary Education Act (Education of DHEW).

To begin with, a great deal of hope has been raised by the passage of the Comprehensive Employment and Training Act of 1973 and the emphasis in all titles on serving the disadvantaged, Vietnam era veterans, welfare recipients, offenders, Indians, youth, older workers, and other groups who need special assistance to improve their competitive position in the labor market. In all four titles of the act there is also a common counseling and guidance strain with emphasis on "assessment of individual's needs," "orientation and counseling," career guidance and placement. See attached analysis of counseling provisions in CETA prepared for our membership. The difficulty arises in assigning a dollar figure to these counseling functions because of the indefiniteness of the block grant concept as it relates to prime sponsors. One thing is certain however, and that is if the intent of Congress is carried forward and prime sponsors provide the needed counseling functions described in CETA, many more trained and retrained counselors, both from within and outside the employment services, will be needed.

From our experience, and with expert advice from our employment counselors in the employment service, we know two things:

(1) Counseling assistance will be vital to achieve training and placement goals. The right kind of training or the right kind of job hinges in large measure on this counseling of people.

(2) Groups of applicants, which CETA emphasizes, are the very groups in which the percentage in need of counseling will be the highest, for example, Vietnam veterans, Indians, older workers, welfare recipients.

In light of the above it is estimated that a minimum of 20 percent of staff time for carrying out title I CETA programs should be devoted to counseling services. Such services would include assessment; employability development planning; referral to training and followup counseling while in training; referral to other supportive services; job development; and placement. The difficult part again, Mr. Chairman, is assigning a dollar value to the service. We recommend that an appropriate amount of money be reserved by prime sponsors for counseling services as mandated by the act. We also recommend

that the House Subcommittee on Appropriations report, accompanying the fiscal year 1975 appropriations bill for Labor, show that each prime sponsor should expend 20 percent of staff budget for counselors and counseling services to meet the counseling expectations of title I.

Title II of CETA which has similar purposes, emphasizes assistance for special target groups through public service jobs. We recommend that in the 10 percent reserved for administration, training, or supportive services to participants in public service jobs, that 1/5 of the 10 percent be used for required counseling services. In this case, based on an administration recommendation of $350 million we recommend an allocation of $7 million for these purposes.

In title III of CETA, we estimate that the required 20 percent of staff time included as necessary to counseling services will translate into a minimum need for about 5,000 counselors. Many are already on the job in the employment service but because of the wide variety of training required in current job settings, many (a good estimate is 2,500) will need professional upgrading and inservice training to fulfill requirements of CETA. Certainly, Mr. Chairman, other counselors recruited from related counseling fields, to service CETA program needs, will need retraining. Based upon past experience, it will probably cost about $4 million/year over a 2½- to 3-year period to train and retrain 2,500 counselors. Our estimate is based on 2- to 4-week short term institute costs, enabling trainees to earn 10 to 12 credits per year. We strongly recommend that this $4 million for title III, the $7 million for title II, and the 20 percent recommendation for title I be adopted by this subcommittee as they relate to the counseling provisions in CETA.

Mr. Chairman, my introduction spoke of our professional membership's interest in a welfare need, administered by the Department of HEW and authorized under the Vocational Rehabilitation Act. Our association is strongly supportive of appropriations assistance for all rehabilitation counseling training programs, both at the undergraduate and graduate level, and we endorse our sister association's (National Rehabilitation Association) recommendations in this area and respectfully request that this subcommittee recommend to the House the $45.4 million for these rehabilitation training, including counseling, purposes. The $45.4 million level for fiscal year 1975 incorporates the advance funding concept provided for in law; includes carryover money from 1974; and arrives at a use level of $27.7 million for 1975. Under this plan, this program is completely advance funded for 1976 at $27.7 million level, an obligation not a direct appropriation, and $27.7 million would be the use level for fiscal year 1975. This program is summarized as follows:

	Millions
Appropriations for fiscal year 1975	$45.4
Carryover from fiscal year 1974	10.0
Total	55.4
Less carryover for fiscal year 1976	27.7
Use level for fiscal year 1975	27.7

The importance of and value of rehabilitation counseling, Mr. Chairman, is well documented, so I won't elaborate. But for the record and with your permission, I would like to include a statement on rehabili-

tation counseling need recently given by Dr. Marceline E. Jaques at a mock congressional hearing APGA conducted in New Orleans at our annual convention, April 8–12, 1974. Similarly, I would like to refer the subcommittee to Dr. Carl E. Hansen's testimony on the same topic given before the House Select Subcommittee on Education when that subcommittee conducted oversight hearings on vocational rehabilitation services November 30 and December 10, 1973. The $45.4 million appropriations sought for fiscal year 1975 should maintain these vital rehabilitation training needs.

This is the inclusion I was talking about and I will be happy to leave it with you and the oversight hearings I know you all have. That is cited in here. Dr. Carl Hansen's testimony is in this document and I know that is readily available to you.

Mr. Chairman, the last part of our testimony today speaks to the concerns of the greatest number of the counseling professionals represented by the American Personnel and Guidance Association. Specifically, the education needs as found in a variety of legislation and as administered by the U.S. Office of Education. The list of legislative acts that have counseling implications or counseling provisions that we could speak to today is myriad. But in the interest of time, not because unmentioned provisions are unimportant, I will concentrate on the following: elementary and secondary education, career education, financial aid, and professional training.

To begin with, the issue of training for educational personnel is a paramount one, especially as it is embodied in part E, section 141 of the Education Amendments of 1972. This part amends title V of the Higher Education Act of 1965 and extends authorization of appropriations for education professions development through fiscal year 1975. Of the $450 million authorized for Teacher Corps, training of elementary, secondary, higher education, and vocational personnel, the administration recommends only $8 million for parts C, D, E, and F and the full $37.5 million for Teacher Corps. Although evidence does seem to exist supporting declining enrollments in schools and teacher surpluses in some areas, the opportunities are many for achieving quality education for all students by retraining those teachers in current surplus specialties for other positions in those areas of short supply—social workers, counselors, teachers of handicapped—physically, emotionally, mentally, et cetera. Retraining teachers and counselors to cope with educational, social, and technological change would seem to be an important rationale, an unusual opportunity, for funding parts C, D, and E to bring about quality education for all. Drug education counseling, technology in the classroom, career education, and career development trends, special needs of children and youth, and those of young and older workers demand new skills for teachers and counselors. Education professions development training for these educators, and the support and paraprofessional workers backstopping them is an important thrust of this legislation. Our estimates, just within the counseling profession, show the following dimensions:

One-fifth of our on-the-job counselors need retraining and upgrading, based on a total in elementary and secondary school of 60,000 counselors. This would mean 12,000 counselors at an approximate per counselor cost, or $12 million.

At the elementary school level the pupil per counselor ratio hovers

around 1 per 3,000 (based on 1970 statistics of 7,500 FTE elementary counselors and 26,277,000 elementary students), a sadly undermanned area. This includes many schools without a counselor or minimal sharing. It is estimated that an additional 10,000 elementary counselors are needed at a $2,000 per trainee initial training rate, or $20 million.

A minimum of one paraprofessional for each five professional counselors would make a significant impact upon professional counselor time for direct work with students, 12,000 paraprofessionals at an approximate $1,000 per counselor cost, or $12 million.

At the secondary and postsecondary level, counselor ratios vary dramatically from State to State with a range of 1 per 300 to 1 per 1,000 when a more effective ratio of 1 per 250 has been regularly recommended. Postsecondary programs need additional guidance and counseling personnel in view of increasingly diversified and expanded student choices for postsecondary training but not necessarily college-level training. To effect a desired reduction in ratios at this level, 10,000 personnel at a $2,000 per person cost, or $20 million, would be needed.

At the higher education level, there seems to be even a more immediate and direct need for counseling services. The Comptroller General of the United States in this spring's report to the Senate and House, entitled "Supply and Demand Conditions for Teachers and Implications for Federal Programs" states the following:

> Education experts agreed that student counseling can be a major influence in the career decisions of college students, either early or well into their college programs. Of the teacher colleges we surveyed, 47 percent did not have formal counseling programs designed to inform students of the teacher job market. Almost 70 percent reported that students are encouraged to obtain such information from the college placement office.

Local school district and State department statistics reflect similar opinions about college level job counseling. Considering these needs and the need for retraining of student personnel workers, financial aid officers, admissions counselors, resident hall, and foreign student advisers, our prevalent percentage of 20 percent plus an inflationary add-on applied to an authorization figure for fiscal year 1975 of $22.5 million to finance part E training would imply $6 million for training of higher education personnel.

The aggregate, Mr. Chairman, for new training and retraining of counselors under parts C, D, and E then approximately $70 million (part C, $20 million; part D, $44 million; part E, $6 million); this would approximate only 15 percent of the $450 million authorized for fiscal year 1975, probably a very conservative figure.

In the financial aid to students area of the Education Amendments of 1972, the association adds its voice to that of the American Council on Education and the National Association of Financial Aid Officers in strongly urging the Congress to appropriate funds for student financial aid according to the following categories:

Basic grants (BEOG)	$650,000,000
Supplemental educational opportunity grants (SEOG)	230,000,000
College work study (CWS)	420,000,000
National direct student loans (NDSL)	400,000,000

We are also in harmony with the philosophy that it is the marriage of these programs that permits a student to overcome the financial barriers to a student of attending college or postsecondary training. The rising costs of all postsecondary education can only be met by

congressional recognition of the right of all students to choose to attend postsecondary institutions of learning without undue hardship. A diverse and adequately funded program of financial aid to students makes this possible.

Mr. Chairman, our members' final two concerns center on career guidance and career development as integral components of an effective career education program; and also the guidance provisions found in the Elementary and Secondary Education Act, currently found in title III but most probably residing in some separated form dependent on the will of Congress, yet to be decided.

Career education has captured the will and the imagination of the education community and the public throughout this country. No program has been more lauded, nor has so much expectation placed upon it by educators and noneducators alike. Pilot projects, statewide programs, experimental models, and extensive school based programs have sprung up through the length and breadth of this country. Yet, no funds have been allocated to the U.S. Office of Education to further this mission. Even with the establishment of the Bureau of Occupational and Adult Education by title X, part C of the Education Amendments of 1972 and its implied commitment to career education, no funds have been directed to career education. To test out fully the concept of career education and to provide leadership and consideration for its development, our association strongly endorses the $10 million initial request within the administration budget for career education funding. The authority cited for the budget request is the Cooperative Research Act, section 303(a)(2). We firmly believe that all youth and adults, entering or leaving the educational continuum, one or several times, should be equipped, trained and be able to be or to become economically self-sufficient based on skills acquired or to be acquired. The varied career education programs and projects happening throughout the United States need the leadership, coordination, assistance, and dissemination capabilities that this $10 million request can provide.

Finally, Mr. Chairman, let me repeat an old and familiar refrain that our witnesses and association representatives have been repeating before you and your committee over the last 7 years that I have been working on Government relations. We need adequate funding for the developmental and regular guidance and counseling programs resulting from those provisions resident in the Elementary and Secondary Education Act. In the past, block grants and consolidations have been an excuse for reduced funding of programs. If a consolidation should occur, in which guidance, counseling and testing would be a part, the minimum level needed to support the guidance activities required in the States would be $25 million of the aggregate consolidation. An optimum amount to provide the needed leadership in this area would be between $48 and $60 million. The former being the result of a simple inflationary increase of 10 percent per year since 1968 when NDEA V–A, the ESEA III forerunner, was funded at the $25 million level; and the latter figure to recognize the expanded program, public and nonpublic school commitments, and the burgeoning number of personal, social, career, vocational and educational problems which come to the counselor's attention.

Mr. Chairman, this concludes our testimony. Dr. Lewis and I thank you for this opportunity to present the views of our profession. We would be happy to answer any of your questions.

Mr. PATTEN. I wish time permitted.

Thank you very much.

MONDAY, MAY 13, 1974.

PUBLIC BROADCASTING

WITNESSES

HARTFORD GUNN, PRESIDENT, PUBLIC BROADCASTING SERVICE
RALPH ROGERS, CHAIRMAN OF THE BOARD, PUBLIC BROADCASTING SERVICE

Mr. PATTEN. Next is the Public Broadcasting Service, Mr. Ralph Rogers, chairman, and Hartford Gunn, president.

STATEMENT OF RALPH B. ROGERS

Mr. ROGERS. My name is Ralph B. Rogers. I am chairman of the board of governors of the Public Broadcasting Service. You will recall that the board of governors of PBS are elected by the licensees to make policy and to represent the stations at the national level. The local responsibility and authority are vested solely in each licensee.

A complete statement of the needs and justification for the request PBS is making relating to the two distinct segments of appropriations before your committee is being made by Hartford Gunn, president of PBS. He is submitting this to you today for your study and for the record.

My purpose is to attempt to bring into sharp focus those compelling reasons which we hope will convince you to include in your appropriations the full amounts which have already been authorized for public broadcasting.

The figures authorized break into two segments. The first is an authorization for general support which would go to the Corporation for Public Broadcasting in the amount of $65 million. The second is an authorization to the Department of HEW in the amount of $30 million for facilities grants. I should like to deal with these two matters separately for purposes of clarification.

The $65 million authorized for the Corporation for Public Broadcasting has a long history which can be summarized briefly by saying that it is a sum which has resulted from many compromises and many cuts. A careful study of the record would indicate that the Congress in 2 successive years would have been agreeable to an authorization considerably in excess of this amount. For that reason, we feel that the Appropriation Committee would be on sound grounds in appropriating the full $65 million rather than the $60 million shown in the President's budget.

The facts prove that the Federal dollars being appropriated for the programing and operations of public broadcasting amount to about 21 percent of the sums actually being spent by the 152 local licensees who operate the 246 transmitting facilities. The balance of the funds,

almost 80 percent, are the result of energetic fund-raising efforts at State and local levels from both public and private sources.

It must be remembered that when the Congress passed the Public Broadcasting Act of 1967, based on the Carnegie Commission Report, it was actually envisioned that before long the Federal funds would be the major support for public broadcasting.

This has not come to pass, as you know. Perhaps it never will. More important, perhaps it never should. With the experience all of us have gained since 1967, we are of the opinion that if Congress will appropriate $1 for every $2 supplied in local funds, this would furnish a continuing incentive for the development of what everyone acknowledges to be a financially undernourished public broadcasting institution. Please bear in mind that even the $65 million appropriation which we request would not reach even that proportion.

We recognize that the commercial television stations have revenues in excess of $3.5 billion per year. A study of the figures published by the three commercial television networks indicate that over $1 billion per year is spent on their television networks' national programing. The comparable cost for all programs and distribution furnished nationally by public television is $50 million. If my arithmetic is correct, public television spends 5 percent of what commercial television spends for comparable national services.

It is true that the objectives of public television are not identical to those of commercial television. We try to meet local program needs in instruction, both formal and informal, art, vocational and cultural, and public affairs. The last study which took 1½ years, published by a task force of professionals and laymen, indicates that in fiscal 1975, public television should have a minimum operating fund of $383 million.

In these comparisons between commercial and public television, we cannot properly get into a "numbers game" on the size of audiences. Obviously, the objective of commercial television is to get the largest possible audience which helps to maximize the value of the commercial time sold to advertisers. The object of public television is to provide alternative services basically not available on commercial television to widely diverse audiences. Any one of the many audiences for public television may not, in itself, be a large one, but it is interesting that such statistical evidence as is available indicates that among 40 percent of all U.S. households are utilizing some of the programing of PBS, and we are not distorting this figure by including the magnificent children's programing or instructional programing which are carried during the daytime hours.

The best estimate we have indicates that if you were to appropriate $65 million in Federal funds for all the activities of the Corporation for Public Broadcasting during the coming year, you would be appropriating not more than 4 cents per hour for each household utilizing public television programing.

If you appropriate the additional funds we are requesting and which are authorized, most of them will go to the local licensees as additions to their Community Service Grants. Not only will this enable them to do a better job in local programing, but it will help them to participate in a significant new programing procedure—the station program cooperative.

The concept of the new station program cooperative is one which gives each local licensee an opportunity to choose the national programs it wishes to have produced and distributed to round out its local programing. The stations will pay part of the cost of the programs selected, and, hopefully, outside funds can be found to augment those of the stations. For the record, Mr. Gunn will submit details on how the station program cooperative will work.

No such system of local control of programing has ever been developed before, either in this or other countries. As you will see when you study the procedures, it would not be possible without a computerized system involving programs furnished for national use by local stations and by other producers, then purchased, as desired and needed, by the local stations. The system of a cooperative has long been known to farmers and others. It is the first time it is being adapted for television.

Now to change gears and go to the $30 million authorized for facilities grants. Here the budget recommendation is almost unbelievable. It calls for $7 million. Industry experts have estimated that to bring the quality of public television signals up to commercial station standards would require a capital investment in excess of $107 million. Nineteen percent of the local stations need new transmitters and antennae just to get the signals out; 49 percent need TV cameras to do local programing; and only 31 percent have sufficient video tape machines to help with local programs and to record nationally distributed programing to run at the desired local time.

Obviously you cannot authorize the $107 million since there is only $30 million authorized for this year, but if you appropriate the authorized amount, the stations themselves will go out and raise matching funds to help many local stations remove their viewers from the rank of second rate citizens. Certainly, educational, cultural, and public affairs programing on public television, both local and national, deserves as good a signal as the commercials have.

To summarize, the people of the United States are most appreciative of the funds supplied at both the Federal and local level from the many diverse sources which are now enabling public broadcasting to begin to do the job which you envisioned. We know how difficult your task is, but we submit to you that in the light of all the circumstances, the request we make is modest, reasonable, and entirely justified.

[Mr. Gunn's statement follows:]

STATEMENT OF HARTFORD N. GUNN, JR., PRESIDENT, PUBLIC BROADCASTING SERVICE

We are here today to speak in behalf of appropriations at the levels authorized for the corporation for public broadcasting and for the educational broadcasting facilities program. There are allocations to both these programs in the President's budget, and both have been funded since their inception by appropriations in the Labor-HEW appropriations bill.

We know that Mr. Henry Loomis, president of the corporation for public broadcasting (CPB) appeared before this subcommittee on March 12, 1974, in this regard, and we support his testimony.

We are aware that other items funding various telecommunications activities appear in the HEW appropriation request, such as the Children's Television Workshop and for programs authorized by the Emergency School Assistance Act, and we advocate their support as well. But our attention here will be devoted to the CPB and facilities funds.

PUBLIC BROADCASTING SERVICE (PBS)

PBS is a nonprofit corporation founded in 1969 by the corporation for public broadcasting and the public television stations in the United States. It is a membership organization whose members are the 152 public television licensees representing 246 stations throughout the country. PBS is governed by an elected board of governors made up of 25 laymen from the boards of local stations and a PBS board of managers (25) comprised of and elected by stations managers.[1] We are responsible for the selection, scheduling, promotion, and distribution of national programing to these noncommercial television stations across the country, and for representation of these public stations' interests at the national level.

PBS–CPB AGREEMENT

At the time when we reported to you last year, the public broadcasting licensees had just reorganized our leadership structure and national representation. The Corporation and PBS were also in the process of lengthy negotiations over matters of policy affecting our individual corporate responsibilities to the system.

On May 31 of last year, 1973, the Corporation and PBS entered into a partnership agreement[2] that provided a good understanding of the division of responsibility between each organization.

I believe I can speak for all of the public television industry in saying that this agreement is now working.

AUTHORIZATION

Public Law 93–84 signed by the President last August provides authorization for CPB and for facilities grants for 2 fiscal years, 1974 and 1975. For 1974 there was authorized for CPB a definite amount of $50 million, plus an additional $5 million to match on a dollar-for-dollar basis non-Federal contributions received by CPB. A $45 million definite amount plus an additional $5 million in matching or a total of $50 million was finally appropriated as part of the Labor-Health, Education and Welfare bill and signed in December of 1973. Eventually, with a 5-percent reduction applied by the President on the definite amount, a $47.75 million payment was allowed the Corporation. Public Law 93–84 authorized a total of $65 million, including the $5 million matching, for fiscal year 1975.

The appropriation of $60 million, including the $5 million matching, or $5 million less than the amount authorized, has been requested by the President in his 1975 budget. We are gratified that the administration has seen fit to increase its recommendation to this amount, so close to the amount we seek.

For the educational broadcasting facilities program, Public Law 93–84 authorized $25 million for fiscal year 1974; the HEW appropriations bill contained $16.5 million, and with the 5-percent cut, $15.675 million was actually allowed for expenditure. For fiscal year 1975, $30 million is authorized. The President's budget contains just $7 million for these facilities grants. We believe this gap between the administration's request and the authorization to be a very serious one.

For both these items, we ask that the full amounts authorized—$65 million for CPB and $30 million for facilities be appropriated.

FEDERAL FUNDS SERVE LOCAL STATIONS

Public television is a local station matter. The stations are licensed by the Federal Communications Commission to serve their communities. Their funds come from a variety of sources, for a variety of purposes, with no two licensees quite alike. But they share a common purpose in using public TV to serve those communities.

To do this job, stations put together a program schedule comprised of programs they produce themselves in their communities, together with programs from other sources including regional and nationally distributed programing. To do this job effectively, stations need the equipment to make, receive, and transit their programs, they need the people and materials to produce and administer their local programing, and they need readily available sources of good programs from regional and nationwide sources.

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[1] Lists attached.
[2] Attached.

Federal funds help these stations by: (1) Providing community service grants, (2) support for nationally distributed programing, and (3) improving their facilities.

COMMUNITY SERVICE GRANTS

Station revenues have been steadily increasing as public support for PTV has increased over the Nation. But the combined efforts of increasing costs and increasing responsibilities being undertaken by the stations for more local productions have left the stations few additional funds.

This situation encouraged us to work out a new formula for the use of CPB's Federal funds on behalf of the stations. As a part of the new CPB–PBS agreement of 1973, direct grants called community service grants from CPB to the stations have just been increased substantially, from $5 million in fiscal year 1973 to over $15 million for fiscal year 1974.

They range from $52,000 to $163,000 per station for fiscal year 1974. These fiscal year 1974 funds are expected to add over 21,000 hours of broadcasting to station schedules, including over 4,000 hours of new locally produced programs. These new local productions range from cultural and public affairs programs to children's, minority, and adult education. (Sample list attached.)

In fiscal year 1975, under the requested $65 million appropriation, community service grants for television will increase to $27.7 million, or 42.5 percent of the total appropriation. Thus, of the $17.75 million more for CPB we ask for fiscal year 1975, $12.5 million will go to the television stations for local community service grants.

NATIONALLY DISTRIBUTED PROGRAMING

To make their program schedules serve more effectively their local communities, stations seek outstanding programing from other communities, from across the Nation, and from abroad. In this way stations can bring the very best in educational, cultural, and public affairs resources to their communities and provide a strong and balanced community service.

Federal funds have been very valuable in helping provide stations with programs distributed nationally, along with help from foundations and business organizations. These Federal funds have gone to the Corporation for Public Broadcasting, which, working with PBS, provides funds in turn for the production of these programs by the stations and other producers. CPB also funds PBS' national distribution of programs.

But the total fund for new prime-time programing is now dwindling rapidly due to increased funds to stations from CPB, and reducing funds from other sources. Inflation in program production and acquisition cost have reduced our effective buying power even further. In essence, this year, public television has had only 60 percent of the money we had to buy national evening programing in 1971. We have concluded that the decline will seriously affect what happens on the screen in both quality and quantity.

In addition to struggling to get the money for the necessary creative forces that make public TV, stations have had another concern: That the decisions on programing need to be insulated from undue pressures from any source—private or government—and that probably the best way to guarantee their freedom of programing for public TV would be to keep its control in the leadership selected by that community to operate its public TV station.

These twin concerns—freedom for each station, and enough funds to do the job—have come together in a new plan called the Station Program Cooperative which we're just now getting ready to put into operation.

THE STATION PROGRAM COOPERATIVE

In the Station Program Cooperative, stations will determine by means of purchase with their own funds a substantial part of their prime-time nationally distributed program schedules.

In this system, we believe we can assure both effective local participation in the program decisions affecting public television and provide the needed dollars to give the American people adequate quantity and quality of nationally distributed programs.

We believe that the decisionmaking balance between CPB, other funders, and the stations is now in place. But to make this new system succeed, will require that the Federal funds for both CPB and station facilities be adequate to do the job.

How will the Station Program Cooperative work?

The operation of a station program cooperative begins with the generation of proposals to produce programing in response to the station's programing needs interests. Proposals are reviewed by the stations which indicate their preferences, and these preferences guide the development of a catalog of program proposals. These proposals are the subject of a computer-assisted selection process which makes possible the selection of programs for production.

The stations have seen many program pilots, shown to them via the PBS closed-circuit line. They have discussed them by closed-circuit line with the station program producers. Each station has a catalog with details about 95 program series for the coming year. From them, they will select 15 to 25 series or more that will best meet these needs. The stations have full information about the costs of these programs, and just what each station's share of these is, based on an equitable formula developed by the stations themselves and based on each's population and budget.

Then, by means of the teletype-computer terminal at each station, station managers will select their choices. As a sufficient number of stations to cover the costs of its production select the series, they're approved for production and distribution to those stations. Our computer tallies their responses, feeds back information to each station on its selections. The process will take several weeks.

We know of no system anywhere in the world which makes the nationally distributed programing so directly responsive to station and community needs.

The system will allow each station to select the best combination of programs made available from the other stations to combine with each's own locally produced programs to make the strongest, most effective local program schedule. We think every station will be strengthened thereby.

This system will account for only a part of each station's schedule, of course, but a very important part—that which no single station could produce itself from among all the resources available to PTV across the Nation. Each station will also be able to receive those programs totally funded by the Corporation for Public Broadcasting and other foundation and corporate supported series.

Another important feature of this plan involves the capability of small groups of stations, either on a regional or common interest basis, to band together to select and purchase programs that meet the specific requirements of their communities.

How will the Station Program Cooperative be funded?

Funds for the Station Program Cooperative derive essentially from three sources: (1) the Corporation for Public Broadcasting ($4.5 million), (2) the Ford Foundation ($5.5 million), and (3) the station's own local revenues ($3 million) for a total of $13 million. In future years, the stations are exepcted to assume a greater share and ultimately all of SPC costs, as the other funders phase out their support.

1. CPB intends to use an increasing amount of its national program funds for research and development, piloting, and initial production support for new programs. Under this method, the Corporation intends to support a new program effort for whatever period of development is required, plus on-going production costs for no more than two broadcast seasons. At the conclusion of this period the series will then be available for purchase through the cooperative. Thus, the continued existence of a program, once it is past the incubation and development stage where it has been supported by the Corporation or other sources, will depend on whether the local public television stations believe it meets their audience needs—and are willing to pay for it. To get the new SPC system underway, CPB has offered to provide $4.5 million for fiscal year 1975.

2. The Ford Foundation, biggest single contributor to PTV over the years, announced long ago its intent to phase out its direct support efforts, consistent with its policies to all its grantees. Ford's planned phaseout over the next 4 years will allow for a contribution of $5.5 million to the SPC for this coming year, plus funds to other of the production centers, such as the Children's Television Workshop.

3. The stations themselves anticipate providing $3 million in this first year to the SPC.

So we believe we have answered a large part of the question of station control over nationally distributed programing, and of financing that programing—and that stronger station programing will result. But that answer requires continuing Federal help. This year's $47.75 million CPB appropriation—with $15 million for CSG's to stations—was a beginning. For fiscal year 1975, we think the entire authorized amount for CPB—$65 million—is needed in Federal funds.

Of that increase of $17.75 million, more than two-thirds goes to the stations' CSG's. This will allow the stations to continue to expand and improve their own local productions, and will also provide the stations additional funds for programing from beyond their own communities, including more choices from the State program cooperative.

PHYSICAL PLANT AND FACILITIES

The necessary, indispensable, and too often taken for granted companion requirement for serving the needs of the American public with high quality programing from diverse sources in facilities, the equipment for producing, distributing, and transmitting the materials.

There are three distinct areas we wish to emphasize today in regard to this vital need:

First, technical quality must be comparable for the viewer at the home or school receiver; there should not be one standard for some channels and a substandard level for others, which causes the viewer—for technical reception reasons—to regard the output of some channels as inferior.

Second, the quality and quantity of equipment must be such that (a) program schedules for each station can be locally determined, and (b) programs can be produced at each station to meet locally defined needs, when such programs are not available from other sources.

Third, continued progress must be made toward making public television available to an increasing number of Americans.

Questions immediately arise which require more specific definitions of what would be required to satisfy these three major areas of concern. How many stations meet or exceed the standards? How many fall short, and in what ways? How much will it cost to bring the existing stations up to the minimum levels? What will it cost to bring public television to those unable to benefit from it now? An engineering task force, representative of the full spectrum of public television stations, and all first class FCC licensed, was given the enormous job of determining reasonable and justifiable guidelines for public television station facilities, a study which has just been completed. A list of the task force members and the detailed materials generated by those significant results of their work which will give meaning and substance to the three major areas outlined above. First, note that as of today, there are 246 transmitters and 152 stations which originate programing. The difference is primarily due to a number of State systems with multiple transmitters carrying the programing from the main State production center. At the completion of the study, a total of 233 transmitters and 140 originating stations had been surveyed and the material below is based on these totals. One other point, all of the equipment referred to below provides for production, distribution, and transmission in color.

TECHNICAL QUALITY

In the first area of overall technical quality, let's look at broadcast transmission equipment. Of the 233 operating transmitters, there are 44 stations below the legally allowable or technically appropriate power and tower height to provide comparable picture and sound quality with that of other stations. It is estimated that $21.717 million would be required today to remedy this broadcast transmission shortcoming.

MEETING LOCALLY DETERMINED NEEDS

The second area, and a more critical one, is the quality and quantity of production and reproduction equipment. The primary device for providing the means for flexible, reliable, and quick storage and retrieval of television programs is the videotape recorder (VTR). Its basic function is to provide local stations with the capacity to receive programs from a variety of sources and schedule them at times designed to meet local audience needs. We've testified before as to the need for VTR's, and the figures from the engineering task force provide the specifics. Their recommendation is that four high-band color videotape recorders are the minimum necessary for the basic level of originating station operation. uI examining 140 stations, their study shows that an additional 241 VTR's are necessary, at a total installed cost of $26.028 million. There are 43 stations which meet or exceed the minimum requirement. Of the remaining 97, there are 19 stations which need 1 additional machine, 38 stations which need 2 more, 14 stations which need 3 more, and there are 26 stations which don't have any VTR's meeting minimum standards.

These machines allow stations to record for later use programs delivered by national, regional, or State interconnection systems, and they allow the use of program materials delivered on tape via the U.S. mails which were produced at other stations. But they will not provide for the production of local programing to meet unique local needs.

The basic component for local television program production we'll treat here is cameras, although, of course, there are many related equipment items for sound, lighting, visualization, technical processing, and the like.

An important aspect of minimum technical requirements for program production is the fundamental principle that every program produced by any of the public televsion stations should at the least meet the technical standards necessary so that it could be shared with any or all other stations either on tape or by means of electronic interconnection, should another station desire to use any given program. To have anything less than such a standard of technical quality, considering the time, talent, effort, and cost of program production, would be a shameful waste.

Given this technical quality, the quantity determined by the engineering task force was a minimum of three color cameras for each originating station.

The examination of the 140 originating stations revealed that an additional 150 cameras, at a cost of $12.6 million, would be necessary to have all stations meet this minimum.

Specifically, there are 71 stations which meet or exceed the minimum. There are 27 stations which need one additional camera, three which need two, and there are 39 stations which do not have any cameras meeting the minimum requirements.

Without going into additional detail, and before turning to the third area, let me simply enter the total cost of the equipment necessary to bring the existing stations which were examined up to the minimum standards established by the engineering task force. Including all of the above, and the additional related equipment, and remodeling, the total is $107.6 million.

EXPANDING TO UNSERVED POPULATIONS

Finally, the third area of concern is another of the great goals established by Congress in the Public Broadcasting Act of 1967, which is to make public television available to all Americans. Continued progress toward that goal is being made, by virtue of local initiative stimulated by Federal incentive. There are in the planning stages now an additional 51 transmitting stations, as a result of local leadership and community action. Of these, there are 13 originating stations and 38 repeating transmitters. We estimate that when those transmitters are operating an additional 8 million persons will be within reach of a public television signal, bringing the total to almost 172 million, or 84 percent, of the American public being served. It will require about $96 million in capital funds to activate these stations at the minimum quality levels described above. How quickly this additional service is provided is directly related, as the record clearly shows, to federal funds available to match local support.

EDUCATIONAL BROADCASTING FACILITIES PROGRAM

Since the inception of the educational broadcasting facilities program in 1962, virtually every existing station has received substantial Federal matching funds. Over the years more than $200 million in local funds have been expended for public broadcasting capital equipment, matched by some $81 million in Federal funds.

At this moment there are 117 television applications for a total project cost of more than $57 million, requesting $42 million in Federal funds. As you know, this year's total is only $15.675 million appropriated to the EBFP for both radio and television. Of that, about $4 million was awarded in September 1973, leaving enough to satisfy only one-quarter of the need for requested Federal funds. Obviously, the majority of the applicants are unlikely to receive grants this year. Those that do, of course, will help toward alleviating the substantial need described above, but still leave critical shortages at the majority of stations.

We have requested that the full $30 million authorized for the facilities program be appropriated, and believe that the need for such funds is evident. Frankly, it is difficult for us to understand why the administration has cut back its request for facilities funds. The $7 million requested is the lowest total in the past 5 years and comes at a time when the administration consistently continues

to espouse—as we do—the need for strong local stations and community service. We're certain, of course, that this anomaly can be explained, and confident that the Appropriations Committee can correct this oversight. We urge you to appropriate the full amount of the $30 million authorized for this vital companion requirement of the Educational Broadcasting Facilities Program.

In summary, the public TV stations and CPB have a whole new system which promises to provide the competence and control that we have long sought. Public television has now reached a level of maturity and accomplishment that merits the investment of the full amounts of Feedral funds authorized for it: $65 million for the Corporation for Public Broadcasting and $30 million for the Education Broadcasting Facilities program.

Mr. PATTEN. You say the people really want public television.

Mr. ROGERS. There is no question about it.

Mr. PATTEN. How do you know?

Mr. ROGERS. The reason we know is because our many audiences are growing, and we now have close to a million people who are joining our stations as paid members, whereas the last time you and I talked some years ago we didn't have 100,000 people. When people put their money and put in 80 percent of the total funds that are put into public broadcasting, then you know they want it because they are paying their money for it.

Mr. PATTEN. Mr. Gunn, do you have anything to add?

Mr. GUNN. The activities of PBS this past year have been focused on the development of the Station Program Cooperative which we see as a major innovation to provide the stations for the first time with an opportunity to select and fund a major share of their national programing. As Mr. Rogers said, we think this is a unique system, and it is one that we feel will not only better serve local communities because the community and the local stations will be determining a large proportion of the national programing, but it also helps to guarantee the freedom and independence of the system, because the decisions are largely removed from Washington and transferred to the local community where we think they should be.

Mr. PATTEN. I think you are going to have a better year. You have come a long way.

Mr. ROGERS. We will continue to work if you continue to help us.

Mr. PATTEN. How are we doing in New Jersey? What is New Jersey going to get out of this money if I vote for it?

Mr. ROGERS. First of all you have a wonderful system down there and fine management.

You will be interested to know, although we didn't get a great deal more money last year because our appropriation was not as high as it shbuld be, the New Jersey stations, for example, instead of getting $45,000 as they did the year before, got $163,000 which was in proportion to what they should have, because most of the money now you see is going to the local stations, and not staying and being spent here.

This year's authorization is way too low. I am an amateur, and I am beginning to realize lots of times there are authorizations made that nobody has even any thought that the appropriations will equal. But our fight has been so difficult that in this case the Congress has really been willing to appropriate more than has been authorized and that is why we hope you will appropriate the full amount of this small authorization.

Mr. PATTEN. I never thought you would be here in the role you are in, looking back over the years, and I am pleasantly surprised,

Mr. ROGERS. You give us some help and we will do you better.

I was listening to some of the others here, and all I have to say there is no institution in the United States who can help them as much for as little money as public broadcasting can once we get this system to where we are able to do a first-class job.

Thank you very much.

Mr. PATTEN. It is good to see you.

Mr. ROGERS. Thank you.

MONDAY, MAY 13, 1974.

NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS

WITNESS

JAMES A. HAZLETT, ADMINISTRATIVE DIRECTOR, NATIONAL ASSESSMENT PROGRAM

Mr. PATTEN. James Hazlett, executive director, National Assessment of Educational Progress.

Mr. HAZLETT. Mr. Chairman and members of the committee, I am James A. Hazlett, administrative director of the national assessment program, a project managed since 1969 under the policy direction of the Education Commission of the States and funded by the U.S. Office of Education. The commission is a State-oriented organization, made up of Governors, legislators, educators, and lay people, which was requested to sponsor and manage national assessment.

There are four points I would like to make this afternoon about the national assessment program.

First. The censuslike character of the project. It is important to note that national assessment is a census-like activity designed to show two things: (1) progress or lack of progress in educational achievement on a national basis over time and (2) to note strengths and weaknesses in 10 subjects common to the American elementary and secondary curriculums—reading, writing, mathematics, science, literature, art, music, career and occupational development, citizenship, and social studies. Age groups assessed are 9, 13, 17, and young adults 26 to 35.

The first assessment of a subject collects baseline data against which subsequent assessments can be compared. As of this year baseline data for all subjects but one, art, will have been collected. By fall of this year the first report showing change over time will be issued in science, comparing assessments in 1970 and 1973.

Preliminary data show a decline in science achievement at pages 9, 13, and 17. Given adequate funding by 1979 there will be a change data in all subjects except literature, music, and art and by that time there will have been two comparisons in science.

The right to read effort has selected national assessment as a vehicle to mark reading progress. Right to read has selected 45 exercises which their officials say that most 17-year-olds should answer correctly. By 1979 there should be five assessments to compare against the 100% expectancy level. This will furnish one of the best indices of literacy in existence.

Second. Curriculum strengths and weaknesses. Professional groups are being asked to examine the curriculum relevance of baseline data.

The ECS Steering Committee intends to communicate regularly concerns about the curriculum which are identified in the national assessment reports. The following are representative of issues that will be directed to administrators, legislators, teachers and school board members:

1. The need for better understanding of human physiology and health care;
2. The need for more comprehensive vocational guidance;
3. Better understanding of the first amendment to the Constitution;
4. Better performance in writing mechanics; and
5. Better understanding of government at all levels.

The baseline data show educational disparities among population groups. The greatest deficiencies in educational achievement are: in the Southeast, among blacks, in the inner cities and rural areas, and in families where parents did not finish high school.

The national assessment design will show changes over time not only in curriculum but among the population groups.

Third. Influence on State assessments: National assessment has had influence on State assessment developments: six states and the School District of Montgomery County, Maryland, have replicated national assessment sufficiently in some areas so as to compare their results with NAEP results; Two other States are using NAEP materials; and nineteen States are using NAEP materials, data, or model on planning.

Fourth. The 1974 fiscal position: I wish to call to the subcommittee's attention the fact that the budget and the justification for the national assessment item do not completely reflect the financial position of the project. While the fiscal year 1974 appropriation for National assessment is $4.5 million and the budget request is for $6 million, as indicated in these documents, there is no evidence of the fact that an additional $1 million is available for obligation and will be utilized in the current fiscal year. This $1 million came from impounded 1973 appropriations released in December 1973. Therefore, the budget for the current year is $5.5 million as compared to $6 million for 1972 and 1973 and the same amount requested for 1975.

Conclusion: As a census-like activity, each year the National Assessment staff works on some phase of each subject area: writing assessment exercise, sampling populations, administering the assessment, analyzing data and preparing reports. For fiscal year 1975 art and basic mathematics will be assessed on a 90,000 population sample embracing four age groups.

Within this decade national assessment will furnish hard descriptive data of educational quality among young people and will have begun its task of noting change over time. This pioneering venture, using sampling methods, and instruments that give results by individual items, rather than by scores, is beginning to provide dependable hard data for curriculum planning and resource allocation. As sophistication develops and experience is gained assessment in education should become as valuable a planning tool as economic indices and health statistics. Already the Office of Management and Budget recognizes assessment as a useful social indicator. ECS, in the conduct of the project is committed to the idea that national assessment information be of value

to policy makers and it has established a policy committee, which presently numbers chairmen of education committees in two State legislatures, an officer of the National Association of State Boards of Education, and school administrators as well as technical people.

The budget estimate of $6 million is reasonable to maintain the present pace of the project and we urge its approval.

We appreciate the chance to be here.

Mr. PATTEN. Thank you very much.

MONDAY, MAY 13, 1974.

NATIONAL INSTITUTE OF EDUCATION

WITNESS

GORDON CAWELTI, EXECUTIVE SECRETARY, ASSOCIATION FOR SUPERVISION AND CURRICULUM DEVELOPMENT

Mr. PATTEN. Now we have Gordon Cawelti, executive secretary of the Association for Supervision and Curriculum Development.

Mr. CAWELTI. My name is Dr. Gordon Cawelti and I speak in earnest support of the NIE request for $130 million in fiscal year 1975.

Mr. PATTEN. How old is your group?

Mr. CAWELTI. Thirty-some years.

At the 1974 Annual ASCD Conference, attended by some 5,000 of our 13,000 members, a resolution was passed in our business meeting expressing concern with "the level of support provided to it (NIE) by Congress and administration." In addition, the resolution reads, "Further, the institute must be given sufficient financial support. Budget cuts which have led to the present level of funding are of concern."

ASCD is a nonprofit professional organization representing the Nation's curriculum directors, instructional supervisors, professors, and administrators who are primarily concerned with the improvement of instruction. In light of their resolution, I shall attempt to reflect their point of view on the need for educational R. & D. as best I can.

I come recently as a superintendent of one of the large cities in the country and I have now spent some 20 years in education as a teacher, high school principal, superintendent in one of the 50 largest cities, and now as head of a professional organization of persons fundamentally interested in improving learning opportunities for every child in America. I hope you will trust my observation, analysis, and judgment as to the ability of our education system to deliver instruction and experiences that reflect the goals of American education. The things schools do reasonably well are:

1. Teach the basic skills for most middle class, upper income students.

2. Provide a precollegiate education that is permitting an ever-increasing proportion of high school graduates to enter college, with no substantive decline in the intellectual caliber of today's college student.

3. Afford youngsters with opportunities for improving their leadership and interpersonal skills by virtue of a wide range of activities within most schools. That is, if you ask most kids they may not like

school very well but they like the opportunity to interact with their friends.

4. Reflect the values of an industrialized society operating in a democratic setting with an increasing recognition in recent years of the constitutional rights of students. With regard to other goals of education, the school systems are less effective:

(*a*) Our ability in assuring the transition from youth, 14 to 15, to adulthood, and into the work world has become increasingly inadequate. It's been forecasted that in the decade of the 1970's, 10 million college graduates will enter the labor market—this represents the total number of college graduates at work in the year 1970. Our present system is producing people overeducated and underqualified for the work they will be doing. Somebody said the other day it may be useful to have your necktie salesman know Plato but it is not necessary. We now have a prolonged period of adolescence followed by unemployment or underemployment for larger numbers of people. New and more effective career education must be developed based on careful analysis of the work world and peoples' interest and ability.

(*b*) We do not yet know how to overcome the ravages of generations of social and psychological deprivation or in helping recent immigrant groups to acquire the basic tools for learning such as reading, composition, and mathematics. Research in this area is crucial if schools are to better fulfill the hopes of low-income Americans for their children.

(*c*) Most school systems don't do well in an organizational sense of renewal. Because schooling is the largest industry in America, it has many of the characteristics of organizational bureaucracy which stifle change and innovation. We need to find ways that school systems can be more adaptive to change and responsive to new inventions and developments in education. Indeed ASCD members are keenly interested in helping develop a curriculum that is futures-oriented, that will help select from alternative futures that will assure survival. We feel that initiative for doing this should rest with local school districts and the States.

(*d*) We have not found ways to educate all America's youth without astronomical costs. Forecasts here indicate that education is consuming an increasing share of the public services dollar—at a rate that ultimately will require more than even the entire amount yielded by taxes for public services leaving nothing for other areas such as health, housing, welfare, et cetera. Studies on the relationship between educational expenditures and achievements are extremely important but little is being done now.

(*e*) We firmly believe the schools must do much more to assure a culturally pluralistic society where differences among people are respected and nurtured. Much help is needed in developing instructional programs designed to do this.

In summary, I want to emphasize my observation that several decades of Government supported, small scale, isolated research projects have not much helped practitioners in the field who must deal with these issues. A change in Government policy and attitude is essential if we are to overcome the kinds of weaknesses in our system I have

described. My own view is that NIE's selection of focus areas is very appropriate and relates closely to the chief weaknesses of schooling outlined above. I have watched for several decades small isolated research projects particularly among universities, and they have not come to grips with these kind of issues.

I urge that you trust the staff and Advisory Council judgment on these areas of research focus and being to equate our national priority for educational R. & D. with other important areas such as health, defense, and agriculture, nad respectfully request that you support the NIE funding request of $130 million for fiscal year 1975.

Thank you.

Mr. PATTEN. At what town were you superintendent?

Mr. CAWELTI. Tulsa, Okla.

Mr. PATTEN. Thank you.

TUESDAY, MAY 14, 1974.

POSTSECONDARY EDUCATION

WITNESS

HON. JOHN DELLENBACK, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF OREGON

Mr. FLOOD. The committee will come to order.

We have the privilege and pleasure of having with us an old friend who has been with us many times before, the distinguished gentleman from the great State of Oregon, the Honorable John Dellenback, U.S. House of Representatives.

Mr. DELLENBACK. I appreciate very much the chance to appear before you to discuss certain appropriations relating to postsecondary education. As ranking member of the Specal Subcommttee on Education of the Education and Labor Committee, I naturally have an interest in seeing that many important postsecondary education programs are adequately funded. However, this morning I would like to call special attention to only a few.

STUDENT ASSISTANCE

My primary concern is for a balanced program of student assistance. In this area, I have some differences with the budget request, and feel strongly that the Congress ought to make certain changes in what has been proposed in the President's budget. As you know, the authorizing legislation requires that the three college-based programs be funded at certain minimum "threshold" levels before appropriations are to be made for the basic opportunity grant program. I would urge your committee to follow that provision, even though many of us are open to amending or removing it when the time is more appropriate.

I am sure all of us would like to see more money for student aid than is requested in the budget, even though the total budget request represents a sizable increase over last year. Respecting the difficult decisions you face in keeping total expenditures within reasonable limits, I would recommend the following redistribution of the $1.997 billion budget request for student assistance—dollar figures are in millions:

Program	Threshold	1974	Budget	Proposed
Basic opportunity grants		$475	$1,300	$800
Supplemental education grants	$130,093	210		131
College work-study	237.4	270	250	297
Direct loans	286.0	293	6	293
Cooperative education		11	11	11
State incentive grants		19		35
Guaranteed loans		393	430	[1] 430
Total		1,677	1,997	1,997

[1] May need to be increased as a result of Public Law 93-269 regarding a change in needs analysis for interest subsidies.

May I suggest, so we may understand this chart, the basic opportunity grants program we decided on, as a committee, as a Congress, is the fundamental program. In 1974 we had $475 million in this program. The budget request is for $1,300 million. I would propose that instead of going to the $1,300 million we go to $800 million.

On the supplemental education opportunity grants, the 1974 figure is $210 million, but there is nothing in the budget. I think we should go to $131 million which is the threshold amount.

In college work study in 1974, we appropriated $270 million; your subcommittee recommended $270 million and the budget calls for $250 million. For reasons I will discuss, I suggest that be raised to $297 million.

In direct loans the 1974 figure was $293 million. The budget request is, for practical purposes, zero. I suggest we go with the $293 million your committee recommended last year.

In the field of cooperative education, the 1974 figure was approximately $11 million and the budget request is for that same figure. I think that is the right figure.

On the State incentive grants last year, your subcommittee recommended $19 million, the budget calls for nothing; and I would propose you go to $35 million for reasons I will touch on in a moment.

In guaranteed loans last year, your subcommittee recommended $399 million, the budget amount is $430 million. I would propose you stay with the $430 million.

So that in total, Mr. Chairman, the 1974 figure was $1,677 million. The budget request proposes to take that up $320 million to $1,997 million, and the figures I have given you try to readjust that same total figure.

A careful study of the present situation and recognition of the required "threshold" levels leaves little room, I believe, to vary much from these figures. To arrive at these recommendations, I first looked at basic opportunity grants. News in recent days that upward of 300,000 applications for next fall have already been submitted gives us confidence that most of the problems with the initial year of this program will not be repeated. This will surely become the cornerstone of all Federal student aid programs.

As you know, the final cost of this program cannot be determined until the end of each year since every student who applies and qualifies for a BOG is entitled to a grant based on the payment schedule published at the beginning of the year. Until the year is done, and the

total applications are in, you can't project the total cost. Maximum awards for this current academic year were $452, with approximately 320,000 first-time students receiving an average of $260.

The payment schedule for the 1974–75 academic year is just now being published. It is based on the "scheduled reduction" provision in the law which will increase the average award next year to $670 to $690 and the maximum award to $1,050. These significantly higher awards will go to students in their first 2 years of postsecondary education. So as you recall, as one who has been as deeply involved in this as anybody in the Congress, because of the limited dollars during the initial year, we confined it to first-year students and the figures were as I have given them—the average and the maximum. The second year, as the moneys increased, we went to the first 2 years so those that got grants the first year would be carried forward, the new class be added, and averages and maximums go up.

In determining my recommendation for the next appropriation, I set two minimum objectives and made one assumption: First, BOG's should be available to students in their first 3 years to continue the gradual phase-in of the program. Second, awards should be based on a payment schedule allowing at least the same average and minimum awards as this coming fall so that we don't have anybody in the second year getting a certain amount counting on that, and fading off the next year. Those are the two minimum objectives I set in arriving at this proposal to your committee.

Then I assumed there will be some "liberalizing" changes in the family contribution schedule for the third year which will add something to the total cost of the program. Cost estimates depend, of course, on assumptions about the participation rate of eligible students. But the best information we can get now would require an $800 million appropriation just to meet the minimal objectives I stated above. If anybody were to propose less than $800 million for BOG, it would have to be, Mr. Chairman, at a price of one of these fundamental objectives. We cannot continue what you have already started, what you have moved forward 2 full years on in this committee, and appropriate less than $800 million for BOG. There is going to have to be a change in philosophy if the figure is going to be less than that. Thus, this figure became the first "given" in my calculations.

Next, I looked at the other grant program, the supplemental education opportunity grants. Assuming Congress will provide at least $800 million for BOG's going to all but fourth-year students, I believe we can now lower the SEOG appropriation to the level Congress required in the Education Amendments of 1972. That level rounds out to $131 million. That was the threshold amount we proposed, and I propose that figure is exactly what we stay with. We should not go below that amount, but we don't need to go above that amount in view of what is happening with the BOG program.

This lower level can easily be defended and, in my mind, is necessary to accomplish other objectives within the total budget request. One of these objectives is the continued funding at $293 million of the direct loan program, which I included in my calculations.

Another objectives is to fund the State incentive grant program sufficiently to maintain its current level of operation. The State student incentive grants program, which matches with Federal dollars

new State funds for State student grants, is a key element of the total student aid picture. Over 30 States will qualify during the first year. Other States are in the process of qualifying. We began the program last year with $19 million which in the wisdom of your subcommittee you proposed. These dollars will serve as catalysts to help thousands of students.

It would be a very serious mistake to drop this program, as the budget recommends, and not continue to assist the States in funding these students throughout their postsecondary education. I propose that this program be funded at $35 million, which is the figure we are told will support the students already being aided and continue the program at approximately the same level for new initial year awards. Next in the calculations, I added the $430 million budget request for the guaranteed student loan program, which is not really a discretionary item, and the $11 million request for cooperative education. This latter figure is at the authorization ceiling.

Mr. Chairman, when all these figures are added up and the total subtracted from the $1.997 billion request, $297 million is left for college work study. This figure is far too low for such a successful program. If this subcommittee is willing to appropriate another $100 million for student assistance which would take it beyond the budget—and I would support such a move—I would put it all in the work study program. In the chart I have given to you, the figure of $297 million is arrived at reluctantly to try to stay with that total.

Our subcommittee is now in the midst of hearings on work study and cooperative education. You would be pleased—even excited—to hear the many stirring endorsements of work study. I am sure our committee will be recommending changes in this program that will significantly expand work opportunities under this program to a wider range of students. Yet, with all its successes, we have maintained a level of funding at only $270 million for the last 3 years.

Since the first appropriation of $270 million for academic year 1972–73, the number of participating institutions has increased from 2,696 to 3,278. This has caused the average allocation per institution to decrease from $100,000 to $82,000. A new minimum wage law just went into effect which means that employers of work study students will get less work for the same money. And, of course, the number of students eligible has been increasing each year. The picture for this fall is not good. The fiscal year 1974 appropriation has met only 51 percent of the $528 million panel approved requests. Mr. Chairman, I believe, these factors are most persuasive and should encourage us to more adequately fund what several witnesses have been saying is the best of all student financial aid programs.

FUND FOR IMPROVING POSTSECONDARY EDUCATION

Next, I would like to highlight one of the most effective and exciting new Federal programs, the fund for the improvement of potsecondary education. The fund was created by the Education Amendments of 1972 and carries an authorization of $75 million for fiscal year 1975. Under the very capable leadership of Virginia Smith, who has described the program for you, the fund is gaining increasing attention and support from the postsecondary education community.

This program provides those marginal funds necessary to undertake some significant new innovation in postsecondary education. With the help of a very capable advisory board, the fund has focused on making grants that are action-oriented—not research-oriented—and have some potential usefulness beyond the institution receiving the money.

The fund was given only $10 mililon in fiscal 1974, the same as its first year. This will allow fewer than 100 grants out of some 2,800 applications—which totaled $300 million in requests. The budget request for 1975 is $15 million. In light of its significance to all of postsecondary education in our Nation, and the impressive manner in which grant applications have been screened and the program administered. I would recommend a minimum of $20 million for this coming year. Few Federal programs represent as sound an investment in the future or can demonstrate as much positive impact per dollar expended.

STATE COMMISSIONS

Finally, I would like to mention one other item not covered in the budget. Within the last weeks, 47 States and territories notified the Office of Education that they have created a so-called section 1202 State commission. Most of us thought 30 States taking this step the first year would be a significant record. We are impressed by the responsiveness on the part of the States, even though each of them will receive this year only approximately $25,000 from the $1.1 million available from the fiscal year 1974 appropriation.

At our request, the education commission of the States undertook an informal phone survey last week to get a better perspective on current and proposed planning activities in all 50 States. The picture is very uneven. Approximately one-half of the States already have a commitment to statewide planning that includes all segments of postsecondary education—public and private, 2-year and 4-year colleges, vocational schools, including proprietary institutions, et cetera. Several States expressed their interest in broadening the scope of their planning efforts to incorporate students and institutions across the whole range of postsecondary education.

It's of major importance that we encourage and support this kind of planning. It will result in better decisionmaking in the States during this difficult "steady state" period in education. The work of these commissions will also provide useful information for understanding national trends in postsecondary education. The States should have the major share of the responsibility for financing this kind of planning, but I feel it is important to provide Federal incentives and support at this crucial time. My recommendation would be $4 million to $5 million for comprehensive planning as authorized in section 1203 of the Higher Education Act instead of the zero dollars in the budget.

There is considerable confusion about the authority for making appropriations to support required State planning and administration under titles VI and VII of the Higher Education Act. Section 1202(c)(2)(A) provides for payments to 1202 State commissions which also were given the responsibility for administering titles VI and VII. I believe that 33 States fall into this category. Through an oversight, however, separate authorizing provisions were not included in the Eductaion Amendments of 1972 for those States which decided to keep separate State commissions for purposes of titles VI and VII.

I would recommend that you keep a distinction between the comprehensive planning authorized in section 1203 and the requirements under other titles. My suggestion is that the Commissioner of Education be given funds under section 421(b) of the General Education Provisions Act to support all State functions required by titles VI and VII. I am told this could amount to less than $2 million. This will not confuse States as to how much will be available for comprehensive planning and will also help to clarify the ambiguous authorizing language.

Mr. Chairman, I would like to go on to support the requests for NIE, the National Center for Education Statistics, and other important programs. But these that I have mentioned are the ones I felt needed your special attention.

Mr. FLOOD. Thank you very much.

Mr. DELLENBACK. Thank you.

TUESDAY, MAY 14, 1974.

POSTSECONDARY EDUCATION

WITNESSES

DR. MARTHA PETERSON, PRESIDENT, BARNARD COLLEGE, REPRESENTING THE AMERICAN COUNCIL ON EDUCATION
JOHN F. MORSE, DIRECTOR OF GOVERNMENT RELATIONS, AMERICAN COUNCIL ON EDUCATION

Mr. FLOOD. Now the American Council on Education, Martha Peterson, president, Barnard College.

Dr. PETERSON. Mr. Chairman and members of the subcommittee, I am Martha Peterson, president of Barnard College and former chairman of the American Council on Education. I also for 11 years was dean at the University of Wisconsin and before that at the University of Kansas.

I am appearing this morning on behalf of the American Council on Education and many other associations of higher education, all of them members of the council. I am accompanied by Mr. John F. Morse, director of governmental relations for the American Council on Education.

We have submitted to you a rather lengthy joint statement indicating our hopes and our requests for appropriations in the field of postsecondary education for the 1975 fiscal year. I am not going to read that statement but ask it be made a part of the record.

Mr. FLOOD. That will be done.

[The statement follows:]

STATEMENT OF THE AMERICAN COUNCIL ON EDUCATION

The American Council on Education together with a number of its member associations welcomes this opportunity to present to the Appropriations Subcommittee for Labor, Health, Education, and Welfare its views of the 1975 budget requests for postsecondary education.

The Education Amendments of 1972 have been widely hailed as landmark legislation, strengthening existing programs, broadening the concept of higher education to include a variety of institutions and programs that had not previously been matters of Federal concern, and above all striking a reasonable balance between support for students and for the institutions they attend. The act laid

to rest the false dichotomy of aid to students versus aid to institutions; the legislation recognized that the two are complementary and are needed.

The interdependence arises from a general principle of public finance. That is, whenever the Government provides funds designed to secure a specific objective, it must look to the entire system that must operate effectively if the selected goal is to be attained. As a specific example, financial arrangements designed to make high quality health care available through direct payments to people or through insurance must also encompass provision of adequately equipped and staffed clinics and hospitals. As another example, rent subsidies cannot help people secure better housing if housing is allowed to decay. The same principle applies in postsecondary education. Equal access to postsecondary education can be in fact assured only if the institutions have the strength and flexibility to cope with the problems generated by the attendance of students with special needs.

Unfortunately, the administration budget that has been presented to you completely ignores that interdependence. We welcome and share the concern expressed through increased student aid funds for opening wider the doors of opportunity to students who need help in pursuing their education. But it seems to us shortsighted indeed for the administration, which stresses the importance of the systems approach, to look only at student aid and not at the quality of the education the students will receive. We had hoped that this year the administration would propose funding for the cost-of-education grants written into the 1972 Act with strong administration endorsement. Far from doing that, it proposes instead to eliminate virtually every program that has provided some measure of Federal support for flexibility and for the quality of postsecondary education, not only in the budget for the Office of Education, but also in the budgets of the National Institutes of Health and of the National Science Foundation. We hope that the Congress through the appropriation process may restore the balance it drew so carefully when in 1972 it wrote the authorizing legislation. It is in this hope that we make the proposals that follow.

STUDENT AID

Of first concern, obviously, must be student aid, as it is in the eyes of the administration and it was in the 1972 Act. But we submit that you are being asked to toss out programs you and we know have worked in favor of programs that must be classified either as still experimental, in the case of basic opportunity grants, or plagued with difficulty, in the case of the insured loan program.

Between 1958 and 1965 three programs of assistance to students were developed by the Congress. Every study that we know of suggests that they fulfilled and can still fulfill the exact purposes for which they were designed. We refer, of course, to what are now called supplementary opportunity grants, work-study funds, and national direct student loans. If these programs have had a weakness, it is that they offered an opportunity and created a demand that appropriations have failed to match. Their success was recognized by the Congress in 1972 in the insistence that these programs be funded before any appropriations could be made for the new program. Recent studies by the College Entrance Examination Board and the American Council on Education show that about 1,300,000 individual students are receiving assistance from one or a combination of these programs. In the fall of 1973, 85 percent of the SEOG recipients, 66 percent of the work-study participants, and 56 percent of the direct loan borrowers came from families whose adjusted income is less than $7,500. Virtually no SEOG funds, 4 percent of the work-study funds, and 7 percent of the direct loan funds went to students whose family income is above $15,000.

These programs are administered by the institutions themselves, with the mandate that funds shall go to those students most in need. We believe that the record speaks for itself, particularly when one realizes that 36 percent of the needy students attend relatively high-cost private institutions. What these figures do not reflect is that institutions are annually pouring more than $500 million of their own, largely unrestricted, funds into the gap left by the inadequacy of funds from State and Federal sources. Whatever the merits of the case, that $500 million expenditure represents a drain on funds that might otherwise be invested in the basic educational purposes of the institutions.

The problem has become acute because for 3 years appropriations for the three programs have remained level while costs have risen, need has risen, and the universe of institutions eligible to participate has greatly expanded.

Participants in NDSL has increased from 2,200 institutions in 1972 to an estimated 2,600 this year. Panel-approved institutional requests have risen from $337 million in 1972 to an estimated $577 million this year.

Participants in SEOG have risen from 2,193 institutions in 1972 to an estimated 2,900 this year. Approved requests have risen from $259 million in 1972 to an estimated $468 million this year.

In the light of these facts, we have no choice but to urge that Congress appropriate the full authorization of $400 million for the national direct student loan program and $420 million for work-study. The funds for work-study become particularly significant as a new and higher level of minimum wage comes into play. These requests should be measured against the budget figures of nothing for direct loans and $250 million for work-study.

We seek modest funding for SEOG and suggest an appropriation of $230 million. We believe this amount of money will provide the funds necessary to piece out the basic grant program and to correct the inequities to some individuals that are inevitable in a computerized centralized needs analysis system that by definition cannot apply judgment to individual family circumstances and cannot reckon with differing costs.

The administration would place almost its entire emphasis on the new program of basic opportunity grants. It asks for $1.3 billion, which, it estimates, would provide full entitlement, up to $1,400, for all full-time and part-time undergraduate students in need of assistance. We have no data either to confirm or contest that estimate, although we believe it is low. We can, however, cite a few matters of fact. The $1,400 BOG figure includes what parents can contribute. The BOG award cannot cover more than half the cost of attendance. It seems to us, therefore, that if $1.3 billion is needed for BOG, a minimum of $1.3 billion in additional aid must be found from other sources. The BOG can replace some of the need for SEOG. It cannot replace the need for work-study and direct loans.

We referred earlier to the BOG program as being experimental. This is not said in any derogatory sense. As a concept, it may well represent the wave of the future, and we may in later years be back here urging that it be regarded as the fundamental form of Federal student aid. But it is new and, so far, really untested. Its first year has been a disappointment to all of us, and some of the funds appropriated will obviously not be awarded. A host of perfectly reasonable explanations for this phenomenon have already been expressed to this committee. The outcome of this second year of the program cannot be known until well after the time your committee has concluded its deliberations. We have great hopes, however, for a different picture a year from now. All of the award machinery from appropriations, to need analysis, to notification of eligibility has been speeded up. Funds appropriated this year should provide, for first and second year students, maximum awards of $945 and average awards of $430, in contrast to this year's figures of $452 and $260 respectively. What the Congress has done so far, and very sensibly it seems to us, is to move into the program gradually. It made only first year students eligible in its first year, and expanded it to first and second year students in the second. We recommend that this process be continued, and that next year first, second, and third year students be eligible. Already a number of bugs that are inevitable in a new program have been identified and, we hope, removed in this second year. Undoubtedly a new round of congressional hearings will identify and resolve others in the months to come. This is an orderly and constructive process. We believe funding of BOG's at a $650 million level next year would be reasonable if the process you have begun is to be continued.

An exciting feature of the 1972 act is the program of State scholarship incentive grants. The idea behind it is to encourage States, through 50–50 matching grants, to inaugurate new or to expand existing programs of State scholarships based on need. In 1974 Congress appropriated $20 million, later reduced to $19 million, to make a start. The awards made by States will be initial awards; the assumption is that recipients continuing to demonstrate need and achieving good standing in their work will receive continuation awards. Yet the budget asks no funds for the program this year. If this was to be a 1-year, one-shot program, it might better not have been funded at all. What incentive can there be to States to start a new program with 50 percent Federal funds if at the end of 1 year full financial responsibility is to fall on them? We believe that an appropriation of $50 million is called for this year. Of that, approximately $19 million would be used for continuation grants, leaving a balance of $31 million for new awards to encourage additional States to get into the program. At the very least, $38 million should be provided, if only to keep faith with those States that do make a start.

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We have discussed among ourselves at some length the special services to the disadvantaged programs. We know they are reaching students who would not otherwise be reached. We know that they have assisted disadvantaged students to move into and through postsecondary education. What we cannot assess with the same confidence we have in the need for student aid funds is how much money could usefully be allotted to these programs. We hope to study this question further, but for the moment we support the administration request for $70.3 million.

The difficulties inherent in the insured loan program are well known to this committee. Since 1965 it has been an invaluable adjunct to the various programs of direct Federal assistance. But problems of fluctuating interest rates, of lack of liquidity, and of competing and more attractive demands from other sectors of the economy for commercial loan funds have always made the availability of a loan for a given student or group of students a matter of great uncertainty and often sheer luck. For these reasons we have been grateful that year after year the committee has turned back efforts to eliminate the direct loan program and rely solely on insured loans. However, we continue our warm support for insured loans as an added source of aid funds, and we endorse the administration's request for $315 million to support the program at its existing level.

COST-OF-EDUCATION SUPPORT

As we have said, the Education Amendments of 1972 added a highly significant provision to title IV of the Higher Education Act of 1965—a provision that has been totally ignored by the administration, despite its support at the time the legislation was being enacted. We refer to subpart 5, which entitles institutions of higher education to cost-of-education payments based largely on the number of federally-assisted students they enroll. More specifically, the formula calls for apportioning payments, 45 percent on the basis of enrolled BOG recipients, 45 percent on the basis of funds allocated for the three campus-based programs, and 10 percent on the basis of fulltime equivalent graduate enrollment.

It is impossible to overstate the importance of this provision. Beginning with the National Defense Education Act in 1958, the Federal Government has constantly and increasingly committed itself to broadening access to postsecondary education for all we seek and are qualified to attend. The goal has been to wipe out all financial barriers. Clearly, such a goal would be unattainable without the wholehearted cooperation and commitment of the institutions themselves. The record of their commitment speaks for itself. At the present time, as we have pointed out, approximately 1,300,000 needy individual students are attending postsecondary institutions with Federal assistance, often coupled with State and private assistance. What seems to be ignored, however, is the enormous amount of money that institutions have had to pour into the effort out of their own resources, from their general revenues. We have already stated that the deficit between income and revenues for student aid, in 1971–72 alone, was nearly a half billion dollars. The deficit between the two from 1965 to 1972 totaled almost $2 billion.

In 1972 the Congress seemed genuinely concerned about the financial difficulties of postsecondary education, and the program we are discussing was a partial response to that concern. The act seemed to say that at the very least, the Federal Government had an obligation to assist with the educational costs engendered by students induced into postsecondary education through the stimulus of Federal programs. But when many of the institutions, through Herculeaan, often one-time, and sometimes ill-advised measures, such as freezes on faculty salaries and deferred maintenance, managed somehow to balance their budgets, the concern of 1972 seems to have been quickly forgotten.

We submit that the financial pressures our institutions are feeling are real, and potentially destructive, and that they result largely from forces over which they have no control. Many of them spring from the world economy. Inflation strikes with particular cruelty at a labor-intensive enterprise like education. The incredibly sharp increase in the cost of energy has changed barely black budgets of many institutions into deep red. Many other pressures spring from the wholehearted way in which the institutions have met new social responsibilities—each quite proper and each enormously expensive. Within the decade, Federal law has been extended to colleges and universities covering minimum wage, unemployment compensation, and other socially essential programs from which they had previously been exempt. Institutions have not only devoted their own funds to providing broadened access for deserving and needy students; they have also

borrowed heavily to build the plant in which to education those students, and the resulting debt service payments constitute a heavy drain. And now, as we look down the road, it seems certain that we are faced with expenditures running into the hundreds of millions to comply with the requirements of the Occupational Safety and Health Act.

Mr. Chairman and members of the subcommittee, this is a serious matter. The budget submitted to you for fiscal year 1975 is long on its belief in postsecondary education—so long that it wants every potential student to have access to it. It seems to us incredible that nowhere in the entire budget is there the slightest indication that the quality or, indeed, even the survival of the institutions that must provide the education is a matter of any concern.

We urge that the balance written into the 1972 act between aid to students and aid to the institutions that teach them be recognized in the appropriation process as well. We know that that balance cannot be achieved at once. We are aware that there are other legitimate demands on available funds. But we do earnestly plead that a start be made in the direction of balance, and that $200 million be appropriated to fund subpart 5, title IV, the Higher Education Act.

UNIVERSITY COMMUNITY SERVICES (TITLE I, HEA)

Titlee I enables communities throughout the United States to participate in the services of their local college or university. Targeted on programs that are not normally supported by tuition income, title I lets institutions of higher education provide important services that they could not make available otherwise.

Title I has fulfilled the twofold promise of the law: It extends the university into its community and at the same time strengthens the university's capacity to serve. Since it is a State grant program, priorities are established according to the needs of each individual State, not according to priorities established for the states by a Washington-based bureaucracy.

The Older Americans Comprehensive Service Amendments of 1973 (Public Law 93-29) amends title I to include an appropriation authority for special programs and projects relating to the problems of the elderly. The new section 110 of the Higher Education Act will permit institutions to conduct special continuing education programs for persons who serve the aging. Much needed programs on housing, transportation, and nutrition, among others, will be available to professionals and paraprofessionals throughout the country.

We recommend an appropriation of $22 million for the State grant program (sec. 101) and a startup appropriation of $3 million for the program on the aging (sec. 110).

LIBRARY ASSISTANCE (TITLE II, HEA)

For the second year in a row, the administration has refused to budget any money for academic library programs under title II of the Higher Education Act. The resources of these academic libraries are a vital element in the Nation's educational process. We urge the committee to restore this program which has proved so useful both to the institutions and to the students they serve. Funding the basic grant program alone, which provides a minimum assistance in purchasing books and audiovisual materials, would require about $12.5 million. But in addition to these basic grants, many campus libraries are in desperate need of the supplemental and special purpose grants authorized under title II for strengthening library collections and developing modern, efficient library service.

The fiscal year 1975 authorization is $100 million, with 70 percent earmarked for part A (college library resources) and 30 percent for part B (library training and research). While the entire authorization could readily and effectively be expended, we urge that Congress appropriate at least $30 million to carry out these vital programs. Under the formula, this would provide $21 million to purchase books and other research materials for college libraries, and $9 million to train librarians and support research in such rapidly expanding fields as information technology and library management.

Our academic libraries are a national resource, and it is essential that they receive sufficient support to allow them to continue providing high quality service to all patrons, from the part-time student to the research scientist.

DEVELOPING INSTITUTIONS (TITLE III, HEA)

We enthusiastically support the administration's request for $120 million to fund title III of the Higher Education Act. It has proved to be an invaluable

instrument for strengthening colleges and junior colleges that have, in some cases for more than a century, served the needs of large numbers of minority and disadvantaged students.

The primary goal is to strengthen institutions in the areas of curriculum development, management capability, faculty growth, and student services. Of the funds, 76 percent go to 4-year institutions and 24 percent to 2-year institutions. These institutions face special problems in developing viable, career-oriented programs which will effectively serve educationally and socioeconomically deprived students.

Through this program, the black colleges have acquired significant forward momentum in continuing to provide successful educational experiences for large numbers of low-income students. Increased support will bring these colleges and similarly situated colleges to the major goal of title III, of moving institutions into the mainstream of higher education. This program has been and is one of the programs most responsive to the needs of traditionally black colleges.

EDUCATION PROFESSIONS DEVELOPMENT (TITLE V, PART E, HEA)

While the national commitment to open access to education continues to be expressed through financial aid to students, there has been a most unfortunate slippage in the kinds of support programs which help give substance to these students' educational experiences. Very important support, although monetarily so small that it almost escapes attention, has been provided through part E of the Education Professions Development Act (title V of the Higher Education Act) which provides training for higher education personnel.

According to the law, part E has two purposes: Felowships for graduate training at the less-than-doctoral level, and short-term institutes and training programs for specific purposes. While we do believe that the EPDA fellowships could be geared to serve a much-needed role in providing graduate training opportunity for candidates from minority groups, our great concern is with the loss of the institutes and short-term training programs, whose main purpose is to improve the skills of existing teachers, particularly in junior and community colleges, black colleges, and other institutions serving large numbers of minority and disadvantaged students.

The institutes and short-term training programs under part E of EPDA (title V of the Higher Education Act) were funded at $5.8 million in fiscal 1973. This is a very small amount of money in view of the important and unique function which these programs have served. No funding was provided for fiscal 1974, and there is no evidence that the need for improvement of existing college faculties is being met through any alternative Federal program.

Since their basic thrust is inservice training, the institutes are not related to any current arguments that there is an oversupply of trained teachers or a glut of Ph. D's so that no further training of this kind is needed. The institutes and short-term training programs are addressed to college faculty and staff who are already teaching and administering at the college level. What they need is special training for the unique problems facing them.

An analysis of the last awards list (for 1973–74) illustrates this point. Of the 122 institutes and short-term training programs funded, 33 were to upgrade teachers of the disadvantaged in general, 15 programs were aimed specifically for teachers of Spanish-surnamed persons (Mexican Americans and Puerto Rican), 15 programs were for teachers of American Indians, and three programs were for teachers of Appalachian students. General programs for strengthening administration, curriculum, or teaching at 2-year colleges specifically numbered 21; there were 14 such programs for 2- and 4-year college persons together. By level, 47 programs were for 2-year college personnel, 43 were for 2- and 4-year college personnel, 13 were for 4-year college and university personnel only, while 19 programs were specifically for black colleges or developing institutions and/or colleges.

In summary, we believe title V, part E, addresses a significant and continuing need. We urge that funding for it be restored at a $5.8 million level.

UNDERGRADUATE TEACHING EQUIPMENT (TITLE VI, HEA)

In 1972, a Carnegie Commission report on "Educational Technology" stated that higher education has been making inadequate use of the new technology in teaching. It went on to state that more rapid adoption of new techniques could sharply reduce instructional costs and simultaneously expand individual learn-

ing experience. While the funding level for title VI has always been relatively low, the program has been enormously useful, particularly to small private institutions, in providing matching funds that can come from no other source. There are very few ways by which institutions can maintain quality while reducing costs or, conversely, to hold costs levels while improving quality. More widespread use of the new technology offers one such hope. We urge an appropriation of $17.5 million for this program.

LANGUAGE TRAINING AND AREA STUDIES (TITLE VI, NDEA)

As far back as 1958, the Congress recognized the need for establishing and maintaining centers of study and analysis of the many foreign cultures with which the Nation must deal. Title VI of the National Defense Education Act was its response. In the 16 years that have elapsed since then, the Nation has become more rather than less involved in all parts of the world.

The administration proposes to cut back this program. At a time when the United States is becoming progressively involved with Russia and China, and when understanding of the economy and culture of Africa, Latin America, the Middle East and Far East is more important to the Nation than at any time in history, language training and area studies become increasingly important. Without these Federal grants, the language and area studies will be, with rare exceptions, pedestrian and routine. The incremental Federal funds, which are often not a large proportion of the center budgets, make possible the financing of advanced seminars, research library acquisitions and visiting scholars, all required for a vigorous and productive program.

We ask an appropriation of $18 million to provide funding for both graduate and undergraduate programs in the year ahead.

HIGHER EDUCATION FACILITIES (TITLE VII, EDUCATION AMENDMENTS OF 1972)

When, in the early 1960's, the Congress enacted the Higher Education Facilities Act, there was a clear need to expand the entire system of higher education to take care of burgeoning numbers of students. Our first concern now must be to maintain and better utilize existing facilities. While the early emphasis was on expansion, a wise provision of the act stipulates that projects be eligible for funding if, without such funding, enrollment capacity would decline. Many facilities are so old as to be obsolescent or obsolete. The requirements of the Occupational Safety and Health Act are so stringent that large sums must be expended to permit continued use of many academic plants. Various educational associations are now engaged in studies designed to give reasonable estimates of the costs entailed, but we already know they will run into hundreds of millions of dollars.

It is important that the facilities program be continued, and we ask an appropriation of $43 million to be used, on a 50-50 matching basis, for the most urgent priorities as they are determined, State by State, by facilities commissions. We shall hope to have a better estimate of need next year.

STRENGTHENING GRADUATE PROGRAMS (TITLE IX, EDUCATION AMENDMENTS OF 1972)

This program is designed to provide needed financial assistance to the Nation's graduate education programs, which would help them respond more efficiently, more effectively, and more flexibly to the continuing and emerging demands of society for individuals trained to high levels of expertise. Funds also would be used to strengthen and to improve the advanced educational preparation for students entering public service at all levels. We ask an appropriation of $30 million for this program in fiscal year 1975.

We also supported the administration's proposal for $750,000 to fund graduate fellowships for needy students under part D of title IX.

STATEWIDE PLANS FOR COMMUNITY COLLEGES (TITLE X, PART A, EDUCATION AMENDMENTS OF 1972)

In Title X of the Education Amendments of 1972 Congress determined to encourage and assist States and localities developing plans for establishing and/or expanding community colleges in order to improve educational opportunities available through community colleges. Funds appropriated will assist State postsecondary education commissions in developing statewide plans for com-

munity colleges by assessing (1) the supply of such colleges in relation to geographic areas within the State and (2) the adequacy of low cost, comprehensive programs accessible to all areas of the State. After assessing existing resources and needs, the commissions will develop priorities to meet these needs through the establishment or expansion of community colleges. We ask an appropriation of $15.7 million for these planning grants.

POSTSECONDARY OCCUPATIONAL EDUCATION (TITLE X, PART B, EDUCATION AMENDMENTS OF 1972)

The purpose of the program is to provide grants to States to assist in the development and operation of postsecondary occupational education programs, to assist in the development of programs of occupational awareness at the elementary and secondary education levels, the design of high quality occupational instructional programs, and the leasing, renting or remodeling of facilities for such programs.

Our society is increasingly demanding well-trained, technologically competent workers whose skills are of a high level and yet flexible enough to adapt to techniques and processes possibly yet undreamed of. This is becoming fully as important a responsibility of postsecondary education as liberal arts education or professional-level training. Occupational programs are generally more costly than general education programs, and part B funds will provide needed support for the development of high quality programs. We ask $50 million to get this program started.

LAW SCHOOL CLINICAL EXPERIENCE (TITLE XI, HEA)

Title XI of the Higher Education Act of 1965, as amended in 1968, authorizes the Commissioner of Education to enter into contracts with accredited law schools to pay not more than 90 percent of the cost of establishing or expanding programs of clinical experience for law students.

If the $7,500,000 authorized under title XI could be appropriated for fiscal year 1975, it would be a major benefit to legal education and a significant contribution to the training of those who will soon play a large part in the administration of justice in the Nation.

The simplest definition of clinical legal education is any program which takes students out of the classroom and into the presence of "clients" in the outside world. A typical example is letting students work on actual live cases—civil or criminal—under the supervision of a licensed lawyer. Usually this takes place in a legal office, a public defender agency, a prosecutor's office, or a legal clinic operated by a law school. In a time when the need for legal services is recognized as more widespread and urgent than ever in our turbulent society, clinical training can help to develop lawyers better equipped for the current demands than those who have graduated from the law schools in the past.

In August 1969 the Chief Justice of the United States delivered an address at the American Bar Association meeting in Dallas in which he stated, among other things, that "The recent development of law teaching through 'clinics' is one of the great new steps in legal education since Langdell's 'case method'. . . . This is one of the encouraging signs that there is much ferment in legal education. . . ." What seems to have inspired the Chief Justice is that this program offers great potential for giving to the law schools of this country the support necessary so that they may carry out programs of experimentation and innovation. It is with this goal in mind that we again urge this committee to fund this potentially valuable program.

BANKHEAD-JONES (LAND GRANT) FUNDS

For over 80 years now, the Federal Government has provided grants for the support of the instructional function at land-grant colleges and universities. The object of this support was to "place the system of colleges for the benefit of agriculture and the mechanic arts . . . upon a basis of assured support . . . so long as we are a Nation. . . ." For the 5th straight year, the administration has proposed to eliminate funds under this program, terming it "obsolete."

Nothing could be farther from the truth. This is exactly the kind of Federal aid that should be expanded and extended to all institutions of higher education.

The presidents of the land-grant institutions consistently report that, dollar for dollar, these funds are by far the most valuable and useful funds they receive

from any Federal source. Failure to restore these funds could signal the demise of a historic relationship with the Federal Government that has helped countless thousands of young people secure higher education and increase their contribution to our Nation and society.

These resident instruction funds have been the cement that holds together the land-grant colleges and universities as a unique national system of State universities, unmatched in the world either for their philosophy or their contributions to the welfare of those they serve. To dissolve this bond would involve consequences so serious that any such proposal deserves long and careful consideration, the type of consideration that cannot be given through the legislation-by-appropriation process.

Until such a study is made, the tangible bond that binds these colleges and universities together in the national service and that serves as the best "living" model of sound and effective Federal support for higher education in this country must not be eliminated, or even reduced. We urge continued funding at the level of $12.5 million.

FUND FOR IMPROVEMENT OF POSTSECONDARY EDUCATION

The 1972 education amendments established within HEW a fund for the improvement of postsecondary education. This outcome was a distillation of almost 3 years of discussion that originated with an administration proposal to establish a foundation for postsecondary education. We believe that the proposal as it finally emerged, concentrating as it does on innovation, experimentation, demonstration and reform is fully worthy of enthusiastic support. We understand that fully 2,800 proposals are now under study for funding under the 1974 appropriation of $10 million. Barely 100 of these proposals can be funded. We support the administration's request for $15 million to expand the program next year.

ETHNIC HERITAGE PROGRAM

We recommend funding this program for the coming year at the level of $2.5 million. The program is intended to encourage the development and dissemination of curriculum materials, the training of teachers to work with these materials, and to encourage nonprofit and public organizations to promote programs related to the history, culture, and traditions of particular ethnic groups and their contribution to American society.

The program was originally enacted as an amendment to the Elementary and Secondary Education Act as a way to bring together many diverse, racial, cultural, and ethnic groups in this country, and to help alleviate some of the social tensions that have marked American society in the past decade. It is our belief that the program deserves further funding.

Dr. PETERSON. In my remarks I will highlight a few of the important items in our request.

In one sense we agree with the administration that student aid must be accorded top priority. The Congress and those of us in postsecondary education have long been in agreement that removing financial barriers to postsecondary opportunity is the first order of business, and every year we make some progress toward removing those barriers to students. We are, howevear, I am sorry to say, in considerable disagreement with the administration on the means to achieve the end.

In 1972 the House of Representatives, after 2 years of hearings beforre a subcommittee chaired by your colleague, Mrs. Green, gave an overwhelming vote of confidence in the student aid program that had been anacted between the years 1958 and 1965. I refer here to the national direct student loans, educational opportunity grants and work-study. Every bit of evidence, as opposed to assertions, submitted to that committee indicated that these programs were working as their authors had hoped and that the funds appropriated were going to the students for whom they were designed, and that the doors of opportunity were being opened to students who would, without the pro-

gram, be denied entry. I certainly, from the point of view of a campus administrator, can support those particular programs.

I would add here, also, that in addition to the value of these programs for students there has been an extraordinary contribution on the part of the colleges themselves. The college which I represent has an annual budget of a bit over $10 million, yet we put each year—and this has increased sizably since these programs came in—over $1,200,000 in financial aid for our students. That has gone up from around $500,000 to $1,200,000 in the years we have had work-study and the other opportunities for our students. So in addition to helping students it has also stimulated sizable support from the colleges. We believe these programs should be continued.

While the basic opportunity grants do offer exciting new possibilities, we believe the decision made by the conference committee to require funds for the old established programs first was wise. It is for this reason that in our full statement we urge an appropriation of $230 million for supplemental opportunity grants, $420 million for work-study, and $400 million for direct loans. We believe that with 15 years of experience behind them, institutions know how to direct these funds to those who need them, and we believe that these funds are the minimum amount that we need to support the programs to do the job they can do.

We ask for $650 million in addition—a 50-percent reduction of the administration's request—for the basic opportunity grants and in our full statement we explain why.

But, Mr. Chairman, we cannot understand, nor do we accept, the lack of balance in the administration budget which seems to suggest that the quality and health and stability of the institutions the students are attending is not a matter of great concern.

In 1972 Secretary Richardson, representing the administration, in testimony before the Senate Education Subcommittee urged that aid for the educational expense of institutions be an integral part of the aid to students. Somehow or other that point seems to have been forgotten. In our full statement we ask the committee to restore some balance and provide funds not only for certain categorical programs as written into the 1972 act but for a start on the cost-of-education allowance program that was viewed by the Congress as well as the administration as complementary to student aid.

I am grateful to you for allowing us this time to present our views, and we will of course, Mr. Morse and I, be happy to answer your questions. I think Mr. Morse has a request.

STATEMENT OF JOHN F. MORSE

Mr. MORSE. Mr. Chairman, I was asked by a number of the associations that are a part of our testimony today to submit an additional statement in their behalf in connection with veterans' cost-of-instruction program.

Mr. FLOOD. Without objection this will be made a part of the record. Thank you very much.

[The information follows:]

AMERICAN ASSOCIATION OF
STATE COLLEGES AND UNIVERSITIES,
ONE DUPONT CIRCLE,
Washington, D.C., May 13, 1974.

HON. DANIEL J. FLOOD:
House Subcommittee on Labor-HEW Appropriations,
The Capitol, Washington, D.C.

DEAR CONGRESSMAN FLOOD: Attached is a statement favoring funding of the veterans cost-of-instruction program, authorized under section 420 of Public Law 92-318, as past of the fiscal year 1975 HEW budget.

You may wish to consider it on Tuesday, May 14, when the associations testify on higher education.

This statement is supported by the American Association of State Colleges and Universities, American Association of Community and Junior Colleges, National Association of State Universities and Land-Grant Colleges, the State University of New York, and the City University of New York. Together these associations represent colleges and universities which enroll over 75 percent of all college students and about 80 percent of all Vietnam veterans attending college.

The associations feel very strongly that this program has served a very useful purpose in its first 2 years of operation and should be funded again in fiscal year 1975. The American Association of Community and Junior Colleges favors funding at a level of $100 million; the other groups favor funding at a level of at least $50 million.

If we can provide you with further information about this program, please call on us.

Sincerely yours,

ALLAN W. OSTAR,
Executive Director.

STATEMENT IN SUPPORT OF FUNDING VETERANS COST-OF-INSTRUCTION, MAY 14, 1974

SUBMITTED BY AMERICAN ASSOCIATION OF STATE COLLEGES AND UNIVERSITIES, AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES, STATE UNIVERSITY OF NEW YORK, CITY UNIVERSITY OF NEW YORK, AND NATIONAL ASSOCIATION OF LAND-GRANT COLLEGES

In recent months Members of Congress, spokesmen for veterans groups, and the media have repeatedly pointed to the lack of attention given to the Vietnam-era veteran, in comparison to the treatment given veterans after World War II.

World War II veterans returned home to victory parades and the thanks of a grateful Nation. A very generous G.I. Bill program was developed, one which opened new opportunities for millions of Americans who would otherwise never have had the chance to attend college. Many leaders of America today, including many Members of Congress, benefited from the G.I. Bill—as did our whole society.

What is more, Federal and State agencies, private organizations, and colleges and universities worked together to assure that World War II veterans knew of their benefits, that they were encouraged to continue their education and helped to do so.

Today, however, Vietnam-era veterans have not had the same treatment. They returned home a few at a time, in a war which went on over many years and was increasingly unpopular. Their benefit levels are considerably lower. The Federal Government has not made an all-out effort to help them.

Further, many Vietnam veterans are drawn from workingclass and lower income backgrounds. College deferment policies during the war enabled many college students to delay military service or in some cases avoid it entirely. Workingclass men made up the bulk of the armed services. These same men, returned to civilian life, are often less well prepared for college and less aware that college or postsecondary education is a possibility for them.

There is only one major Federal program which helps colleges actively seek out veterans, encourage them to continue their education, and helps them obtain counseling, tutorial aid, and remedial education if they need it to undertake college-level work. That program is Veterans Cost of Instruction, authorized by section 420 of Public Law 92-318.

In its first year—fiscal year 1973—this program was funded at a level of $25 million, only a fraction of the actual need. In fiscal year 1974, was again funded

by Congress at $25 million, but Appropriations Committee language permitted the administration to cut it to $23,750,000, which provides recipient institutions with less than 14 percent of their entitlement under the program.

It is our suggestion that Congress fund the program again at a more substantial level. The American Association of Community and Junior Colleges feels that it should be funded at a level of $100 million. Other groups feel that very substantial funding is justified, at least $50 million.

This program in its first year of operation enabled hundreds of colleges and universities in all parts of the country to help veterans.

In many cases these college veterans' programs have been run largely by Vietnam veterans themselves, who have been able to work effectively with their fellow ex-servicemen. Many disadvantaged, low-income, and minority veterans have been reached, often in rural and urban areas where little had previously been done to help attract veterans to college.

Most grants to colleges have been relatively small—many have been from $12,000 to $25,000. But these grants have served as catalysts—they have enabled colleges to do a far better job helping veterans and have actively involved other college services, such as student aid and counseling offices to expand their services to veterans. In many cases, Federal and State agencies have also become more involved as a result of the program.

Many Vietnam veterans have never used their benefits. This is particularly true in many State of the East and Middle West, where tuition is relatively high even at public colleges and where many veterans have never been contacted effectively.

Among the States represented on the Labor–HEW Subcommittee, the following States rank below the national average in GI Bill utilization. The figures given show the percentage of Vietnam veterans who have ever used the G.I. Bill for college, as of April 1973.

	Percent
Pennsylvania	16.4
Kentucky	16.4
Iowa	19.2
New Jersey	17.0
Massachusetts	19.8
Virginia	19.4

These figures, developed in a study of G.I. benefits made by the Educational Testing Service, reveal that while—for example—37 percent of all Vietnam veterans in California had used GI benefits to attend college, a much smaller percentage had used their benefits in many other States.

The most important way to help veterans is by raising G.I. benefits. But another way is certainly through Federal support of college outreach, counseling, and remedial programs, to help the colleges help the veterans.

The associations which support funding this program include colleges and universities which enroll about 75 percent of all college students and about 80 percent of Vietnam veterans. They believe that this program will help them do a better job.

Please feel free to call on our associations for further information.

TUESDAY, MAY 14, 1974.

POSTSECONDARY EDUCATION

WITNESSES

DR. W. DONALD COOKE, ACTING PROVOST, VICE PRESIDENT FOR RESEARCH, CORNELL UNIVERSITY

HON. HOWARD ROBISON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. FLOOD. Cornell University, Dr. Donald Cooke, Acting Provost and Vice President for Research.

Dr. COOKE. Mr. Chairman and members of the committee. I am grateful for the opportunity you have given me to appear at these

hearings. There are many aspects of the appropriation requests which are vital to the Nation's future and I obviously cannot cover them all. I will deal with only a few points that I feel are critical.

HEALTH RESEARCH AND MANPOWER

In the area of health research and training it is almost incredible that, except for two areas, the National Cancer Institute and the National Heart and Lung Institute, the administration's fiscal year 1975 budget proposes reductions in every health research and manpower program in HEW. I believe that this is a real threat to the future of the health care of the citizens of this country. America has built up a remarkable system of health related research and training. It is hard to imagine that this system should be allowed to stagnate.

For the Division of Research Resources in the National Institutes of Health, the administration is requesting $82.7 million in fiscal year 1975, which is $50 million less than was appropriated in this year. Such a cut comes close to dismantling this most important program.

The administration, in particular, wishes to terminate the general support program, a program of special importance to our medical schools and one which has provided opportunities for promising young investigators in the initial stages of their careers. These funds have made it possible to obtain specialized research equipment and round out the research faculty which is of such great importance to our medical schools.

GRADUATE EDUCATION

In a related area, graduate education and the research involved with it is in deep trouble in this country because of a major shift in Federal policy. We need such programs as the grants authorized under title IX of the Higher Education Act to strengthen the quality of graduate and professional education.

Both of these areas relate to research training and manpower. It should be remembered that a number of times in the history of our country it has been believed that technical and talented young people were being over-produced. The first crisis in the over-production of Ph. D.'s was discussed at a meeting of the American Association of Universities in 1901. The assembled university presidents at that time could not believe that the Nation would ever have a need for the Ph. D.'s which were being produced at the level of 200 per year. We are now graduating over 30,000 per year. The same scenario was replayed in the same association in 1934 when it was thought that the Nation could not use the 2,500 Ph. D.'s being produced each year. In 1934 it was noted that America had reached a level of technology that made the training of additional engineers unnecessary. This overproduction of engineers goes in 20-year cycles. In 1932, 1952, and more recently in 1972 we thought we were overproducing engineers. This overproduction lasts only a few years and we are back into a shortage of engineers again. These predictions have recurred periodically—in the long run they have all been wrong.

History seems to indicate that our predecessors had a view of the future that was clouded by the practices of their day and none of them had been able to imagine the breadth and scope of technology today. Are we so much better qualified to predict our future?

Student Aid: In the area of student aid the administration seeks to close out the NDSL direct student loan program, the supplemental opportunity grant program, and the State student incentive grant program. It also seeks to reduce the college work-study program.

I hope that Congress will not permit these things to happen. The programs give economically disadvantaged students the opportunity to attend such institutions as Cornell. No other country has extended higher education to such a large percentage of its youth. But students from low-income families have had less opportunity to share in this great effort. Without the programs mentioned, the situation would remain unchanged and the poor, as always, would bear a disproportional burden. I believe that this would be so even if the basic educational opportunity grant program were to be fully funded at $1.3 billion.

Although I believe the BEOG program is a good one and I fully support it, we conclude that the substitution of this program alone for the ones the administration seeks to terminate would significantly reduce the resources available for students from low-income families. When family income is low enough so that a student can qualify for any of these programs, the student must draw on more than one of them to meet the cost of his education.

Presumably this is why the Congress wrote a requirement into the 1972 education amendments that the other programs be funded at substantial levels before the BEOG program can go into effect. This is a wise provision and I hope that it will not be changed.

BANKHEAD-JONES

As a land grant institution, Cornell is vitally and understandably interested in the continuation of the Bankhead-Jones and Morrill-Nelson programs. The administration has proposed the outright termination of these programs. We believe, on the contrary, that these funds should be increased to take into account the effects of inflation and the increase in the country's population since the last adjustment was made in 1960. Compensation for these factors alone would require a fiscal year 1975 increase in Bankhead-Jones of $9.8-million, to $22.2-million.

The land grant funds are of special importance because of the direct allocation of these funds to the improvement of teaching. In 1972–73, for example, Cornell received $368,000 much of which was used for the support of graduate assistants and teaching assistants. This not only strengthens our teaching capability in a number of departments, mainly in our colleges of agriculture and of engineering, but also provides assistance to advanced graduate students who no longer have access to the fellowships and teaching assistantships formerly provided by NIH and other Federal agencies.

I should point out that Cornell is only one of 71 institutions across the country who benefit from these programs.

LANGUAGE AND AREA STUDIES

We are concerned about the continued effort to erode the language and area studies program under title VI, NDEA. The Federal Government encouraged universities to undertake these programs for

excellent reasons. The involvement of the United States in worldwide affairs necessitates scholarship and training in the languages, international relationships, domestic economies, and cultures of other countries—and we have too few persons with this expertise.

At Cornell we have had to make substantial cuts in our area studies library acquisitions which are so essential to the success of any program.

The Government seems to think that the financially beleaguered universities can absorb the cost of these programs. I assure you that Cornell cannot.

The administration requests $8,640,000 for all these programs. A thoughtful study recently completed by the American Council on Education concluded that $25 million a year is needed to do the job reasonably well. We believe that as a minimum funding should be restored to the 1970 level of $18 million.

COMMUNITY SERVICE

The intent of the community service and continuing education programs authorized by the Higher Education Act of 1965 is to foster a permanent problem-solving partnership between educational institutions and the communities which surround them. These programs are educational in nature and typically involve research and university extension activity. They offer a creative approach to such community problems as housing, transportation, recreation, employment, government, health, and land use. No one will deny we need solutions to these problems. In fiscal year 1974 the Congress appropriated $15 million, which is far below the amounts authorized but a great deal more helpful than the zero proposed in the administration's fiscal year 1975 budget. I hope you will find it possible to continue this worthwhile program.

This concludes my prepared statement, Mr. Chairman. I will be happy to answer any questions you may have.

Mr. FLOOD. Congressman Robison of New York.

Mr. ROBISON. Thank you for noting my presence. I had hoped to be here in time to introduce Dr. Donald Cooke of Cornell. I want to thank you and the members of the subcommittee for giving him the opportunity to be heard.

TUESDAY, MAY 14, 1974.

POSTSECONDARY EDUCATION

WITNESS

RALPH A. DUNGAN, CHANCELLOR OF HIGHER EDUCATION, STATE OF NEW JERSEY

Mr. FLOOD. The next witness will be Ralph A. Dungan, chancellor of higher education, State of New Jersey.

Mr. DUNGAN. Mr. Chairman and Congressman Patten, I am very pleased to have this opportunity to present our views on the administration's budget proposals for higher education. I appear here this morning on behalf of the colleges and universities in the State of New Jersey, but I also appear on behalf of the State higher education executive officers' organization whom I have the honor to represent as chairman of the Federal relations committee. While the view-

points I express may not be shared by each of the executive officers from the 47 States which are represented in SHEEO, you may be sure that the principal thrust of my testimony is in accord with the viewpoints of the majority of my colleagues.

I believe that many in higher education—but by no means all—now accept the philosophy that the Federal Government should concentrate on student aid as its principal vehicle of assistance to higher education. This is not to say that there will not be areas of special need such as bilingual education or health manpower training which need special support by the Federal Government. My own view is that these special emphases should take the form of incentives to the States to pick up their responsibilities in meeting the specialized needs of some citizens in the population. Insofar as student aid itself is concerned, we believe there are two aspects which should be of concern to the Federal Government. In the first place there is the direct aid to the student to enable him or her to meet the direct or indirect costs of attending an institution of postsecondary education. Second, there is a range of supporting services which are needed if the direct student aid is to be fully effective. These supportive services are most essential if students are to make the best choice of the multitude of postsecondary educational opportunities that are available and, once having made that choice, to make the most of the opportunity provided.

I also wish to highlight the importance which we attach to continued strong support by the Federal Government of the efforts which are now being made by most States to affect the comprehensive planning in higher education. There are few who will appear before this committee who have a very stong interest in seeing to it that such coordination and planning occurs. This is true because usually such planning tends to limit the ambitions and aspirations of institutions and their Washington representatives. I do not mean to suggest for a moment that comprehensive planning and coordination as it is practiced in the several States is not oriented toward positive goals. It is, and I would submit that the overall effect of statewide planning and coordination in the last decade has been to provide a better response to pressing educational problems than would have been the case without such comprehensive planning. Therefore, Mr. Chairman, on behalf of my colleagues in SHEEO I want to strongly underscore the need for continued Federal support for comprehensive planning. In the current fiscal year only about $1 million has been available to support statewide comprehensive planning. We believe that that figure should be closer to $10 million and we so recommend to this committee and to the Congress.

STUDENT AID

The administration's fiscal 1975 budget for student aid continues the trend of the past 2 years. The basic educational opportunity program (BEOG) provides a floor of grant aid available to all students which is supplemented by the guaranteed student loan program (GSL) and the college work-study program (CWS). The administration is asking for the elimination of the supplemental educational opportunity grant (SEOG) and the national direct student loan program (NDSL), despite a requirement in the authorizing legislation which prohibits funding of the BEOG's unless all three institutionally administered

student aid programs (SEOG, CWSP, NDSL) are funded at specified minimum levels. We oppose elimination of the so-called traditional programs and suggest their continuation while we continue to phase in the BEOG program.

Following is a summary of our funding recommendations for the various Federal student aid programs.

	Millions
BEOG	$700
SEOG	230
NDSL	286
CWSP	300
SSIG	50
Cooperative education	12
Total	1,578

Permit me to discuss each of these items and provide rationales for suggesting a particular appropriation level.

BEOG—Basic opportunity grants.—The administration proposes to fund all four classes of undergraduates, both full-time and part-time students. I would prefer to see the BEOG's restricted to freshmen, sophomores, and juniors, thus continuing to phase into the program one class at a time, rather than opening it to the entire undergraduate population. I also recommend full-time students only be eligible; there is still an unmet need in that category. If the BEOG budget were reduced to $700 million, approximately 1,250,000 students could be served with average grants to $560. The BEOG system has been running for only a year, and I do not believe it should be increased from $475 million to $1,300 million without a more ample opportunity being given to assess the practical effects of this new approach.

SEOG—Supplemental educational opportunity grant.—As I have already pointed out, I believe that the basic atuhorizing legislation requires that the SEOG and other so-called traditional programs be funded first before the basic opportunity grants. Therefore, I strongly recommend appropriating the sum of $230 million for SEOG's.

CWSP—College work-study program.—I believe most educators would agree that the college work-study program is one which should receive continued and increasing support. It has great educational advantages if it is administered properly, and it has the additional virtue of providing support to students without their having to incur financial obligations which they must take with them as they enter the world of work. As you may know, more than half of the students in college work-study programs come from families with annual incomes with less than $6,000. This program, which is critical to students in community colleges and several private institutions in New Jersey, provides the student with job experience which is of value after graduation. The fiscal year 1975 budget has reduced the amount of money allocated for college work-study programs by $20 million. I would urge that at least $270 million be appropriated and would prefer to see an increase of 10 percent, bringing the appropriation level to approximately $300 million.

SSIG—State scholarship incentive grant.—One of the strongest features of the education amendments of 1972 was the program of State scholarship incentive grants, designed to encourage States to inaugurate or expand programs of State grant aid. Last year Congress

funded this program at the relatively low level of $19 million. This has enabled first-year awards to be made to a number of States and I believe that the effect of the program has been exactly as Congress had intended. By the end of fiscal 1975 the State scholarship incentive grant program may prove to have been the stimulus for the development of new State student-aid programs in 14 additional States and territories (Arkansas, Kentucky, Louisiana, Mississippi, Nebraska, Nevada, New Hampshire, Wyoming, American Samoa, Guam, Puerto Rico, the Virgin Islands, and the Trust Territories). I submit, Mr. Chairman, that the appropriation of $50 million of Federal money by way of incentive grants to the States will amplify the amount of funds available to students throughout this nation. And, therefore, I would be inclined to think that it would be a most worthwhile investment for the Congress to fund this program at least at the $50 million level.

Cooperative education.—Thirty-four colleges in the State of New Jersey are in cooperative education consortia coordinated by the Department of Higher Education, but only 15 are receiving Federal aid. With increased assistance from USOE we would be able to reach our goal of establishing cooperative education in every public institution in the State.

The administration has budgeted $11 million, the same as in 1974 and 1973, which means the chance of new grants in many States is not very good. We support an increase in the funding level from $11 million to at least $12 million so that an increasing number of new starts can be made in fiscal year 1975.

Statewide postsecondary planning commissions—(1202 commissions).—The Administration has provided no funds for the financing of the statewide planning commissions which have been established under Section 1202(a) of the Higher Education Act. Funding in the amount of $3 million was provided for the commissions in fiscal year 1974; of this only $1 million will be actually given to the commissions for comprehensive planning purposes.

The Administration claims funding for the statewide commissions has been cut in fiscal year 1975 because the programs which were supposed to be coordinated by the statewide commissions do not exist. This is fallacious. The commissions will be developing statewide plans for community colleges with funds appropriated under title X; the State commissions also have the sole responsibility for the administration of State plans under title VI (HEA) and title VII within each State.

But even if the coordination of these efforts in which the Federal Government has a direct interest were not sufficient justifications for assisting State coordinating and planning agencies, the overriding considerations which led to congressional recognition of State planning provide the critical justification for such funding. You will recall, gentlemen, that when the Education Amendments of 1972 were enacted Congress set up a special Commission to study the financing of postsecondary education in the United States. It set up this Commission primarily because it was concerned about having an accurate picture of the educational and financial situation in the postsecondary area. I submit that the initial work of that Commission, helpful though it was, tends to suggest that the need for comprehensive planning and accurate data has never been greater. It is a paradox that as enroll-

ments level off or decline in America's colleges and universities, and as the needs of the population change, the demands being placed on agencies which have as their responsibility coordination and planning are greater and greater. Therefore, Mr. Chairman, we strongly suggest that a minimum of $10 million be made available to assist the States in their important functions of planning and coordinating post-secondary education.

University community services—(*Title I, HEA*). The basic objective of this act, which enables communities and colleges to work together in service to the community, is as sound today as it was when first enacted into law. The administration proposed ending the program with the idea that "States will be in a position to continue the most promising kinds of community services programs." I am not optimistic about the States providing that kind of money. If Congress does not see fit to fund this program at the $15 million level, New Jersey would have to consider replacing Federal funding at a level of $300,000 to $400,000 annually. Title I should be a long range, continual seed-money type operation with Federal funds providing the initial impetus.

I suggest a minimum $15 million appropriation for this program.

TRIO and educational opportunity centers (EOC).—Funds for special services for disadvantaged students under the TRIO program provide guidance and counseling services, a mechanism which helps keep students in college once they are enrolled. For the second year in a row, no new funds are being requested, and no new programs can be started in region II unless others are phased out.

Together the three TRIO programs—Upward Bound, Special Services, and Talent Search—have worked successfully in New Jersey. Wherever possible they have been coordinated with State financed programs, such as our educational opportunity fund, so that all resources are used as efficiently as possible.

The concept of educational opportunity centers is one which we strongly endorse. Current funding will support only 10 or 12 EOC's nationally; $3 million of the fiscal year 1975 budget will be set aside for the second year of operation of these EOC's. We recommend an appropriation of at least $10 million for the educational opportunity centers alone.

Further, we strongly recommend at least $80 million for the other TRIO programs, along with an increase in the allocation of TRIO funds for region II which has been underfunded in recent years.

Veterans cost of instruction.—The veterans cost-of-instruction allowance has been zero budgeted in fiscal year 1975 on the grounds that the high point of returning Vietnam veterans has passed, making a special recruitment effort less important. The administration's attitude is, once again, that the aid should go directly to enrolled students rather than to the colleges.

In New Jersey, since 1973, there has been an increase of 17 percent overall enrollment of veterans; 20,000 are now enrolled. There are 25 colleges in the State which have developed a counseling capacity and outreach offices for veterans affairs. Funds are needed to continue the work of these offices.

I would urge Congress to reject the administration's argument and appropriate $25 million for the program. Eligible institutions

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could expect to receive as high a percent of their entitlement as they receive in fiscal year 1974; this would mean approximately $1½ million for the colleges in the State of New Jersey.

Education Professions Development Act—Title V–E, Vocational educational personnel and other new training authorities.—The purpose of this act is to improve the quality of teaching and to help meet critical shortages of adequately trained educational personnel. Shortages in New Jersey are particularly critical in the area of bilingual education. We feel strongly that title V–E vocational educational programs should be continued for at least another year, since all other educational personnel programs will be eliminated.

If consolidation efforts are approved by the Congress in H.R. 69 and S. 1539, the individual authorization for V–E may disappear. However, in S. 1539 we have been working to develop new training authority under the TRIO program which would provide for postsecondary level training of bilingual personnel.

In the meantime EPDA–VE is the only program in existence. We recommend an $8 million appropriation for continued support.

Fund for the improvement of postsecondary education.—I have worked closely with the board of the fund and the staff, and I am convinced that the unique flexibility which this source of funding provides makes this program one of the strongest within HEW. I believe that the increase in the budget from $10 million to $15 million is entirely justified.

At the present time, the fund has focused on competency-based teacher training, on incentive structures for increasing access to postsecondary education and on efforts to examine the instructional role of the faculty member. The fund would like to turn its attention to the needs of students as consumers: to examine what information the student needs, or wants, to make decisions; to examine what structures are needed to provide this kind of information and counseling; to find the best ways of aiding students or potential students in making educational and career choices.

Mr. Chairman, I am familiar with the concerns which have been expressed by many in the Congress about misplaced budget priorities. I share those concerns especially as I view what I consider to be exorbitant and unreasonable defense expenditures. Contemplate the fact, for instance, that today the command structure for a 2 million man active military force is substantially larger than that required in World War II for a 12-million-man force. I cannot believe that the recommendations we have made with respect to the budget for higher education cannot be fully accommodated. They are modest. They are needed. I am confident that you and the members of the full committee will make appropriate recommendations to the House.

I do have one last word on a program not generally considered a higher education program—the NIE.

While the involvement of the National Institute of Education in postsecondary education policy has been very limited to date, the State still takes a strong position of support for the need of a national R. & D. effort in education. The potential value of the NIE in fields like postsecondary education, assistance to those involved in testing and assessment, in bilingual education is substantial.

However, this is not an agency in which a large number of postsecondary institutions in New Jersey will be able to participate. The Institute was not designed to function as a broad-based source of support for ongoing projects at a large number of institutions. Still we would support the $130 million budget for fiscal year 1975.

Without new funding, the Institute will surely be unable to begin to develop relationships with the postsecondary education community in any meaningful way; no new policy studies or programs could be supported in postsecondary education without an increase.

We would encourage the Institute to take on a stronger applied research role, and to make definite plans for its involvement in postsecondary education. We would urge the Institute to work closely with State authorities in the education field as well as with institutions and individual researchers, as States have an increasing amount of responsibility for setting priorities and trends in postsecondary education.

Mr. FLOOD. Thank you very much.

Mr. DUNGAN. Thank you.

TUESDAY, MAY 14, 1974.

STUDENT ASSISTANCE PROGRAMS

WITNESSES

MS. RYAN LEARY, LEGISLATIVE DIRECTOR, NATIONAL STUDENT LOBBY

ARTHUR RODBELL, EXECUTIVE DIRECTOR, NATIONAL STUDENT LOBBY

Mr. FLOOD. The National Student Lobby, Ms. Ryan Leary, legislative director.

Ms. LEARY. Mr. Chairperson, we would like to thank you for the opportunity to testify on the student assistance appropriation for fiscal year 1975. I am Ryan Leary, legislative director of the National Student Lobby and testifying with me is Arthur Rodbell, executive director of the organization. Mr. Rodbell will give a brief statement about our organization and its goals as they relate to student financial aid and I will discuss the specifics of our recommendations.

STATEMENT OF ARTHUR RODBELL

Mr. RODBELL. We appear here on behalf of the National Student Lobby, a federation of students, student government associations, and statewide student organizations which directly represents students in 290 institutions, with an enrollment of over 2 million students. This is out of the approximately 3,000 institutions of higher education in 2- and 4-year colleges, and graduate schools, and the 7,000 noncollegiate institutions of postsecondary education, with a total enrollment of aproximately 11 million. Based on the work we have done in the past 3 years since the organizations founding in 1971 and based on the following principles of "access to the educational and political system" of this country developed through three annual referendums and three annual conferences, the National Student Lobby today would like to give you our recommendations on appropriations for student assistance.

PRINCIPLES OF ACCESS

(1) No individual shall be denied access to postsecondary education because of race, creed, ethnic origin, sex, age, financial need, or other arbitrary criterion. Participation in postsecondary education should come to reflect individuals from a cross section of backgrounds and experience in this country.

(2) Insuring equal access is the responsibility of the country as a whole, but rests particularly with the Federal-State partnership working in conjunction with private contributors, institutions, students, and their families. The percentage of the total costs of attending postsecondary educational institutions paid for by the student and his family is already over 50 percent, and is a crucial issue in access to postsecondary education. That percentage should not increase.

(3) A person's postsecondary education should be paid for through a combination of family contribution and grants, self-help from work during the summer or school year, work study or other jobs, and through loans both directly from institutions and the Government, and from banks with Government guarantees. The percentage of education paid for by need-based grants should increase. The value of a person's work in terms of paying for postsecondary education should not be eroded through inflation. Any person in this country, regardless of family income, should have the self-help option to work in community service projects and receive educational benefits. The percentage of costs paid for by loans should not increase.

(4) Learning is the integration of discipline and dialog developed in the academic and campus community, and through personal experience outside that community. Methods should be greatly expanded to further opportunity for alternating oncampus and offcampus experience, involving both work and learning opportunities, in order to present meaningful options for all students.

(5) While in the academic community, no student should be prevented from taking part in the academic interchange because of excessive work hours. Financial aid should be available for students so that they have to work not more than 15 hours a week while attending school, and so that they can devote at least three-quarters of their time and energies to the process of dialog and self-development.

Student financial aid and the costs of education are becoming highly visible political issues.

Students awareness of the problems of access to education, is indicated both by the number of students involved in Federal student assistance programs in academic year 1974–75 1 million in BOG, 304,000 in SEOG, 682,000 new loans in NDSL, 890,000 new loans in GSL, and 560,000 jobs in CW–S and by the measures taken by students to inform other students, particularly those who are ineligible for aid but could not attend college without additional funds, of the avenues available. Recently a group of Harvard undergraduates published this book—"Making it, A Guide to Student Finances".

In academic year 1973–74, there were over 3 million students receiving some type of direct Federal aid toward their costs of education. For these students and their families it is very clear how important Federal aid is in making access to postsecondary education a reality.

Higher education (and it's problems of finance) is also becoming a much more visible issue to the public at large.

The problems of maintaining educational opportunities for all persons in a period of declining enrollments as students and their families are unable to meet the costs of an education and the resulting "money crunch on campus" are an emerging focus of public attention. Recently two national networks, CBS and NBC have devoted hour-long specials to the "money crunch on campus" and hardly a week goes by when there is not an article in the national press on the subject. The depth of public concern is due in part to the high degree of respect Americans have for institutions of higher education.

Colleges and universities are seen by the public at large as among the most effective and beneficial of America's institutions—In a poll taken last fall the Institute for Social Research at Ann Arbor found that a representative sample of 1,444 Americans gave colleges and universities the second highest rating among the Nation's major institutions.

In coming before you today to talk about Federal student assistance, we are talking about the realities of access to education and the realities of achieving an educational community which is a cross section of people in this country with the academic flexibility to learn on-campus and off-campus, and the financial freedom to spend time taking part in other aspects of the academic interchange. We must begin by insuring that there are not financial barriers to a student's access to postsecondary education or financial barriers to his or her full participation in the academic community once enrolled. The National Student Lobby believes that this beginning lies in developing postsecondary education financing that represents a balance between income from a student's family, work (summer work or part-time work during the term), grants (Federal and State), loans and private sources.

Mr. Chairperson, if every student-aid program were fully funded there would still be unmet need. Although, on that basis, we would recommend full funding of all programs, we also know that there are a great deal of programs competing for Federal dollars so we would like to give you our recommendations stressing the three areas—basic grants, college work-study and State student incentive grants—where we think increased funding is most important.

STATEMENT OF RYAN LEARY

Ms. LEARY. Overall, we are asking for $807 million more than the President's budget or $1,101 million more than the fiscal year 1974 appropriation. This increase would provide 1,168,000 more grants loans and work-study jobs to students.

I would like to turn now to our specific recommendations for each program.

BASIC EDUCATIONAL OPPORTUNITY GRANTS

During the period 1971–72, the National Student Lobby focused on one student financial aid priority—the authorization of basic educational opportunity grant programs as the cornerstone of the Federal Government's role in the eventual development of full and legally enforcable financial "entitlement" rights to access to postsecondary

education for each person in this country. If the funding for this program continues to increase, it will become that cornerstone.

The basic educational opportunity grants program has identified and corrected some of the problems associated with program startup and expects in the coming year to distribute the available $475 million to about 1 million students in awards ranging from $50 to $1,050 with an average award of $475–$600. (This year, the first year of the program, 312,000 students received awards of between $50 and $452 with an average between $280 and $290.) If $1.3 billion were appropriated for fiscal year 1975 approximately 1,600,000 freshman through senior students, could receive grants ranging from $200 to $1,400 with an average grant of $805.

This funding level would provide up to one-half the cost of attendance for all full- and part-time students eligible for BEOG's. If Congress phases in one more class of students rather than the two additional classes indicated under the full-funding level, it would cost approximately $1.1 billion to give these 1.48 million students an average grant of $760, (full or part time). If only full-time students were aided at the $760 grant level it would cost $1 billion.

If Congress chose just to maintain an average grant level of $560 for those 1.48 million full- and part-time students, it would cost $800 million.

NSL supports the budget request that BEOG's be funded at the $1.3 million level.

COLLEGE WORK-STUDY

The college work-study program (CW–S) provides 80 percent of a student's wages for more than 500,000 needy students working part time at nonprofit institutions. The average student earns $580 per fiscal year in this program for 334 hours of work. CW–S is a form of "self-help" which does not force the student to take on an excessive loan burden but does aid the student's institution and other nonprofit agencies.

The availability of opportunities for students to work while in school becomes increasingly important as college costs rise. Today about 5 million students work during the academic term and during the summer earning approximately $5 billion per year. Thus, about 50 percent of the students of the 1970's are working. This is an increase over the percentage working in the 1950's (in the 30 percentile range) and the 1960's (in the 40 percentile range). The percent of employment income as a part of the students' overall contribution to the cost of attending school has remained about constant, as has the number of worked hours (perhaps 1 or 2 more per week now) and the number of weeks worked. The increase in the number of students working the same amount of hours and paying the same percentage of the costs of attendance means that remuneration for a student's work relative to the costs of attendance has decreased. Thus today's students do not have the same opportunity to work their way through school that their parents did—it's getting harder and harder for a person to work his or her way through college and the fact that a large percentage of students must work 20 hours or more per week also has an impact on their ability to participate fully in campus life, as well as bringing about a feeling of being constantly under pressure.

Although the number of eligibles has increased by 25 percent there has been no expansion in funding for the work-study program since 1972 and no provision made for the increased eligibles. This is in contrast to grant programs at the Federal level which have increased through the addition of BEOG's and SSIG's and loan programs which have within them the administrative funding mechanism which allows them to expand with the increase in student need.

The work-related elements have no overall mechanism to respond to student need nor have companion programs been authorized to absorb increased student demand. CW–S has been funded at $270.2 million since fiscal year 1972 during which time there has been at least a 25-percent increase in eligible institutions/students and a 25-percent decrease in the value of those earnings through inflationary erosion. CW–S shares this problem with the other campus-based student aid programs (SEOG and NOSL). One example cited by students at the University of California of the effect of the 25-percent increase in eligible institutions/students and the 25-percent decrease in the constant dollar value of the money through inflation is that there has been a yearly decline in the absolute number of dollars available under these programs for students at the University of California. They experienced a drop of $919,000 between their 1973–74 allotment compared to the 1972–73 total. University of California students only received $136,000 in basic grant funds to offset this loss, so the net loss was $780,000; the same situation was found in the California State system and numerous private colleges in the State.

Thus the two elements which need to be compensated for are: (1) The decrease in the value of a students earnings—the fact that it becomes harder and harder for a person to work his or her way through school; and (2) the fact that the program funding has not expanded to include additional eligible applicants. NSL recommends that the program be funded at the full authorization of $470 million, an increase of $89.6 million to provide the Federal share to enable institutions to pay current students an additional 60 cents an hour to comply with the minimum wage law, and thus partially offset the impact of inflation on the value of a student's work. (The minimum wage will be $2.20 an hour Jan. 1, 1976.) An increase of $95 million to allow institutions to add additional students to return to their 1972 level of approximately 216 work-study students per institution to offset increased eligibility (for 1974–75 the number will have dropped to 170 per institution). And an increase of $16 million to pay for 20,512 of the 71,280 students at the estimated 330 additional institutions who can be expected to make application for fiscal year 1975 funds. This is particularily important so that students at 3,300 currently participating institutions will not lose their jobs because a fixed amount of funds is being distributed to an increasing number of institutions.

STATE STUDENT INCENTIVE GRANTS

The State student incentive grant program provides Federal matching funds for the amount of State increases in need based scholarship programs over the amount a State provided in 1972. The program, funded for the first time for academic year 1974–75, is an important avenue in increasing the Federal-State partnership in student assist-

ance. Even before its first year of operation, the program has made significant achievements in meeting its objectives. Between 8 and 12 States plan to create eligible State scholarship programs for academic year 1974–75 and an additional 11 or 12 States plan to create eligible programs by academic year 1975–76. In the 1974–75 academic year the $19 million appropriation wil be distributed among 40 States to be awarded to an estimated 76,000 students with an average grant of $500—Federal share $250. The total State funds that could be matched in 1974–75 are upward of 106 million, an excess of 87 million over available Federal matching funds. This same situation will apply in 1975–76. For these reasons, NSL recommends that the program be funded at 50 million.

NATIONAL DIRECT STUDENT LOANS

National direct student loans (NDSL) provide interest-free loans while the borrower is in school which accrue interest at the rate of 3 percent annually during the repayment period after graduation which may extend up to 10 years. Next year an estimated 687,000 students from 2,800 institutions will receive loans under the program with a Federal capital contribution of $286 million, with an average loan of $690 per year. (This past year 624,500 students from 2,293 institutions received an average loan of $690. The Federal capital contribution was $286 million). The budget request for this program is $6 million for teacher cancellations on past loans. NSL sees NDSL as an important part of the student's financial aid package and recommends that the program be funded at the present level of $293 million for fiscal year 1975.

TRIO PROGRAMS AND EDUCATIONAL OPPORTUNITY CENTERS

NSL believes that the Trio programs serve an important function in preparing minority students for postsecondary education and the educational opportunity centers have the potential of providing badly needed outreach and information services. NSL recommends the budget level of funding of $11 million.

CO-OP EDUCATION

Cooperative education is a small fund to enable the Commissioner of Education to make grants to stimulate programs in which employers pay students for periods of full-time work which are alternated with full-time study. NSL supports the concept of alternating work with study and of increasing the amount of earnings from work available to pay student's costs of attendance. NSL recommends that the budget amount of $11 million be appropriated.

SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS

The supplemental educational opportunity grant program provides supplemental grants to exceptionally needy students. The SEOG program provides financial aid officers on campus necessary flexibility in making up the student's financial aid package since many students who get SEOG's do not get BEOG's. In 1974–75, of the

$210.3 million appropriation $110.3 million will be allotted for initial year awards and the remainder will be used for renewals. It is estimated that the program will serve 304,000 students with an average grant of $670. (This past year the program was funded of $210.3 million and served 304,000 students with an average grant of $670.)

The net impact of holding SEOG—like the other campus based programs funds—constant from fiscal year 1972 to fiscal year 1973 to fiscal year 1974 was a decrease in the funds available to students. The 25 percent increased eligibility and the inflation erosion of nearly 25 percent of the constant dollar value of this money has decreased the impact of the SEOG program. NSL recommends that the SEOG appropriation be increased to $262.8 to compensate for the inflationary erosion. This would allow 391,791 students—87,791 additional students—to receive an average grant of $670.

VETERANS COST OF INSTRUCTION

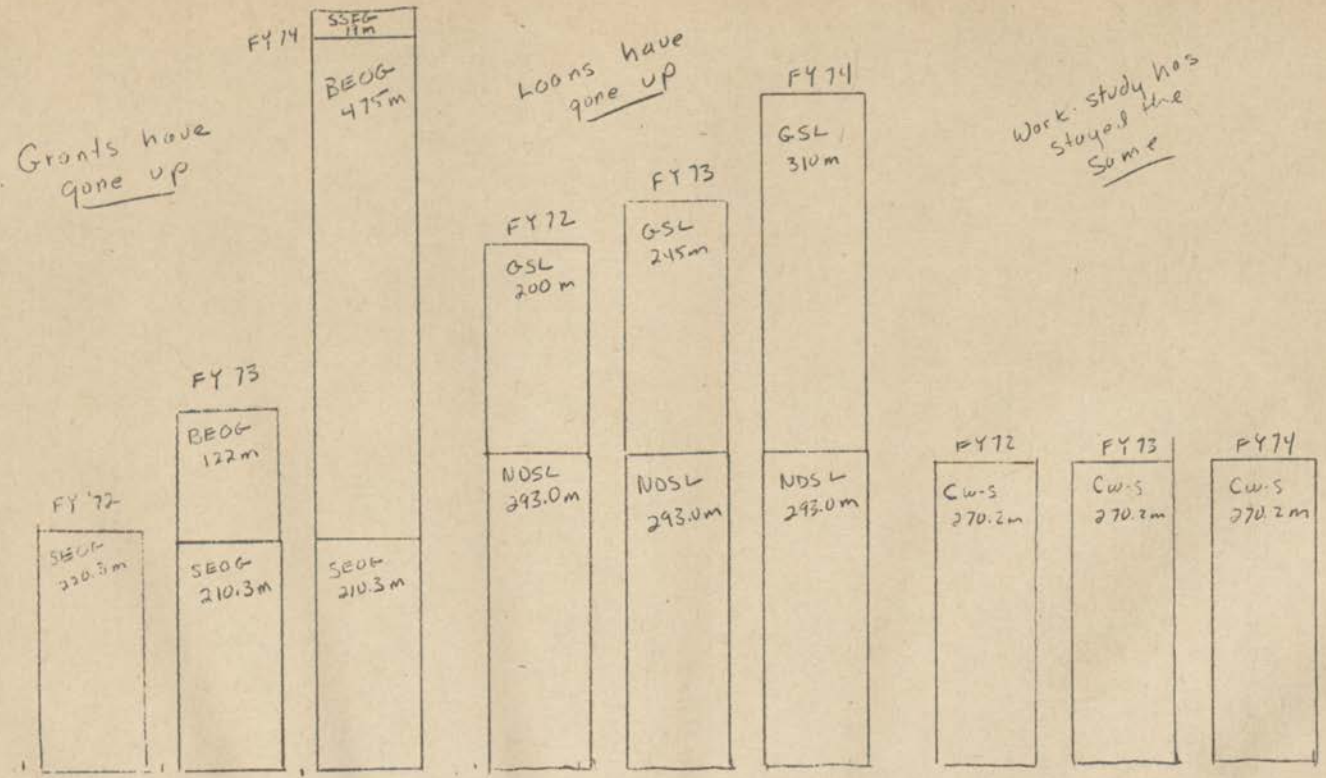
The veterans cost of instruction program provides incentive to post-secondary institutions both to recruit veterans and provide special services to veterans once enrolled. The program is currently funded at $25 million, which is only 18 percent of the program need. NSL recommends an increase to 40 million.

Finally, Mr. Chairperson, we would like to mention a program which, though not included in the student assistance title, would provide a valuable learning experience for students, a benefit to society as a whole, and a way of helping students to "earn" their education.

GI BILL FOR COMMUNITY SERVICE

GI bill for community service would provide minimal pay and credit toward educational expenses to persons doing community service work in much the same fashion that persons serving in the Armed Forces now receive minimal pay and earn credit toward an education. Funds for pilot projects—$700,000—have been authorized under the Domestic Volunteer Service Act and we urge this committee to appropriate that $700,000.

[The attachment follows:]


Grants have gone up
FY 72
SEOG 220.3m
FY 73
BEOG 122m
SEOG 210.3m
FY 74
SSIG 11m
BEOG 475m
SEOG 210.3m
Loans have gone up
FY 72
GSL 200m
NDSL 293.0m
FY 73
GSL 245m
NDSL 293.0m
FY 74
GSL 310m
NDSL 293.0m
Work-study has stayed the same
FY 72
CWS 270.2m
FY 73
CWS 270.2m
FY 74
CWS 270.2m

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 14, 1974.

AID FOR BLACK COLLEGES

WITNESSES

MILES MARK FISHER, IV, EXECUTIVE SECRETARY, NATIONAL ASSOCIATION FOR EQUAL OPPORTUNITY IN HIGHER EDUCATION
DR. CHARLES LYONS, PRESIDENT, NATIONAL ASSOCIATION FOR EQUAL OPPORTUNITY IN HIGHER EDUCATION

Mr. FLOOD. Now we have the National Association for Equal Opportunity in Higher Education, Mr. Mark Fisher, executive secretary.

Mr. FISHER. Mr. Flood and the Subcommittee on Appropriations, I am Miles Fisher, executive secretary for the National Association for Equal Opportunity for Higher Education and at this time I would like to present to you Dr. Charles Lyons, president of the National Association for Equal Opportunity in Higher Education and also chancellor of the Fayetteville State University in Fayetteville, N.C., who will make the presentation for our association.

Mr. FLOOD. All right, Doctor.

Mr. Chairman, members of the U.S. House of Representatives Appropriations Subcommittee on Labor, Health, Education, and Welfare, I am Dr. Charles A. Lyons, Jr., president of the National Association for Equal Opportunity in Higher Education and the Chancellor of the Fayetteville State University, Fayetteville, N.C.

I wish to thank you on behalf of the association for the opportunity to present testimony before this subcommittee as well as your past responsiveness to our concerns.

In view of the time limitations, I will summarize briefly for you our major concerns and request that our full statement be inserted in the record.

The National Association for Equal Opportunity in Higher Education represents the historically black colleges and universities of our Nation. There are 107 institutions located in 15 Southern States, 4 Northern States, and the District of Columbia, enrolling more than 180,000 students. These schools graduate more than 30,000 students annually with baccalaureate, graduate, and professional degrees.

The historically black colleges represent an existing mechanism that can be improved and used to intensify the positive efforts to equalize opportunity. Unless there is a genuine commitment to eliminate anything adversely affecting the performance of the historically black colleges, enrollment and graduates will decline, thus prolonging the inequities of this society.

Federal support is vital to the future of these institutions. These institutions continue to need financial support for students, faculty, staff, facilities, equipment, and general institutional support. The Federal Government must continue to provide increased support for these institutions. It will take a continuing effort by the public sector to fulfill a true commitment to equal educational opportunity in higher education.

Some of our priorities are as follows. This is by no means exhaustive, but additional concerns might be found in the full statement.

STUDENT FINANCIAL ASSISTANCE

Our association in its programmatic efforts for 1974 considers student financial assistance as one of the top priorities.

The average black and low-income student cannot afford college fees. Therefore, fellowships, scholarships, grants, loans, part-time employment, or other monetary relief are a must. This circumstance immediately places an additional burden on the college, as well as the student, and also limits the number of students that can be enrolled. Over two-thirds of all black students could not remain in college without substantial and sustained aid. Over three-fourths of the financial aid comes through the institution and Federal sources. Even with the large number of students now being educated by the black colleges, every year thousands are turned away because of lack of funds alone.

In a survey of 55 of these institutions during the 1972–73 academic year, 20,719 students were turned down because no aid was available for them. The 1973–74 academic year survey indicated that in 58 institutions that enrolled 116,669 students, 10,213 students were turned down because of lack of funds. This represented nearly 10 percent of the enrolled students. This does not account for the hundreds of others that didn't try to get in because they felt there was no point in trying.

There is great concern about the future of student assistance programs as they affect the historically black colleges and universities. In view of the way in which the packing of resources impact these institutions, we believe that for some time to come it will be necessary to have support from BEOG grants, SEOG grants, college work-study, direct student loans, and guaranteed student loans. The rising cost of providing education, coupled with the factor of great need as represented by large numbers of students and the dependence of these institutions on funds derived from student assistance, make this an imperative.

All funds in the respective programs should be increased to accommodate the expanded enrollments at these institutions so that no student will be turned away and turned off because of lack of the availability of financial options for the educational experience.

We support the following levels of funding for the student assistance programs.

	Thousands
Basic educational opportunity grants	$1,350,000
Supplemental educational opportunity grants	230,000
College work-study	420,000
Direct student loan	400,000
Guaranteed student loans (interest subsidy)	315,000
Special programs for the disadvanatged	90,000
Cooperative education	11,000
State student incentive grants	50,000

Adequate support of the student assistance programs will provide real opportunity for all students.

TITLE III—STRENGTHENING DEVELOPING INSTITUTIONS

The title III program, strengthening developing institutions, has been and is one of the programs that is most responsive to the needs of historically black colleges. A primary goal of title III is to strengthen institutions in the areas of curriculum development, managment capability, faculty growth, and student services.

For the past 2 fiscal years, this program has administratively been carried out through a basic program which provides grants to gradually strengthen the academic and management capabilities of participating institutions, and an advanced program under which substantial grants are provided over a period of 3 to 5 years to the strongest of these institutions on an accelerated development schedule.

In academic year 1975–76, this program will continue to support institutions enrolling large numbers of low-income students.

Two categories of institutions have continuously been recipients of title III grants; namely, 4-year, historically black institutions, similarly situated institutions, and 2-year public institutions. Historically black, developing colleges enroll a high proportion of low-income youths who are often ill prepared for the academic competition of a fully developed college. The fact that many of these youths are unable to financially afford the rising cost of a college education suggests that certain developing colleges will continue to educate a large proportion of the low-income students now attending college. Similarly, the public 2-year colleges located in or near metropolitan areas and in deep rural areas, are enrolling increasing numbers of low-income students.

With the aid of past and current support under title III, strengthening developing institutions, the black colleges have acquired significant forward momentum in providing successful educational experiences for vast numbers of low-income students. This extra support will bring the black colleges to the major goal of title III; that is, moving these institutions into the mainstream of higher education.

Some positive aspects of this program have been as follows: The predominantly black colleges have been greatly enhanced, junior colleges have been helped, low-income students have benefited from the programs, arrangements have been established by institutions that would not have otherwise been possible, constructive and innovative programs have been established, curriculum offerings have been broadened, increased faculty support, professor emeriti provisions, and the TACTICS model (technical assistance to colleges to increase college services).

By developing the technical know-how to generate academic reform, improve management systems, and better recruitment and admissions procedures, these groups are successfully strengthening the black colleges. These institutions that have historically fulfilled the role of providing access to equal opportunity for persons from low-income backgrounds who would, without such opportunities, have been denied the chance to become contributing taxpaying citizens of this country.

The added initiatives for the additional funds in this program have the potential for continued good within these institutions. These large grants to the institutions hopefully will help to facilitate their more rapid movement into the mainstream. These grants for change will make a difference in these institutions.

The developing institutions program has been and is one of the programs most responsive to the needs of the traditionally black colleges. This program is worthy of funding at a level of $120 million as proposed in the fiscal year 1975 budget.

Other priorities are: Academic facilities, library funds, land grant funds, graduate fellowships for careers in postsecondary education,

education professions development program, university community services, institutional support (cost of education payments).

These priorities represent points of emphasis for future directions. The viability of these institutions will in part be determined by the response to these requests.

In concluding; I would like to bring to your attention two programs in the National Institutes for Health that have as their primary focus our institutions.

The minority schools biomedical science program has been very helpful to our institutions and has the potential for continuing good. We are concerned about the lack of indirect cost for this program. An inclusion of the necesasry support to allow for such an arrangement would be greatly appreciated by these institutions.

The minority access to research careers program is being continued after a slow down. It is hoped that this program will be expanded to its full potential.

[The statements follow:]

STATEMENT ON BEHALF OF THE NATIONAL ASSOCIATION FOR EQUAL OPPORTUNITY IN HIGHER EDUCATION

The National Association For Equal Opportunity In Higher Education represents the historically black colleges and universities of our Nation. There are 107[1] institutions located in 15 Southern States, four Northern States and the District of Columbia enrolling more than 180,000 students. Of the 107 historically black institutions, 21 are community and junior colleges; 87 are 4 year colleges and universities. These schools graduate more than 30,000 students annually with baccalaureate graduate and professional degrees.

They have been and will be in the foreseeable future a major vehicle for the mobility of many black people and others into all levels of American life. These institutions, despite handicaps created by neglect and malicious intent, have enabled hundreds of thousands of students shackled by poverty and racism to break free. These institutions have earned the right to a continuing service to the Nation.

The historically black colleges represent an existing mechanism that can be improved and used to intensify the positive efforts to equalize opportunity. Unless there is a genuine commitment to eliminate anything adversely affecting the performance of the historically black colleges, enrollment and graduates will decline, thus prolonging the inequities of this society.

Federal support is very vital to the future of these institutions. These institutions continue to need financial support for students, faculty, staff, facilities, equipment and general institutional support. The Federal Government must continue to provide increased support for these institutions. It will take a continuing effort by the public sector to fulfill a true commitment to equal educational opportunity in higher education.

This statement is an expression of some of the priorities that we feel are important for the future of higher education in general and the Black institutions of higher education in particular. Comments on some of these priorities follow:

STUDENT FINANCIAL ASSISTANCE

An increase in student financial assistance is necessary if access to higher education is to be provided for all students in America. Students from low-income families, on the whole, have very limited access to other sources of financial aid than other groups within our society.

The average black and low-income student cannot afford college fees. Therefore, fellowships, scholarships, loans, part-time employment, or other monetary relief are a must. This circumstance immediately places an additional burden on the college, as well as the student, and also limits the number of students

[1] This does not include the Southern University campus at New Orleans (4 years) and the one at Shreveport (2 years). This would make a total of 109 institutions, 16 of which are land-grant institutions.

than can be enrolled. Over two-thirds of all black students could not remain in college without substantial and sustained aid. Over three-fourths of the financial aid comes through the institution and Federal sources. Even with the large number of students now being educated by the black colleges, every year thousands are turned away because of lack of funds alone.

All funds in the respective programs should be increased to accommodate the expanded enrollments at these institutions so that no student will be turned away and turned off because of lack of the availability of financial options for the educational experience.

There is great concern about the future of student assistance programs as they affect the historically black colleges and universities. In view of the way in which the packaging of resources impact these institutions, we believe that for some time to come it will be necessary to have support from BEOG grants, SEOG grants, college work study, direct student loans and guaranteed student loans. The rising cost of providing education coupled with the factor of great need as represented by large numbers of students and the dependence of those institutions on funds derived from student assistance make this an imperative.

Basic educational opportunity grants must be funded at a high level to be effective. This program presupposes that there will be other student financial aid programs to enable this concept to become one of real opportunity for all students. The up to one-half cost limitations presupposes that the other half plus would come from someplace else. Since students would only receive up to half of the cost to attend an institution it would be very necessary that they have avilable other types of support.

The minimum legal levels of funding in the college based programs that were set forth in the education amendments of 1972 will not be adequate to offset the expanded inclusion of full-time, half-time, and proprietary students in the basic educational opportunity grants program as well as allow for the full-time and half-time graduate students participating in the work study and direct student loan programs because of the lack of graduate funds.

Under full funding, a basic grant would be the basic amount for other student aid programs. Without this program at a fully funded level, the amount of other aid program support need increases in production to the deficit in the basic educational opportunity program.

Since the thrust of the student aid program is to serve the needy, the basic educational opportunity grants program would hopefully take care of students from low-income families. Without this thrust all need may end up being middle income and other rather than inclusive of the lower-income student.

The awards for this year were very small. In view of this fact a greater amount of the students package had to come from other sources. Without adequate resources these students could not be properly supported. The funding of SEOG, CWS, and DSL is prerequisite of the funding of BEOG. We support this program at $1.3 billion for fiscal year 1975.

The supplemental educational opportunity grants will provide supplemental assistance to students. With the concept of need that exists, these grants will be utilized from all socioeconomic levels.

These SEO grants will allow students to have resources to attend private institutions, minimize the debts that would be entailed in attending high cost institutions, keep the diversity of academic institutions available to students, and allow the needed flexibility in financial aid packaging.

This program will help to upgrade grantwise the deficit in the basic EOG program and/or impact the need of other students. Half-time students are eligible for student assistance.

The supplemental educational opportunity grants were to take the student beyond the minimum basic grant and give flexibility to the packaging process. With an expanded pool of BEOG awardees and the overall crunch on financial aid this scarce pool of resources is inadequate.

We support this program at a level of $230 million for fiscal year 1975.

The college work-study program will allow students to participate in paying for their education. The college work study programs aid the students as well as the institution by providing them with a source of manpower. This program is needed to enhance the ability of institutions to package creative and resourceful work opportunities for students.

This program must consider the half-time students both undergraduate and graduate as well as full-time graduate students. With the cut in funds for graduate education, this program will be heavily tapped as a logical source of funds by graduate students.

With the changing of the college work study program to a concept of need rather than priority to "low-income students," this program now is helpful, but does not have the impact that it previously had for the institutions. Without increased funding in this program, there will not be adequate resources to meet the needs of an expanded pool of students.

We support this program at a level of $420 million for fiscal year 1975.

The direct student loan program will continue to be necessary for many of our students because of the difficult time that many of them have in trying to purchase loans on the private market. These low-interest loans are made by the institutions. They must be continued because numbers of low-income students must be encouraged to continue their preparation beyond college. Many banks refuse to loan to freshmen, sophomores, and to low-income students.

The direct student loan program is protection for the availability of loans to minorities and low-income populations. This program should be supported at a very high level to enhance the packaging of student assistance.

This program also includes graduate students among its eligibles. Again, the funding crises in graduate education impacts this situation.

Until the commitment to finance loans for minorities and other disadvantaged groups filters down to the lending institutions, there is going to continue to be a need for the direct student loan program. As an institutional-based program it provides a reasonable guarantee that some loan resources will be available to students.

We support this program at a level of $400 million for fiscal year 1975.

GUARANTEED STUDENT LOANS

Though loans are not the best way of financing the education of students from low-income backgrounds, it is important that in the money crunch that confronts us that every possible means should be taken to guarantee that these guaranteed student loans will be made available on equal terms to all that apply for them.

We support this program at $315 million for fiscal year 1975.

SPECIAL PROGRAMS FOR THE DISADVANTAGED

The special programs for the disadvantaged known as Upward Bound, Talent Search, and Special Student Services have been very helpful to disadvantaged students in this Nation. With the increased concentration of disadvantaged persons in the large metropolitan centers of our country and the corresponding decline in the quality of education provided for these persons, there will continue to exist a need for an increase in the appropriations level of these programs.

These programs have been helpful to black and disadvantaged students and need to be continued and funded at a much higher level to provide hope out of despair for thousands of our students. The fiscal year 1975 appropriation projects these programs to service 268,000 students. Such programs will identify students and give them encouragement and information, motivate students to attend colleges, and provide special remedial and other services for enrolled college students.

In addition to these programs, the Educational Opportunity Centers will focus on specific geographic areas with major concentrations of low-income populations.

We would encourage an appropriations level for these programs in fiscal year 1975 at $90 million.

COOPERATIVE EDUCATION

The cooperative education program enables colleges to provide programs which alternate academic study with periods of off-campus employment. These arrangements give students an opportunity to earn money, to experiment with future employment possibilities, and to try practical application of academic work which in turn enriches the subsequent study.

We support this program at a level of $11 million.

TITLE III—STRENGTHENING DEVELOPING INSTITUTIONS

The title III program, strengthening developing institutions, has been and is one of the programs that is most responsive to the needs of historically black colleges. A primary goal of title III is to strengthen institutions in the areas of curriculum development, management capability, faculty growth, and student services.

For the past 2 fiscal years, this program has administratively been carried out through a basic program which provides grants to gradually strengthen the academic and management capabilities of participating institutions and an advanced program under which substantial grants are provided over a period of 3–5 years to the strongest of these institutions on an accelerated development schedule.

In academic year 1975–76 this program will continue to support institutions enrolling large numbers of low-income students.

Two categories of institutions have continuously been recipients of title III grants, namely, 4-year, historically black institutions, and 2-year public institutions. Historically black, developing colleges enroll a high proportion of low-income youths who are often ill prepared for the academic competition of a fully developed college. The fact that many of these youths are unable to financially afford the rising cost of a college education, suggests that certain developing colleges will continue to educate a large proportion of the low-income students now attending college. Similarly, the public 2-year colleges located in, or near metropolitan areas in deep rural areas are enrolling increasing numbers of low-income students.

With the aid of past and current support under title III, strengthening developing institutions, the black colleges have acquired significant forward momentum in providing successful educational experiences for vast numbers of low-income students. This extra support will bring the black colleges to the major goal of title III; that is, moving these institutions into the mainstream of higher education.

Some positive aspects of this program have been as follows: The predominantly black colleges have been greatly enhanced, junior colleges have been helped, low-income students have benefited from the programs, arrangements have been established by institutions that would not have otherwise been possible, constructive and innovative programs have been established, curriculum offerings have been broadened, increased faculty support, professor emeriti provisions, and the TACTICS model (Technical assistance to colleges to increase college services).

By developing the technical know-how to generate academic reform, improve management systems, and better recruitment and admissions procedures, these groups are successfully strengthening the black colleges. These institutions that have historically fulfilled the role of providing access to equal opportunity for persons from low-income backgrounds who would, without such opportunities, have been denied the chance to become contributing taxpaying citizens of this country.

The added initiatives for the additional funds in this program have the potential for continued good within these institutions. These large grants to the institutions hopefully will help to facilitate their more rapid movement into the mainstream. These grants for change will make a difference in these institutions.

The developing institutions program has been and is one of the programs most responsive to the needs of the traditionally black colleges.

This program is worthy of funding at a level of $120 million as proposed in the fiscal year 1975 Budget.

ACADEMIC POLITICS

The fiscal year 1974 budget requests nothing at all for construction grants. The construction of academic facilities is very vital to the expansion of student enrollments at these institutions. Specialized facilities will be needed for the new demands of changing instructional methods, laboratories, experimentation, research, and expanding fields of societal interest. In other instances, there is the need to rehabilitate and convert obsolete and substandard facilities in many institutions.

We support the continuation of Federal grants and direct loans for the construction of academic facilities, as well as the program of interest subsidies on loans obtained in the private market. There are serious needs in terms of expansion and improvement of current facilities at black colleges that are best met within the context of a grants program. Black colleges and similarly situated institutions are hard put to come up with the matching funds for loans.

We would hope that substantial sums in grants funds could be appropriated to allow for the replacement of outdated facilities and for providing new facilities for the increasing college enrollment. There is the necessity of providing

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new funds for facility construction and renovation through a variety of viable components such as interest subsidy, grants, loans, and loan guarantees that proved so effective in the early years of higher education development.

LIBRARY FUNDS

Library needs are of prime concern to black colleges. Many of these institutions have relied on donations and uneven development. Books, and other resource materials are needed by many of the institutions in order to keep abreast of the publishing explosion and for the replacement of worn and lost books.

Funds under this program will continue to be helpful to institutions in maintaining their accreditation and keeping up with the latest volumes in the various fields. These institutions have holdings worthy of preserving and updating.

The basic grant program is helpful to these institutions in purchasing books and audiovisual materials. Many institutions also need the supplemental and special purpose grants authorized under title II for strengthening library collections and developing modern, efficient library service.

Libraries are a very valuable and necessary resource and therefore it is essential that they receive adequate support to enable them to continue their vital role at a level of quality.

We support this program at $30 million for fiscal year 1975.

LAND GRANTS FUNDS

The fiscal year 1975 budget requests no funds for aid to land-grant colleges. It has been proposed that annual funds under the Bankhead-Jones Act and, the permanent appropriation under the Second Morrill Act be terminated. The resolution of the National Association for Equal Opportunity In Higher Education Board and General Body in session on March 11 and 12, 1974, expresses their sentiment on this issue.

RESOLUTION

Whereas 17 predominantly black colleges were found under provisions of the Second Morrill Land-Grant Act of 1890; and

Whereas these 1890 land-grant colleges along with Tuskegee Institute have received Federal land-grant funds under the Second Morrill Act in support of their special land-grant mission for 80 consecutive years more or less; and

Whereas these 1890 land-grant colleges enroll and educate a significant number of students in America; and

Whereas repeal of the Second Morrill Act in the funding thereof would seriously and detrimentally affect the status, image, budget, and perhaps the existence of these fine historically black land-grant colleges; and

Whereas title III funds are of great significance to black colleges as "catch-up" funds, they are competitive and temporary; and

Whereas Morrill funds have been continuous through the years, now then

Be it resolved, That the National Association for Equal Opportunity in Higher Education is opposed to repeal of the Second Morrill Act and this association urges that this landmark legislation in public higher education remain intact. Be it also resolved that the Morrill funds in no way be discontinued or shifted over to title III funds.

We support the continuation of these programs at $12.7 million.

GRADUATE FELLOWSHIPS FOR CAREERS IN POSTSECONDARY EDUCATION

We encourage a restoration and continuation of appropriations of this program. This would allow for the activating of new starts in this program. A cut back in graduate fellowships would hurt the chances of large numbers of blacks pursuing and securing the doctorate degree.

This program should be continued at a high level as any phasing out of these fellowships will encourage an irreversible gap between the availability of minority doctorates and nonminority doctorates. Contrary to present emphasis on an oversupply of doctorates, there is no oversupply of black doctorates. If this trend is carried out there will be no approximation of parity in holders of the doctorate degree within the foreseeable future. This would indeed undercut the ambition of young doctoral hopefuls who would seek to pursue the terminal degree.

The pipeline must be enlarged and continued to include more candidates, otherwise the future academic leadership will be deprived of a mix which will be necessary in our culturally pluralistic society.

With the equal employment opportunities program and affirmative action programs seeking out substantial numbers of minorities and women, where will they be found if provisions are not made to prepare an adequate supply for the present and for the future. There is a lack of prepared minorities across the board in all areas.

We would encourage a continuation of this program at a high level with an earmarking of a percentage of these fellowships of black doctoral candidates, and a continuation of other programs that train students in midlevel graduate offerings between the bachelors and the doctorate degrees. A greater proportion of the black college graduates can be encouraged to go to graduate and professional schools with the proper fellowships.

EDUCATION PROFESSIONS DEVELOPMENT PROGRAM

Education professions development program part E provides training programs for higher education personnel. Funds should be made available for new followships and institutes along with continuing fellowships and institutes. It is essential that these types of programs be funded to enable minorities especially to have available such training.

We support this program at $5.8 million for fiscal year 1975.

STATE STUDENT INCENTIVE GRANTS

This program makes incentive grants available to the States to assist them in providing grants to eligible students in attendance at institutions of higher education.

This program should enable States to facilitate either the development of new State grants or the expansion of existing programs so as to increase the range of opportunities available to students for access to postsecondary institutions.

We support this program at $50 million.

UNIVERSITY COMMMUNITY SERVICES

There is a great need for a thrust by institutions of higher education in this direction at the present time.

We support an appropriation at the level of $25 million.

VETERANS' COST OF INSTRUCTION PAYMENTS TO INSTITUTIONS

This program should encourage institutions to deal with a much neglected segment of our society. The veteran must be provided for by the higher education community in order to help him make the transition back to civilian life through the acquisition of salable expertise for a meaningful future.

We support this program at $25 million.

INSTITUTIONAL SUPPORT (COST OF EDUCATION PAYMENTS)

This program is needed for the future of higher education. Tuition and fees account for only part of the necessary funds to run an institution. The fact that many institutions are in financial need is indicative of the necessity of some sort of support to alleviate this crisis.

Black colleges which have not received adequate support in the past would be benefitted by this type of aid provided, however, that the appropriations level is adequate to allow the granting of sizable sums of money to these institutions. A too limited appropriation would negate the impact that such a program would be designed to make.

The above comments do not exhaust the magnitude of the financial needs of higher education and its various segments.

It is hoped that appropriations will be forthcoming that will allow for adequate funding of present higher education requests that have a great bearing on the future of these institutions. Let us hope that we are not in a period of pyrrhic cutbacks wherein we cut back today only to lose the soul of the institution for tomorrow.

We support this program at a level of $200 million.

In conclusion, a major need for these institutions at this junction in history is for increased support at the Federal level sufficient to overcome the years of inadequate support. The tremendous impact these schools have made, in spite of short budgets and culturally different students, is proof enough that they have been and still will be in the foreseeable future the major force for greater opportunities for black students and other students to enter all levels of American life.

PROPOSED HIGHER EDUCATION APPROPRIATIONS, FISCAL YEAR 1975

[In thousands of dollars]

Program	Budget request 1975	NAFEO support request 1975
Student assistance:		
Basic educational opportunity grants	1,350,000	1,350,000
Supplemental education opportunity grants	0	230,000
College work study	250,000	420,000
Direct student loans	6,440	400,000
Interest on insured loans	315,000	315,000
Cooperative education	11,000	11,000
State student incentive grants	0	50,000
Special programs for the disadvantaged: Talent search; Upward Bound; Special Services; Educational Opportunity Centers	70,331	90,000
Developing institutions	120,000	120,000
Institutional assistance (cost of education payments)	0	200,000
Academic facilities	0	43,000
College libraries	0	30,000
Community service	0	25,000
Language and area studies	10,000	12,000
Bankhead-Jones and land grant funds: Annual appropriation $10,000; permanent appropriation $2,700	0	12,700
Strengthening graduate programs	0	30,000
EPDA V, pt. E training program for higher education personnel	0	5,800
Fellowships for disadvantaged	750	750
Ellender fellowships	500	500
Veterans cost of instructions	0	25,000

Supplemental Statement on Behalf of the National Association for Equal Opportunity in Higher Education

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health initiated two programs for the purpose of helping minority students and faculty. The potential for greater involvement exists within the Institutes programs. Attached are statements on the minority schools biomedical support program and minority access to research careers program.

Statement on Minority Schools Biomedical Support Program Submitted by National Association for Equal Opportunity in Higher Education

MINORITY SCHOOLS BIOMEDICAL SUPPORT PROGRAM (MINORITY BIOMEDICAL SUPPORT PROGRAM)

The minority school biomedical support program was started in fiscal year 1972 to strengthen the institutional health related research capabilities of 4-year colleges, universities and health professional schools in which student enrollments are drawn mainly from ethnic minority groups.

The predicate for the effort was the Senate Committee on Appropriations of the 92d Congress, Report No. 92-3116 which stated:

The committee * * * encourages the general research support branch to initiate a program for the development of the health sciences at predominantly black colleges which have been unable to provide adequate preparation for definitive training in health research fields and the health professions. Since historically black students have not had equality of opportunity to become investigators in health research fields and to become physicians, dentists, and other health professionals, chiefly due to a lack of adequate research and teaching facilities and the inability of black institutions to compete for sufficient numbers of professionals, it is incumbent upon the Federal Government to rectify these

inequalities. To this end, the committee suggests that $2 million be used to launch this program in fiscal year 1972.

The response to this programs was so great that for the initial sum of $2 million for fiscal year 1972, proposals were generated from the eligible ethnic minority institutions requesting $12 million for the first year of support and about $53 million for the duration of the institutions proposed program.

APPROPRIATIONS

The appropriations for the minority schools biomedical support program have been as follows:

Fiscal year:

1972	$2,000,000
1973	5,000,000
Impounded 1973 funds	−1,000,000
	4,000,000
1974	7,000,000
Restored 1973 funds	+1,000,000
	8,000,000
1975 budget request	7,270,000

The following consideration on indirect cost has implications for the real need of additional appropriations in this program.

NEED FOR INDIRECT COST

Since its inception the minority schools biomedical support program has operated on the prohibition that has applied to general research support programs as pertains to indirect cost. The basis for this was imposed because entitlements under the related programs general research support grants and biomedical sciences support grants were comprised of both direct and indirect cost components of regular research project support.

The minority biomedical support grants are comparable to other research project grants rather than to the general research support grants and the biomedical sciences support grants. Since they are based on competitive applications rather than entitlements the minority biomedical support grantees incur indirect cost in the same ways that research project grantees do.

It is because of this distinction as well as the fact that the institutions involved have historically been discriminated against with regards to funding that we solicit your support in providing additional funds in order that these grants can carry indirect cost in addition to adequate size grants. Hopefully this cost would not be taken from the grants but would be added on through the appropriation of additional funding.

As one president has indicated, "Present programs add to the total upbuilding of institutions on one hand, but, on the other hand, take away funds to pay the cost of overhead that institutions need to maintain other needed programs.

Without allowing funds to pay the types of expenses usually considered overhead, the program places an additional strain on our limited budget."

Using 1974 figures of $8 million with a 30-percent indirect cost added on, there would be a need of $10.4 million to provide for the existing participants in this program.

At any rate to offset inflation cost, provide for the increased pool of eligibles, increase the participation of more institutions, and take into consideration the indirect cost, we would be talking in the neighborhood of $12 million for this program in fiscal year 1975.

EXPANSION OF ELIGIBLES

Care should be taken that institutions, where there are large numbers of minorities that are not necessarily a majority, are closely followed to assure that the effort for those that this program is intended to serve will be protected.

The minority schools biomedical support program has had a significant impact during its relatively short lifetime on increasing the opportunities for professional

development at minority institutions for faculty and students thereby enhancing the pool of talent available for biomedical research.

It is hoped that substantial sums of money will be appropriated in fiscal year 1975 and succeeding years to approximate the needs and maintain the effort to help these institutions begin and continue to prepare the human resources for an ongoing society. This initiative should be encouraged through additional appropriations.

MINORITY ACCESS TO RESEARCH CAREERS

In 1972, the National Institute of General Medical Sciences of the National Institute of Health launched a program called minority access to research careers (MARC) to help minorities train greater numbers of health research scientist and teachers. Another objective was to strengthen the teaching of these sciences at minority institutions (4-year colleges, universities, and health professional schools in which student enrollments are drawn substantiallly from ethnic minority groups). This is accomplished by providing, on a competitive basis, (*a*) MARC faculty awards to faculty members of these institutions to obtain advanced study and experience in major research laboratories throughout the Nation; (*b*) MARC visiting scientist awards to attract outstanding scientists to these institutions for 3 months to 1 year to teach and counsel on research; and (*c*) MARC research raining program awards to these institutions to prepare minority group students in fiancial need or otherwise disadvantaged for advanced degrees and careers in the biomedical sciences.

The decision to phase out all training and fellowship programs of the NIH put a halt to the NIGMS efforts in the MARC program and no new awards have been made since that time.

The appropriation for this program was $4 million for fiscal year 1974.

On April 17, 1974, the National Institute of General Medical Science announced the continuation of the minority access to research careers (MARC) program.

Three programs were announced (1) the MARC faculty fellowships; (2) visiting scientist awards; and (3) research training grants in minority institutions leading to the Ph. D. degree.

It is hoped that additional sums of money will be appropriated in fiscal year 1975 and succeeding years to approximate the needs and maintain the effort by these institutions to begin and continue to prepare additional human resources for our society.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 14, 1974.

LIBRARY PROGRAM

WITNESS

EILEEN D. COOKE, DIRECTOR, WASHINGTON OFFICE, AMERICAN LIBRARY ASSOCIATION

Mr. FLOOD. The American Library Association, Eileen D. Cooke, director of the Washington office.

Miss COOKE. Thank you, Mr. Chairman, for the opportunity to appear before you here this morning.

I am Eileen D. Cooke, associate executive director of the American Library Association and director of its Washington office. The association, which will be 100 years old in the Nation's bicentennial year of 1976, is a nonprofit educational organization of about 37,000 librarians, trustees, and other public-spirited citizens who are dedicated to the development of library and information service for the people of the United States.

In all, about a quarter million people now work in libraries of all kinds, and of course untold millions of Americans use their libraries

every day. The concern of the American Library Association is for libraries of all kinds—public libraries, school and college libraries, research and other specialized libraries, as well as special-purpose information centers—and the program that will be funded through this bill are a vital element in the support and strengthening of most of these libraries. (See attached table of funds for library-related programs.)

The American Library Association maintains that it would be detrimental to the public interest, disastrous in many cases, to shut down completely these long-established and efficiently operating programs of Federal cost sharing with local and State governments. Nevertheless, that is what the budget for fiscal year 1975 has proposed in recommending a change in the statutory bases for these programs to new and untried patterns. This is not to say that we oppose innovation and prefer the status quo merely because it is familiar. What we do oppose is loss of continuity, dropping a successful program without testing or demonstrating the effectiveness of its replacement.

PUBLIC LIBRARIES

We recommend that $105.5 million be appropriated for programs authorized under the four titles of the Library Services and Construction Act, one of which is newly authorized and subject to the committee's consideration for the first time.

For "Title I—Library Services," we recommend appropriation of $62 million. Grants to the States in this amount are needed so that local public libraries can maintain their services despite rising costs and also provide new and specialized services to certain groups of library users. These include returning veterans, the unemployed, both rural and inner-city residents, the handicapped, the homebound, and those living in institutions.

Title I funds are enabling libraries to provide many services that could not be offered were it not for the Federal support. The Harrisburg, Pa., Public Library provides a statewide film service, for example, that would not be possible without LSCA aid. This library and others in Pennsylvania are giving mail-order delivery service to people in rural parts of the State and those living where there are no nearby local libraries. This library service, too, is dependent upon Federal funds; State and local support will not suffice.

The North Central Kansas State Library System, headquartered in Manhattan, is also providing Mail-A-Book service to rural readers with the aid of title I funds. Illinois is relying on this program to encourage larger units of library service as a means of extending library services to rural areas that lack them. Wisconsin is emphasizing library services for the disadvantaged in all metropolitan areas and at least four broad rural areas. In Austin and Fort Worth, Tex., title I funds are supporting adult basic education projects, while Massachusetts uses title I funds for provision of services to the handicapped and non-English speaking through its public library regional systems.

We are gratified that the budget does propose appropriation of $25 million for title I programs, in contrast to the previous budget while recommended elimination of funding. However, the sum contained in

the budget for 1975 is a 44-percent cut below the fiscal year 1974 appropriation and a 60-percent reduction in the fiscal year 1973 appropriation for title I. We recommend, instead, that the committee approve $62 million, which was the amount provided for fiscal year 1973 under title I. (Attached is a map with State allotment tables showing the impact of these cuts.)

Fof "Title II—Public Library Construction," we recommend appropriation of $20 million. That is $1 for each of the 20 million Americans who are estimated to be without access to library services in their communities. Title II was not funded last year, not because the States have no need for these funds, but because the fiscal year 1973 impounded funds—$15 million for title II—were about to be released pursuant to court order. Therefore, one year of support has been lost and, as a consequence, a backlog of public library construction and remodeling projects is building up. Last month our office asked the State library agencies how many construction projects will be needed in the next 5 years. More than 1,500 projects were reported from the 50 States.

As the committee knows, under title I of the LSCA the States are required to develop comprehensive 5-year programs for meeting the needs of all their citizens for library and information services. Construction or remodeling projects are essential for completion of the programs drawn up by many of the States. There are State and local funds in hand or committed for many of these construction projects; all that is lacking is the matching support authorized by title II. Pennsylvania is ready to build an addition to the Marple Public Library, for example, and to construct new buildings in Lansdowne and Peters Township. New buildings are planned for Hopkins, Boyle, and Clark Counties in Kentucky; in Downers Grove, Champaign, and Carbondale, Ill.; in Parsons, Arkansas City, and Junction City, Kans. Wisconsin is ready to remodel central library facilities in Milwaukee, Wausau, and LaCrosse and to build new facilities in Eau Claire and Kenosha. Texas is ready to build 4 major resource center Libraries, 13 area libraries and 20 community libraries, while Massachusetts needs title II funding to help build an addition to the Taunton Public Library, add two branches in Boston, and construct a new central library building in Newton.

Construction needs have been neglected far too long. The recommended appropriation of $20 million would represent decreased support from the previous level on an annual basis, taking into account the fact that no funds were provided under title II in last year's bill.

For programs authorized under "Title III—Interlibrary Cooperation," we recommend appropriation of $17.3 million. This is the only form of Federal support that specifically enables libraries to pool their resources and services and thus extend them to more people while preventing duplication and waste. It is particularly appropriate that Federal funds be provided for this purpose because some of these interlibrary projects necessarily involve cooperation across State boundaries.

The State library agencies demonstrate great enthusiasm and support for title III projects. Pennsylvania has divided the State into 12 regions for interlibrary cooperation and is hoping to use title III funds to carry out the plans that have been drawn up. Kentucky has

developed an information network that gives other libraries access to college and university libraries in the State. Title III funding is indispensable for the continuation of this project. In the words of a State official:

> The network depends on academic libraries making their collections and staffs available for the benefit of the network's libraries. These institutions cannot afford to provide services at no charge for long periods of time. If funds cannot be made available to help them, the librarians and administrators of the institutions will understandably have to return to satisfying campus needs exclusively.

Both Illinois and Texas participate in the Ohio College Library Center cataloging project, thanks to title III funds. Texas has also used title III to list locations of more than 3 million titles in 21 public libraries. Wisconsin's new program of State aid for public library systems requires that they enter formal, working interlibrary arrangements within 3 years; there are already seven such systems. They require title III support if they are not to be swamped by demands from users for services. In Massachusetts, there are seven multicommunity networks for cooperation of public, school, special, and academic libraries. Their interlibrary loans, consolidated cataloging, reciprocal borrowing, delivery services, and communications networks would not be possible without the stimulus and support of title III funds. (Fact sheet attached.)

For "Title IV: Older Readers Services," we recommend appropriation of $6.2 million. This title was added to the Library Services and Construction Act last year by the older Americans amendments (Public Law 93–29). As the committee is well aware, about one-tenth of the population is age 65 or older, and the retirement policies of private and public employers result in more years of leisure on the part of more Americans each year. Many of these retirees and other older Americans are physically able to use the library without requiring any special apparatus or arrangements.

Many older people, on the other hand, do have handicaps that bar them from receiving library services in the ordinary way. Their vision may be such that they need large-print books or periodicals. They may need talking books or similar materials. They may be housebound or living in an institution and require visits of a bookmobile. They may be bedfast and require a device that projects the image of their book's page on the ceiling above them, or their handicap may be such that they require a device that turns pages for them.

All these services, and many others, have been and are being provided somewhere in the Nation by some public libraries. Their pioneering, however, has shown that provision of the special services that many older readers require and deserve is relatively costly for the library. These services, in short, are more costly than the same or comparable services rendered to other people. For this reason, Congress authorized special assistance under title IV. There is no specific amount authorized for the annual appropriation, as the committee knows. This will be the first year of experience under the amendment of the statute and, although it is admittedly difficult to decide how much should be appropriated, we recommend $6.2 million as an amount that would permit starting this new program on a basis that would be equitable to all eligible jurisdictions and also permit provision of the special library services to an appreciable number of older Americans.

SCHOOL LIBRARIES

Title II of the Elementary and Secondary Education Act authorizes assistance to States for acquisition of school library resources, textbooks, and other instructional materials for the use of children and teachers in public and private elementary and secondary schools. We recognize that the authorizing legislation is in the process of revision, but we believe it is especially important that the appropriation not be diminished, for this would not only seriously injure the teaching and learning processes by restricting the availability of high quality instructional materials, it would also preclude consolidation of programs as sought by the administration, under the terms of the bill enacted by the House (H.R. 69). We recommend appropriation of $120 million title II programs. (See attached State allotment table.)

In this fiscal year, the program is benefiting about 48.4 million pupils. More than 9 percent of the available funds are for use of students and teachers in private schools. Since the start of the title II program in 1966, an average of only about 4 percent of the annual appropriations has been used for administrative purposes. We submit that this is a well-administered program. By far the largest proportion of funds expended for instructional materials still comes from local and State and private sources, but it has been made clear that title II funds not only supplement these sources but stimulate greater State and local and private support.

Reports from States indicate that title II funds have contributed to the improvement of education in many ways. These include establishment of school libraries where none existed before and the upgrading of others; development and revision of standards for instructional materials, resulting in better selection and use; the use of instructional materials in school programs for innovative curriculums and instructional techniques; support of special educational programs for pupils in hospitals, correctional institutions, and schools for the mentally or physically handicapped; and provision of materials for support of instruction in such special areas as drug abuse or environmental education.

Title II requires that school library resources, textbooks, and other instructional materials be allocated among eligible schoolchildren on the basis of relative need. For this purpose, criteria are established and reviewed and adjusted from time to time by the State agencies. The index of general need may be based on test scores, on State standards, or on education priorities set by the State, such as dropout prevention, drug awareness, or improvement in the basic skills of reading and mathematics. There is a trend toward use of more precise criteria, such as local effort for instructional materials in relation to the school district's financial capacity and the special needs of its enrollment. Thus, materials have been made available under the title II program to target groups of children such as disadvantaged, gifted, handicapped, or bilingual children. The relative need requirement of title II gives the States and local districts considerable latitude and flexibility to determine and meet their needs as they see them.

Despite the progress that has been made with the aid of title II funds, there are still very great needs for instructional materials for use in every subject and every grade in both elementary and secondary

schools, but especially in the elementary schools. In 14 States, including some of the largest and most populous, more than half the elementary schools still lack libraries. Local and State officials reported a continued and critical need for more instructional materials. The introduction of new teaching techniques has increased the demand for new and additional learning materials. The knowledge explosion has made many materials obsolete. And rising costs have made all materials more difficult to acquire. For example, in the past 6 years the average cost of children's books has gone up from $3.39 to $4.65, a 37-percent increase, and children's paperbacks have increased by 53 percent.

The emphasis on individualized learning and interdisciplinary study has produced a demand for materials in subject areas that hitherto were not taught or studied at most elementary and secondary schools. The availability of materials in new formats, such as cassettes, films, and audiovisual items of many kinds, has made possible new forms of learning and teaching, but this trend has also increased the needs of schools for new instructional materials. (See attachment on schools library resources.)

In our judgment, all these factors buttress our recommendation for appropriation of $120 million under title II of the ESEA.

Not only are the title II funds demonstrably effective, but their use is also soundly coordinated with other assistance provided by this committee, particularly the funds available under title III–A of the National Defense Education Act for classroom equipment. For example, five Midwestern States have one administrator for both programs. Not only do ESEA II and NDEA III coordinators work closely at the State level, but local school coordinators are able to develop projects incorporating funds for "software" from ESEA II and funds for "hardware" from NDEA III. Joint advisory committees serve both programs in Nebraska and Ohio. State title II staff profited by the upgrading of State departments of education under ESEA V. Hundreds of projects making intelligent use of modern equipment, materials, and techniques have improved the learning conditions of countless students in all States. Accordingly, we recommend that the appropriation for the matching grants under title III–A of NDEA be maintained at least at the fiscal year 1973 level, that is, $50 million. We do not agree that this program should be terminated.

COLLEGE LIBRARIES, TRAINING, AND RESEARCH

For parts A and B of title II of the Higher Education Act, we recommend appropriation of $30 million. If this amount is appropriated, the mandatory allocation formula in the law would result in availability of $21 million for college library resources, $6 million for training librarians, and $3 million for library research.

Title II–A provides basic grants of up to $5,000 to college and university libraries to acquire books and audiovisual materials, plus supplemental grants to build up library resources in developing institutions and special purpose grants to support interlibrary cooperation.

Colleges and universities are subject to the same trends as the elementary and secondary schools—a greater emphasis on individualized learning, new subject areas of study, use of innovative teaching and learning techniques, provision of instruction materials in new formats,

rapid obsolescence of materials because of new knowledge, and continued rise in costs. Although elementary school enrollments are starting to decline because of the drop in the birth rate, enrollments in colleges are still rising. Moreover, there is still growth in the number of 2-year institutions. They must start their libraries and the large number of young 2-year colleges must build their libraries.

In the past year our Nation's academic institutions have suffered acutely from fluctuations in the economy. Inflation has brought sharply increased operating costs while institutional endowments built up over years have melted away with the decline in the stock market. As a result, institutions have been forced to curtail services and to place heavier burdens on students and parents who pay tuitions.

For this reason, specific assistance for libraries in our colleges and universities through title II–A basic resource grants is particularly important this year, when institutional budgets are strained to the breaking point by routine expenses. Under these conditions the libraries, which constitute a major national resource for education and research, are in danger of being severely neglected in the competition for funds within individual institutions.

In a college or university library it is often the most comprehensive collection, the one of true national importance, which is the first to be affected by a cutback in funds. Under pressure to maintain necessary services for tuition-paying students, libraries are forced to skimp on research materials of long-range value. The results are felt, not just within one college, but within an entire region where resources are shared.

The librarian in a small Michigan college which is a member of a consortium of colleges, contemplating the loss of Federal funds for materials, reported that a significant and carefully developed collection of Canadian works would be badly hurt. "Regularly budget funds go just to keep up normal programs," he said.

Without a title II–A basic grant a major university in Oregon would be unable to secure vital, expensive books and periodicals in China, Japan, and the Soviet Union. These collections, used by students at institutions throughout the Pacific Northwest, cannot be supported from the library's basic budget.

In the past year the price of books and magazines, the basic ingredient of library service, has risen sharply. The average subscription price for periodicals by mid-1973 was $16.20, a 22-percent rise over the previous year, according to a study of library subscription prices. In one area, labor and industrial relations, subscripton costs had jumped 54 percent. Or another example, a subscription to Chemical Abstracts which cost a college library $150 in 1960, $1,050 in 1969, $1,900 in 1972, now costs $2,400. Dartmouth College spent $280,000 in periodicals alone in 1973–74; the University of Hawaii spent $350,000. And these sums are not unusual. Because complete files of magazines and journals must be kept, the list of subscriptions cannot be compressed in lean years and expanded in good years. The cost of subscriptions thus represents an implied encumbrance on a budget which must be subtracted before books can be purchased.

In addition, the price of books has also jumped. According to publishing industry figures the average volume of poetry or drama now costs $10.50, an increase of 84 percent since 1967. A history book now costs $15.56 and a science book $17.34.

The administration has discounted the library programs under the Higher Education Act as being too small to be of any real aid to institutions. The Acting Assistant Secretary for Education told newsmen in April that he thought the basic grant program was "an outrageous waste of public funds just to helter-skelter send out dribs and drabs of money." Evidently, he was unaware of how important a $5,000 basic grant is to an institution in financial straits, or how essential a $40,000 special-purpose grant is to a fledgling college library computer network.

On February 6 the USOE Division of Library Programs announced the fiscal year 1974 basic grant program under title II–A. In spite of a short time for submitting applications, 2,446 institutions submitted requests for the $5,000 grants for the purchase of books and audio-visual materials. Significantly, in order to qualify for a grant, these institutions must not decrease the amount of their own money spent on library resources.

If all these 2,446 institutions were to receive the full grant of $5,000 to which they are entitled under the law, a minimum of $12,230,000 would be required in fiscal year 1974 to meet only the basic grant provisions of the law. As it is, the administration requested no funds in the budget for this program but Congress appropriated $9,975,000. Therefore the 1974 money will presumably have to be pre-rated among these institutions, and as a result the great majority will not receive even their basic entitlement. Moreover, no funds will be available for the important complementary special-purpose and supplemental grants.

Under the law, the Commissioner of Education is authorized to reserve up to 25 percent of the total appropriation under title II–A for special-purpose matching grants which can be used to support unique regional collections and interlibrary cooperation. At the same time he is also authorized to make supplemental grants of up to $20 per full-time student. These grants have recently been reserved for small, developing institutions and new community colleges.

According to USOE statistics at least 2,715 institutions are entitled to receive basic grants under title II–A. This would require a basic sum of $13,575,000. (See attached map with analysis on back.) Therefore we are recommending an appropriation of $21 million for fiscal year 1975 for books and materials under part A which would allow the Commissioner of Education to satisfy all basic grant entitlements. In addition, it would provide some supplemental grants to the neediest institutions as well as special-purpose matching grants to encourage greater sharing of library materials among institutions. (See attachment on academic libraries.)

Under title II–B, we recommend $6 million for training in librarianship. The 1975 budget proposes terminating this program, evidently on the grounds that student aid in the form of basic opportunity grants and guaranteed students loans will take their place. This is simply not true. Library training is not the kind of undergraduate and graduate education the student assistance programs were designed to assist. This is professional continuing education of a technological nature, often presented outside the normal confines of a university and directed at practitioners already on the job.

The Office of Education has received about 150 applications in fiscal year 1974, totaling $11.9 million from organizations seeking Fed-

eral support for fellowships and institutes. Among the institutes funded with fiscal year 1973 money were a 3-day seminar at Drexel University to train librarians in the use of videotape and cable television equipment, a 2-year program at Highline Comumnity College in Midway, Wash., to train 11 disadvantaged and minority students as library technicians, and a long-term institute for specialists in children's librarianship at North Carolina Central University.

We recommend an appropriation of $3 million for the second element in part B, library research and demonstration. Demonstration projects deal with esoteric issues such as reducing library catalogs to microfiche and checking out books by computer, and with strictly human problems such as how to provide the best service to mental patients and how to encourage ghetto youngsters to climb up the steps of a public library for the first time.

Among the 24 projects selected for funding in fiscal year 1973 was a Kentucky public library program especially designed to serve the needs of older people in four selected sites, and an investigation by the Washington State Library into the costs and methods of providing book deliveries by mail.

Although only $1,425,000 was appropriated in fiscal year 1974, the Office of Education received 106 requests for projects totaling $8.9 million. This seems ample evidence to us of the need for this program.

HIGHER EDUCATION ACT—TITLE III

We support the administration's recommendation of $120 million for fiscal year 1975 for this program of special assistance to strengthen the academic quality of developing institutions. HEA III funds may be used to plan and develop cooperative arrangements between developing institutions and established colleges and universities. These arrangements can include joint use of academic library facilities and the sharing of books, materials, and other equipment.

HIGHER EDUCATION ACT—TITLE VI–A

Another program in which college and university libraries may participate is title VI–A of the Higher Education Act which authorizes a program to improve the quality of undergraduate instruction by providing financial assistance on a matching basis to institutions of higher education for acquisition of instructional equipment, materials, and related minor remodeling.

A typical example of this program is the use of HEA VI–A funds by Dominican College in Houston, Tex., to develop a media center as an adjunct of the college library to train bilingual and early childhood teachers. Funds were used to purchase tape recorders, headsets, overhead and slide projectors, language masters, reading materials, and other instructional materials integral to the center's training operation. We are recommending an appropriation of $17,500,000 for this program in fiscal year 1975.

MEDICAL LIBRARIES

Another concern of the American Library Association is for the effective operation of the National Library of Medicine and full imple-

mentation of the programs authorized by the Medical Library Assistance Act. We support the administration's request for $27,738,000 for the National Library of Medicine. The resources of this great medical library are important to members of the medical profession throughout the country.

NATIONAL CENTER FOR EDUCATIONAL STATISTICS

The Association, in the interest of improved national education and library statistics, supports the full fiscal year 1975 budget request for the National Center for Educational Statistics. Basic, comparable statistical information about all types of library service is absolutely essential to a rational determination of the needs and most effective use of all our Nation's libraries.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

The American Library Association strongly supports the goals of the National Commission on Libraries and Information Science, and we recommend that the full authorization of $750,000 be appropriated for fiscal year 1975. In testimony before this subcommittee on March 12, the Commission referred to the 2-year effort of major proportions it is planning upon enactment of pending legislation calling for a White House Conference on Library and Information Services in 1976—Senate Joint Resolution 40. This measure, passed by the Senate November 20, 1973, and now pending before the full House Education and Labor Committee, would authorize $10 million to assist the people in all the States to assess their library and information needs in relation to the country as a whole.

The Association fully supports the Commission in its plans to carry out the intent of this much-needed legislation.

REVENUE SHARING

Finally, we should comment on the impact of general reveue sharing under the State and Local Fiscal Assistance Act. As the committee knows, States may use any amount of their general revenue sharing funds for libraries. The first actual use reports were summarized and issued by the Treasury in March of this year. These reports described use of revenue sharing money by the States from the start of the program through the end of June 1973. No State reported using any of this money for libraries. Unfortunately, libraries were not a separate category for reporting on the actual use report form supplied to the States by the Treasury.

Local governments, under the statute, may use revenue sharing funds to meet operating, maintenance, or capital needs of libraries. The first actual use reports show that only $18.4 million has come to public libraries from this source. Of this sum, counties have provided $6.3 million, cities $10.4 million, and townships $1.7 million.

The association has surveyed the States to determine how many public libraries had received any revenue sharing dollars as of last month. At that point, only 1,380 libraries out of a total of 9,478 had received some measure of support from the revenue sharing program. In Massachusetts, for example, only 75 of 384 public libraries had

obtained any aid from this source, and most of the grants were small ones. Moreover, as the Massachusetts Bureau of Library Extension has officially reported:

> Many respondents pointed out that their receipt of Revenue Sharing funds was simply a matter of bookkeeping; their town allotted its Revenue Sharing for regular budget items, thus reducing the amount of local taxes needed.

[See two attachments on revenue sharing and public libraries.]

For example, you will see on the attached revenue sharing table that the State of Pennsylvania, according to the actual use report of the Treasury Department, received $5,323,418. That sounds like a sizable amount, and it is. However, $3 million of that has gone to the Free Library of Philadelphia and what it is is the $3 million they used to get in local support. They did not gain 1 penny more with revenue sharing and if Congress sees fit to terminate revenue sharing, our question is, "How is that community expected to suddenly come up with $3 million or whatever it takes by 1976 to buy the same number of books, materials, and services?"

We submit, therefore, that general revenue sharing cannot be considered as a substitute for Federal support through the Library Services and Construction Act. It has yielded only a token degree of support for libraries thus far. Moreover, there is good reason to believe that in many cases revenue sharing money simply replaces other funds and does not supplement or stimulate their provision as is the case under the LSCA and the other programs under this committee's jurisdiction, which typically require matching by the recipients. To us, the conclusion is inescapable that the existence of general revenue sharing, welcome as it may be, cannot be used as a justification for any slackening of effort under the programs for which this committee is responsible.

Thank you, Mr. Chairman and members of the committee, for this opportunity to present testimony on behalf of the American Library Association. We urge your favorable consideration of our request for a realistic level of funding for vital library and education programs.

[The attachments follow:]

FUNDS FOR LIBRARY-RELATED PROGRAMS - FISCAL YEAR 1975

	FY 1974 Allocation[1]	FY 1975 Authorization	FY 1975 Budget
Elementary and Secondary Education Act			
Title I - Educ. Deprived Children	$1,719,500,000	Needs auth.	-0- [2]
II - School Library Resources	90,250,000	" "	-0- [2]
III - Suppl. Education Centers	146,393,000	" "	-0- [2]
V - State Education Departments	39,425,000	" "	-0- [2]
VI-B - Educ. Handicapped Children	47,500,000	" "	-0- [2]
VII - Bilingual Educ. Programs	50,350,000	" "	$70,000,000 [3]
IX - Ethnic Heritage Studies	2,375,000	" "	-0-
Library Services and Construction Act	$46,749,000	$239,475,000	$25,000,000
Title I - Library Services	$44,155,500	$129,675,000	$25,000,000
II - Public Library Construction	-0-	92,500,000	-0-
III - Interlibrary Cooperation	2,593,500	17,300,000	-0-
IV - Older Readers Services	-0-	Necessary sums	-0-
Library Partnership Act	-0-	Needs auth.	$15,000,000
National Defense Education Act			
Title III-A-Equip.& Minor Remodeling	$28,500,000	$140,500,000	-0- [2]
VI -Language Development	11,333,000	75,000,000	$8,640,000
Higher Education Act			
Title I - Community Service Program	$14,250,000	$50,000,000	-0-
II-A - College Library Resources	9,975,000	70,000,000	-0-
II-B - Library Training	2,850,000	20,000,000	-0-
- Research & Demonstrations	$1,425,000	$10,000,000	-0-
II-A & B Total	$14,250,000	$100,000,000	-0-
II-C - LC Acquisition & Cataloging	8,0[illegible]8,346[4]	2 USC 131-167	$9,304,000
III - Developing Institutions	99,992,000	$120,000,000	120,000,000
V-E - EPDA Fellowships (Higher Ed.)	2,100,000	22,500,000)	-0-
- EPDA Institutes (Higher Ed.)	-0-	)	-0-
VI-A - Undergrad. Equip. & Matls.	11,875,000	$70,000,000	-0-
VII - Academic Facilities - Loans	31,425,000	200,000,000	29,029,000
- " " Grants	-0-	$380,000,000	-0-
National Institute of Education	75,000,000	550,000,000 [5]	130,000,000
Postsecondary Innovation Fund	10,000,000	75,000,000	15,000,000
State Postsecondary Commissions	3,000,000	Necessary sums	-0-
Adult Education Act (state grants)	53,485,000	Needs auth.	-0- [2]
Indian Education Act (grants)	40,000,000 [6]	formula [7]	42,000,000 [8]
Right to Read	12,000,000	-0-	12,000,000
Older Americans Act			
Title III - Community Programs	$68,000,000	$130,000,000	$96,000,000
IV - Training & Research	9,500,000	Necessary sums	7,000,000
IX - Community Service Employment	$10,000,000[9]	$100,000,000	-0-
Educational Broadcasting Facilities	15,675,000	30,000,000	7,000,000
Medical Library Assistance Act and	)	Needs auth.	)
National Library of Medicine	24,994,000)	42 USC 275	27,738,000)
National Agricultural Library	4,226,750[10]	5 USC 2204	4,858,750
Library of Congress	82,371,150[4]	2 USC 131-167	99,391,100
Natl.Comm. on Libs. and Info. Sc.	406,000	750,000	502,000
GPO Superintendent of Documents	36,471,000[4]	44 USC 301	36,078,000

1/ Unless noted, FY '74 Labor-HEW Approps. with 5% cut as authorized (PL 93-192).
2/ To be absorbed in proposed Consolidated Education Grants.
3/ Supplemental budget request.
4/ FY '74 Legislative Branch Appropriations (PL 93-145).
5/ Three-year authorization, FY '73-75. 6/ FY '74 Interior Dept. Approps. (PL 93-120).
7/ Part A - based on formula; Part B - $35,000,000; Part C - $8,000,000.
8/ Part A - zero; Part B - $32,000,000; Part C - $8,000,000; Administration-$2,000,000.
9/ First Supplemental, FY '74 (PL 93-245).
10/ FY '74 Agriculture Dept. Approps. (PL 93-135).

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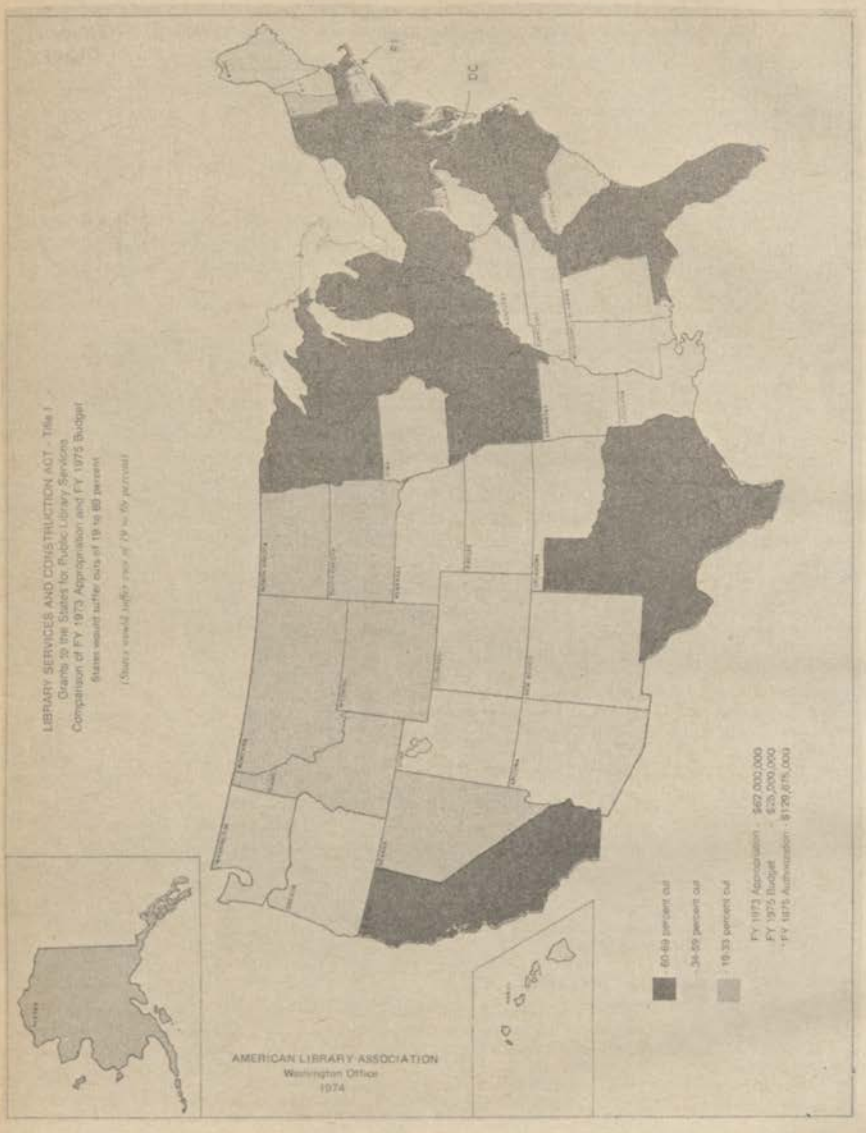
LIBRARY SERVICES AND CONSTRUCTION ACT - Title I
Grants to the States for Public Library Services
Comparison of FY 1973 Appropriation and FY 1975 Budget
States would suffer cuts of 19 to 60 percent
States would suffer cuts of 19 to 59 percent
60-69 percent cut
34-59 percent cut
19-33 percent cut
FY 1973 Appropriation - $82,000,000
FY 1975 Budget - $25,000,000
FY 1975 Authorization - $120,815,000
AMERICAN LIBRARY ASSOCIATION
Washington Office
1974

LIBRARY SERVICES AND CONSTRUCTION ACT - Title I

Comparison of FY 1973 Appropriations with FY 1975 Budget

State Grants would be cut from $62 million to $25 million

	Amount Cut	Percentage Cut
Alabama	$618,632	58
Alaska	53,176	19
Arizona	308,047	48
Arkansas	342,599	50
California	3,583,061	69
Colorado	389,113	52
Connecticut	545,997	57
Delaware	97,720	29
District of Columbia	137,344	35
Florida	1,191,738	63
Georgia	821,562	61
Hawaii	136,314	35
Idaho	126,285	33
Illinois	2,004,325	67
Indiana	934,482	62
Iowa	507,765	56
Kansas	406,108	53
Kentucky	577,228	58
Louisiana	653,452	59
Maine	177,784	40
Maryland	701,927	60
Massachusetts	1,023,248	63
Michigan	1,598,227	66
Minnesota	684,343	60
Mississippi	398,905	53
Missouri	842,518	62
Montana	124,311	33
Nebraska	265,756	47
Nevada	85,505	27
New Hampshire	131,142	34
New Jersey	1,286,096	65
New Mexico	179,939	40
New York	3,283,068	69
North Carolina	911,078	62
North Dakota	110,793	31
Ohio	1,924,750	67
Oklahoma	458,548	55
Oregon	372,439	52
Pennsylvania	2,128,785	68
Rhode Island	170,717	39
South Carolina	462,588	55
South Dakota	119,748	33
Tennessee	700,726	59
Texas	2,000,360	67
Utah	187,249	40
Vermont	79,516	26
Virginia	834,075	61
Washington	616,942	59
West Virginia	312,485	49
Wisconsin	792,888	61
Wyoming	59,286	21

Estimated Grants for Library Services--LSCA Title I
(Note: totals include outlying territories not listed)

	1974 Appropriation	1975 Budget	1975 Recommended Appropriation 1/
TOTALS ...	$44,155,500	$25,000,000	$62,000,000
Alabama	759,993	440,729	1,059,361
Alaska	250,266	222,220	275,396
Arizona	499,027	334,209	642,256
Arkansas	513,320	337,286	679,885
California	3,457,820	1,595,487	5,178,548
Colorado	565,674	361,625	750,738
Connecticut	692,704	410,578	956,575
Delaware	289,772	239,039	336,759
District of Columbia	320,928	251,414	388,758
Florida	1,328,176	702,310	1,894,048
Georgia	949,013	523,592	1,345,154
Hawaii	326,870	255,789	392,103
Idaho	318,358	251,619	377,904
Illinois	1,995,768	968,746	2,973,071
Indiana	1,042,158	561,401	1,495,883
Iowa	659,300	397,177	904,882
Kansas	562,462	355,062	761,170
Kentucky	726,108	426,029	1,003,257
Louisiana	793,075	455,565	1,109,017
Maine	362,522	270,147	447,931
Maryland	843,502	476,759	1,178,686
Massachusetts	1,125,345	596,269	1,619,517
Michigan	1,644,708	816,213	2,414,440
Minnesota	819,895	465,068	1,149,411
Mississippi	561,338	354,241	753,146
Missouri	957,524	524,550	1,367,068
Montana	314,022	248,952	373,263
Nebraska	442,176	304,468	570,224
Nevada	281,903	236,441	321,946
New Hampshire	321,731	252,918	384,060
New Jersey	1,373,143	702,447	1,988,543
New Mexico	367,821	273,565	453,504
New York	3,146,747	1,455,741	4,738,809
North Carolina	1,028,346	556,957	1,468,035
North Dakota	300,853	243,346	354,139
Ohio	1,924,624	933,057	2,857,807
Oklahoma	617,546	380,017	838,565
Oregon	543,512	349,387	721,826
Pennsylvania	2,111,235	1,013,938	3,142,723
Rhode Island	354,010	266,250	436,967
South Carolina	622,845	383,777	846,365
South Dakota	308,241	246,491	366,239
Tennessee	841,414	478,400	1,179,126
Texas	2,035,274	993,359	2,993,719
Utah	375,851	277,052	464,301
Vermont	272,910	231,450	310,966
Virginia	958,006	525,780	1,359,855
Washington	752,766	433,687	1,050,629
West Virginia	483,931	322,723	635,208
Wisconsin	918,339	509,440	1,302,328
Wyoming	254,442	223,656	282,942

1/FY 1975 funding level recommended by American Library Association -- identical to FY 1973 appropriation.

American Library Association-Washington Office May, 1974

Estimated Grants for Library Construction--LSCA Title II
(Note: totals include outlying territories not listed)

	1974 Appropriation	1975 Budget	1975 Recommended Appropriation 1/
TOTALS ...	-0-	-0-	$20,000,000
Alabama	-0-	-0-	345,913
Alaska	-0-	-0-	121,575
Arizona	-0-	-0-	226,555
Arkansas	-0-	-0-	237,323
California	-0-	-0-	1,524,654
Colorado	-0-	-0-	257,958
Connecticut	-0-	-0-	316,500
Delaware	-0-	-0-	139,135
District of Columbia	-0-	-0-	154,015
Florida	-0-	-0-	584,766
Georgia	-0-	-0-	427,696
Hawaii	-0-	-0-	154,972
Idaho	-0-	-0-	150,909
Illinois	-0-	-0-	893,538
Indiana	-0-	-0-	470,828
Iowa	-0-	-0-	301,708
Kansas	-0-	-0-	260,584
Kentucky	-0-	-0-	329,859
Louisiana	-0-	-0-	360,123
Maine	-0-	-0-	170,948
Maryland	-0-	-0-	380,059
Massachusetts	-0-	-0-	506,207
Michigan	-0-	-0-	733,681
Minnesota	-0-	-0-	371,682
Mississippi	-0-	-0-	258,288
Missouri	-0-	-0-	433,966
Montana	-0-	-0-	149,581
Nebraska	-0-	-0-	205,943
Nevada	-0-	-0-	134,896
New Hampshire	-0-	-0-	152,670
New Jersey	-0-	-0-	611,807
New Mexico	-0-	-0-	172,542
New York	-0-	-0-	1,402,426
North Carolina	-0-	-0-	462,859
North Dakota	-0-	-0-	144,108
Ohio	-0-	-0-	860,554
Oklahoma	-0-	-0-	282,731
Oregon	-0-	-0-	249,325
Pennsylvania	-0-	-0-	942,085
Rhode Island	-0-	-0-	167,810
South Carolina	-0-	-0-	284,963
South Dakota	-0-	-0-	147,571
Tennessee	-0-	-0-	380,185
Texas	-0-	-0-	899,447
Utah	-0-	-0-	175,632
Vermont	-0-	-0-	131,754
Virginia	-0-	-0-	431,903
Washington	-0-	-0-	343,415
West Virginia	-0-	-0-	224,539
Wisconsin	-0-	-0-	415,440
Wyoming	-0-	-0-	123,735

1/FY 1975 funding level recommended by American Library Association.

American Library Association-Washington Office May, 1974

Estimated Grants for Interlibrary Cooperation--LSCA Title III
(Note: totals include outlying territories not listed)

	1974 Appropriation	1975 Budget	1975 Recommended Appropriation 1/
TOTALS ...	$2,593,500	-0-	$17,300,000
Alabama	47,893	-0-	293,491
Alaska	40,708	-0-	62,240
Arizona	44,215	-0-	170,455
Arkansas	44,416	-0-	181,555
California	85,916	-0-	1,508,551
Colorado	45,154	-0-	202,454
Connecticut	46,944	-0-	263,171
Delaware	41,265	-0-	80,341
District of Columbia	41,704	-0-	95,679
Florida	55,901	-0-	539,703
Georgia	50,557	-0-	377,793
Hawaii	41,788	-0-	96,666
Idaho	41,668	-0-	92,477
Illinois	65,310	-0-	857,989
Indiana	51,869	-0-	422,254
Iowa	46,473	-0-	247,923
Kansas	45,109	-0-	205,532
Kentucky	47,415	-0-	276,941
Louisiana	48,359	-0-	308,138
Maine	42,291	-0-	113,134
Maryland	49,070	-0-	328,689
Massachusetts	53,042	-0-	458,723
Michigan	60,362	-0-	693,206
Minnesota	48,737	-0-	320,053
Mississippi	45,093	-0-	203,165
Missouri	50,677	-0-	384,257
Montana	41,607	-0-	91,109
Nebraska	43,413	-0-	149,207
Nevada	41,154	-0-	75,971
New Hampshire	41,716	-0-	94,293
New Jersey	56,534	-0-	567,577
New Mexico	42,365	-0-	114,778
New York	81,532	-0-	1,382,557
North Carolina	51,675	-0-	414,040
North Dakota	41,421	-0-	85,467
Ohio	64,307	-0-	823,989
Oklahoma	45,885	-0-	228,361
Oregon	44,842	-0-	193,926
Pennsylvania	66,937	-0-	908,032
Rhode Island	42,171	-0-	109,900
South Carolina	45,960	-0-	230,662
South Dakota	41,526	-0-	89,037
Tennessee	49,040	-0-	328,819
Texas	65,867	-0-	864,079
Utah	42,478	-0-	117,963
Vermont	41,028	-0-	72,732
Virginia	50,683	-0-	382, 129
Washington	47,791	-0-	290,915
West Virginia	44,002	-0-	168,376
Wisconsin	50,124	-0-	365,160
Wyoming	40,767	-0-	64,466

1/FY 1975 funding level recommended by American Library Association.

American Library Association-Washington Office May, 1974

PUBLIC LIBRARY CONSTRUCTION - LSCA TITLE II MUST BE FUNDED IN FY 1975

Title II of the Library Services and Construction Act provides grants to the States for public library construction, including new buildings as well as remodeling and alteration of existing buildings. A recent survey of the 50 States determined that about 1500 library construction projects are needed over the next five years. LSCA Title II remains an important and essential program, as the following 1974 reports from the States illustrate:

TEXAS — Texas reported in April 1974 receiving 110 requests for applications for LSCA Title II impounded FY 1973 funds with the closing date for applications still a month away. Based upon the State plan for library development, "we would need approximately $5.2 million in LSCA Title II to give maximum grants." (The Texas allotment from FY 1973 LSCA II funds was only $627,896.) New construction has first priority in the State plan. Consequently, unless LSCA II funding is increased, Texas will probably not be able to fund any addition and/or remodeling projects.

ILLINOIS — Approximately 150 library construction projects are needed throughout the State over the next five years. We expect to receive 35 applications for FY 1975. Downers Grove would build a new public library, with a maximum of $250,000 from LSCA II and $2,138,000 from State and local sources. Champaign would build a new public library, with $2,450,000 from State and local sources and $250,000 from LSCA II. Among other possible applicants for LSCA II matching grants in FY 1975 is the new main library for the Chicago Public Library.

VIRGINIA — Three construction projects would be ready to go in FY 1975 providing LSCA Title II is funded. Smyth-Bland would have a new headquarters, with $180,000 from LSCA II, and $180,000 from local funds, Richmond City would build a new branch, with $167,900 each from LSCA II and local sources, and Roanoke City would also construct a branch, with $122,000 each from LSCA II and local sources. Virginia estimates about 15 construction projects are needed over the next few years.

WISCONSIN — LSCA Title II in FY 1975 would permit at least five construction projects to move ahead in Wisconsin. Milwaukee, La Crosse, and Wausau would remodel their central facilities, and Kenosha and Eau Claire would build new central libraries. For these five projects, the federal share through LSCA Title II would be $2,200,000 while State, local and other sources would match the federal share with $6,100,000.

KANSAS — Kansas has three projects ready for construction in FY 1975, provided LSCA Title II is adequately funded at the federal level. New public library buildings would be constructed for the Parsons Public Library, the Arkansas City Public Library, and Junction City Public Library. The LSCA Title II share for these three would be $139,000, $100,000, and $375,000 respectively, while the State and local matching portion would be $461,000, $500,000, and $425,000.

KENTUCKY — Kentucky estimates that about 20 construction projects are needed over the next five years. In FY 1975, the following three projects would get under way, with assistance from LSCA II: new public library buildings in Hopkins County, Clark County, and Boyle County.

* * *

LIBRARY SERVICES AND CONSTRUCTION ACT - WHY IS TITLE III IMPORTANT?

Title III of the Library Services and Construction Act provides grants to the States "for planning for, and taking other steps leading to the development of, cooperative library networks; and for establishing, expanding, and operating local, regional, and interstate cooperative networks of libraries...." The States report why this program is important:

KENTUCKY — Increased funding of LSCA Title III is not only important, it is vital to the continuation and development of Kentucky's Information Network. The network depends on academic libraries making their collections and staffs available for the benefit of the network's libraries. These institutions cannot afford to provide services at no charge for long periods of time. If funds cannot be made available to help them, the librarians and administrators of the institutions will understandably have to return to satisfying campus needs exclusively.

TEXAS — Major advances in interlibrary cooperation among all types of libraries in Texas have resulted from LSCA Title III. In effect, Title III funding is helping to provide every Texan with quick and easy access to the total library resources of the state no matter where he might live. Without this funding, a citizen would revert back to the old days - being more or less dependent on his local library with little or no access to the total resources available in Texas.

ILLINOIS — Title III funds are important to Illinois. One of the goals of our state plan is the development of a single system concept, which involves all types of libraries - public, school, academic and special. We have used Title III funds to start the Illinois Regional Library Council, a six county co-op covering Metropolitan Chicago. We would like to provide funds to other library systems to demonstrate the concept. We believe that the network based on a single library system cooperative will be more efficient than competing parallel library networks.

MASSACHUSETTS — Seven multi-community cooperating groups involving academic, public, special and school libraries are now in existence. They have provided improved access to library collections via union lists, interlibrary loan, reciprocal borrowing, delivering, and communications networks. They would not have started without Title III monies. The projects funded to date have been highly successful, and the need great.

NEW YORK — Library networks are central to improvement of library service for they permit sharing of resources through interlibrary loan and more direct modes of access. In New York State we are developing 9 regional systems, tying together academic libraries, public library systems, medical libraries and other types of research libraries. As an example, LSCA III money can assist in programs of interlibrary loan in these regions. Funds are also needed for improved delivery systems, communication systems, union catalogs, and utilization of computer technology.

PENNSYLVANIA — A study has just been completed and recommendations made to restructure library service in Pennsylvania on the basis of interlibrary cooperation and sharing of resources among all types of libraries. The state is to be divided into 12 regions for this purpose. Increased title III funds are needed to help implement the plan.

* * *

OLDER READERS SERVICES ACT

The Older Readers Services Act became Title IV of the Library Services and Construction Act in 1973 (PL 93-29). With assistance from LSCA IV, programs such as the following could be started in neighborhood public libraries throughout the Nation. Without LSCA IV support, such programs are likely to remain beyond the reach of the majority of public libraries.

CALIFORNIA — Some 350,000 senior citizens live within the Los Angeles Public Library's service center. At present, several branches in the system offer activities and library materials specifically for their senior citizens, but we know there are many who go unserved. Funds provided through the Older Readers Services Act would make it possible for the Library to develop a responsive senior citizen program for all 61 branches in the system, and coordinate with other city departments to provide special activities for the entire senior population.

OHIO — There are numerous senior citizen housing units and centers in the Akron area. These now receive minimum library service through the three bookmobiles of the Akron Public Library. The Library's plan, should funding become available, is to expand service to include liaison personnel to maintain continuous contact with elderly persons to serve their needs more effectively. "Our hope," says the Librarian, "is a special project to demonstrate at least one way these people can be brought out of isolation in so far as library service and programs designed for their particular needs are concerned."

PENNSYLVANIA — Pittston Area Memorial Library is planning to begin library services to the elderly in cooperation with the local Meals-on-Wheels program. Books and other library materials will be delivered to shut-in elderly residents of the community at the same time they are receiving their meals.

FLORIDA — Manatee County Library System in Palmetto is in the fifth year of a long-range program to provide talking book service to the handicapped in Manatee and Sarasota Counties. These are senior citizens communities of which about 3/4 of the population are 65 years of age or older. In addition to providing efficient, friendly service to those who cannot come to the library, the program includes outside activities such as the popular monthly discussion held in the library. Free transportation is provided and many who rarely leave their homes attend.

ILLINOIS — Allerton Public Library in Monticello has employed the elderly to assist in book reviews and in repairing books. The small library staff has benefited from the contribution of these older Americans who have the requisite manual skills and leisure hours, while the senior citizens, in turn, have benefited from useful employment of leisure hours.

OKLAHOMA — Tulsa City-County Central Library is serving as the coordinating agency for programs developed by the Tulsa Area Council on Aging. Objectives of the program include providing a central coordinated information and referral program to help senior citizens become aware of services available to them and to help the community at large become more aware of the needs of the elderly; and a follow-up service to see if the senior citizens receive the information or service needed.

* * *

Estimated Grants for School Library Resources--ESEA Title II
(Note: totals include outlying territories not listed)

	1973 Appropriation	1974 Appropriation	1975 Recommended Appropriation 1/
TOTALS ...	$100,000,000	$90,250,000	$120,000,000
Alabama	1,576,446	1,417,852	1,918,045
Alaska	154,768	146,657	196,188
Arizona	880,504	833,587	1,179,212
Arkansas	899,666	804,423	1,086,683
California	9,555,979	8,536,517	11,082,964
Colorado	1,114,779	1,026,488	1,397,893
Connecticut	1,474,526	1,335,140	1,767,774
Delaware	284,778	260,008	349,705
District of Columbia	316,966	279,769	371,040
Florida	2,913,723	2,704,985	3,725,705
Georgia	2,138,801	1,911,403	2,575,481
Hawaii	395,231	360,767	465,887
Idaho	359,913	327,988	438,059
Illinois	5,372,023	4,876,093	6,377,018
Indiana	2,567,276	2,307,156	3,040,905
Iowa	1,409,424	1,255,562	1,642,316
Kansas	1,052,428	930,912	1,250,405
Kentucky	1,502,616	1,356,508	1,781,456
Louisiana	1,839,047	1,669,590	2,254,230
Maine	511,820	463,249	619,173
Maryland	1,976,418	1,787,959	2,370,482
Massachusetts	2,653,547	2,429,112	3,205,322
Michigan	4,607,269	4,198,424	5,641,663
Minnesota	1,989,124	1,777,743	2,348,915
Mississippi	1,051,644	936,130	1,357,311
Missouri	2,276,926	2,021,406	2,595,889
Montana	361,392	326,976	439,451
Nebraska	709,282	643,619	855,479
Nevada	251,573	230,488	310,282
New Hampshire	362,994	335,975	446,639
New Jersey	3,396,759	3,085,657	4,043,408
New Mexico	567,813	516,306	684,337
New York	8,159,503	7,423,067	9,747,917
North Carolina	2,299,340	2,037,649	2,729,927
North Dakota	305,974	270,752	351,560
Ohio	5,282,833	4,775,569	6,274,055
Oklahoma	1,212,516	1,086,694	1,421,547
Oregon	972,750	872,473	1,140,252
Pennsylvania	5,527,967	5,000,836	6,534,710
Rhode Island	441,064	401,728	518,065
South Carolina	1,250,369	1,141,558	1,498,770
South Dakota	339,742	303,545	400,260
Tennessee	1,772,102	1,587,853	2,125,595
Texas	5,596,863	4,979,429	6,556,277
Utah	584,952	528,228	713,093
Vermont	224,964	206,217	269,004
Virginia	2,154,844	1,928,041	2,602,614
Washington	1,650,100	1,461,184	1,826,004
West Virginia	783,532	710,237	965,400
Wisconsin	2,305,507	2,086,738	2,706,273
Wyoming	170,599	152,533	201,985

1/$120,000,000 is FY 1975 funding level recommended by American Library Association. (FY 1975 budget proposes "support services priority" consolidation of ESEA II, V, and NDEA III, to be funded at $158,175,000.)

American Library Association-Washington Office May 1974

SCHOOL LIBRARY RESOURCES, TEXTBOOKS, AND OTHER INSTRUCTIONAL MATERIALS

Grants to assist the States in the acquisition of school library resources, textbooks, and other instructional materials for their schoolchildren (provided by title II of the Elementary and Secondary Education Act) are important to the States and must be continued, as the following reports from the States make clear:

NEW HAMPSHIRE — To offset the problems of limited school library facilities, a rural isolation that prevents easy access to public libraries, and a lack of quality books for children in local book stores, several copies of 227 different paperback books were divided among elementary schools in the Merrimack, New Hampshire Supervisory Union. Teachers have reported that the children are very enthusiastic about the books and have made noticeable improvements in reading since the inception of this ESEA Title II program.

MASSACHUSETTS — A Title II project in the Acton-Boxborough Regional School District involved the purchase of materials for a humanities curriculum for 3 classes of "non-college" ninth grade pupils. Since these students were not academically oriented, the emphasis was not on literary classics and man's cultural heritage. Instead, readable, contemporary paperback books supplemented by films and other media centered around immediate human concerns.... The most visible result of the program has been the increased involvement in communication on the part of the pupils - greater willingness to express themselves in speech and writing, and to respond to each other and to their teachers.

KENTUCKY — In Clark County, the reading program is particularly interesting because the librarians and the classroom teachers have worked very closely to provide a varied approach to reading. Each elementary teacher uses a different reading series and approach, and through testing hopes to establish proof of the effectiveness of techniques being used in the teaching of reading. Much of the material being used was purchased with ESEA title II funds.

VIRGINIA — In Virginia the average expenditure for school library materials per child has risen from $3.29 in 1964-65 to $7.57 in 1970-71, while the average number of books per child has risen from 7.5 to 11. ESEA title II provides approximately 20 percent of the public school library budget for the State which is considered a substantial contribution.

MONTANA — With ESEA II support, approximately 15 workshops were held in Montana's Migrant Mobil Van to acquaint teachers of migrant children with library resources appropriate for use in the instruction of bilingual children.

OREGON — The Oregon Board of Education's priority on reading has required every school district in the State to submit a planning statement on reading to the State agency. Many title II projects pertain either directly or indirectly to reading. As a result, much time and effort has gone into the development of the projects. It is not uncommon for districts to plan a year or even two years in advance to determine the manner in which title II should relate to their reading programs.

COLORADO — In Colorado, title II has had an impact in improving programs for the economically disadvantaged children and has supported special bilingual programs in several small schools. One example is the Sierra Grande School, Costilla County, where a remedial reading and bilingual program has been assisted with title II funds.

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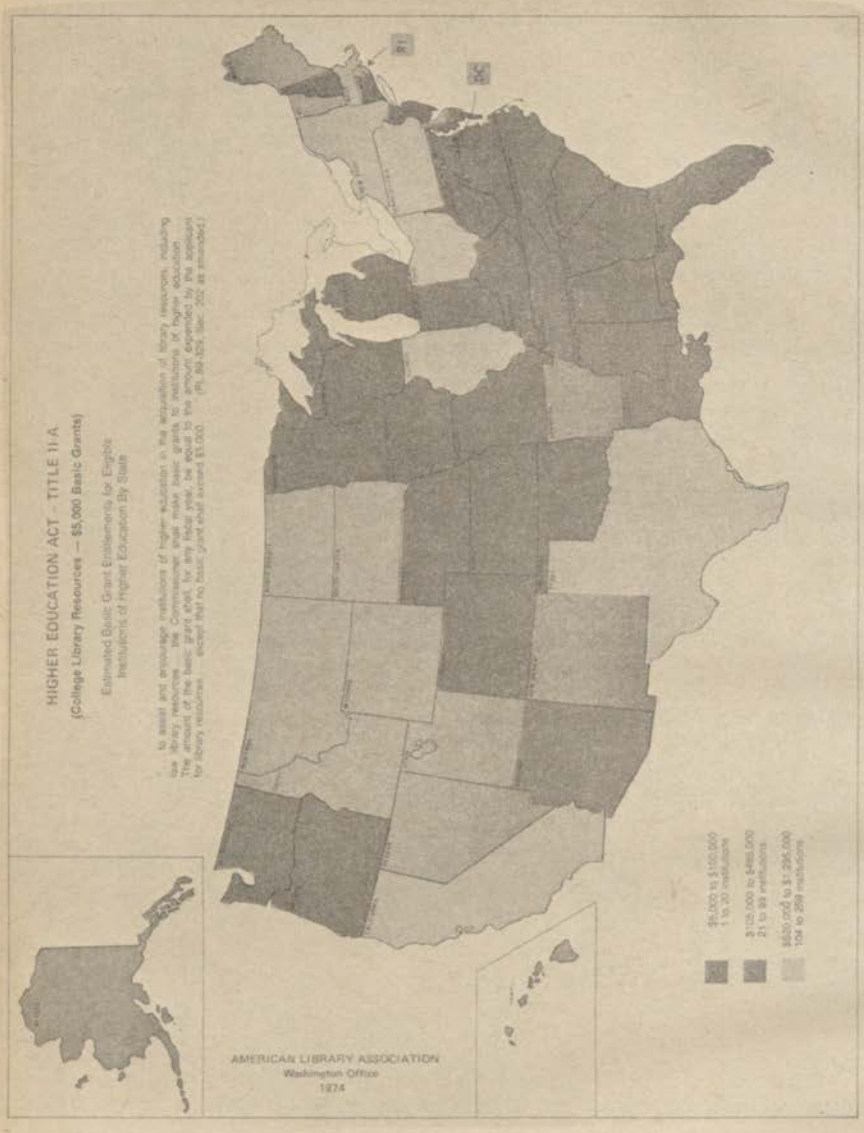
HIGHER EDUCATION ACT - TITLE II-A
(College Library Resources — $5,000 Basic Grants)
Estimated Basic Grant Entitlements for Eligible Institutions of Higher Education By State
... to assist and encourage institutions of higher education in the acquisition of library resources, including law library resources ... the Commissioner shall make basic grants to institutions of higher education. The amount of the basic grant shall, for any fiscal year, be equal to the amount expended by the institution for library resources ... except that no basic grant shall exceed $5,000. (P.L. 89-329, Title II, 202 as amended)
$5,000 to $100,000
1 to 20 institutions
$100,000 to $495,000
21 to 99 institutions
$500,000 to $1,295,000
104 to 269 institutions
AMERICAN LIBRARY ASSOCIATION
Washington Office
1974

HIGHER EDUCATION ACT - Title II-A

Estimated Basic Grant Entitlements for College Library Resources

	Number of Institutions[1]	Estimated Entitlement[2]	Enrollment[1]
Alabama	51	255,000	118,435
Alaska	3	15,000	11,698
Arizona	21	105,000	123,722
Arkansas	19	95,000	53,853
California	222	1,110,000	1,310,758
Colorado	33	165,000	127,842
Connecticut	46	230,000	130,960
Delaware	7	35,000	28,248
District of Columbia	17	85,000	80,565
Florida	66	330,000	255,916
Georgia	62	310,000	140,743
Hawaii	13	65,000	42,418
Idaho	9	45,000	34,536
Illinois	137	685,000	483,195
Indiana	45	225,000	201,424
Iowa	55	275,000	109,454
Kansas	52	260,000	107,973
Kentucky	36	180,000	108,047
Louisiana	23	115,000	134,409
Maine	18	90,000	34,551
Maryland	47	235,000	167,773
Massachusetts	118	590,000	319,856
Michigan	88	440,000	407,338
Minnesota	57	285,000	157,291
Mississippi	42	210,000	80,265
Missouri	73	365,000	188,881
Montana	12	60,000	28,081
Nebraska	27	135,000	66,054
Nevada	6	30,000	17,271
New Hampshire	25	125,000	28,294
New Jersey	61	305,000	241,189
New Mexico	11	55,000	47,953
New York	259	1,295,000	851,273
North Carolina	99	495,000	193,389
North Dakota	12	60,000	29,765
Ohio	104	520,000	385,581
Oklahoma	41	205,000	121,927
Oregon	40	200,000	123,322
Pennsylvania	146	730,000	429,838
Rhode Island	13	65,000	49,320
South Carolina	47	235,000	93,771
South Dakota	16	80,000	28,909
Tennessee	62	310,000	147,299
Texas	136	680,000	487,028
Utah	13	65,000	82,277
Vermont	20	100,000	25,712
Virginia	70	350,000	177,089
Washington	43	215,000	192,062
West Virginia	25	125,000	64,665
Wisconsin	59	295,000	217,114
Wyoming	8	40,000	17,551
TOTALS	2,715	$13,575,000	9,106,885

1/ Based on 1972-73 USOE higher education statistics.

2/ Educ. Amdts. of 1972 (PL 92-318) mandate a matching basic grant of up to $5,000 for every eligible institution. Actual entitlements may be higher than shown because multi-campus institutions are eligible for multiple basic grants.

HOW IMPORTANT IS AID TO ACADEMIC LIBRARIES?

The directors of nine typical college and university libraries tell what federal assistance under Title II of the Higher Education Act means to them, and what will happen if it is terminated:

Goucher College - Maryland "The college has made valiant efforts to try to increase the library's acquisition budget to at least keep up with inflation, but with the growing prices in education, particularly in the private colleges, it has been impossible to increase the acquisitions budget over the past year. The U.S. grant which was awarded in June of 1973 is being carefully spent this year.... Without this money we would not be able to adequately provide necessary materials for new courses being offered or replace worn out periodicals.

Minot State College - N. Dakota "Without federal funds our materials budget would be stretched to the extent that we would really begin losing ground. This would show first, I'm sure, in our periodicals acquisitions, as it is in periodicals and journals where today's inflation has been hurting the worst."

Western Kentucky University - "Western Kentucky University provides instruction and services to teachers in rural, and often deprived areas. They give instruction to teachers who in turn instruct children of low socio-economic backgrounds. The funds were used to buy instructional materials in support of this area. New collections in reading and special education were purchased which will be helpful in the future."

Mt. Senario College - Wisconsin "For the past four years we have been building a good basic library collection suited to our needs. Federal monies have been absolutely essential in helping us do this while our income is still small.... The cutting of funds would seriously cripple our efforts to establish a minimum collection of 50,000 volumes...."

Luzerne County Community College - Pennsylvania "Funds were used to purchase 16mm films and other audiovisual materials on matters of current social concern (VD, Alcoholism, Ecology) and these materials were made available for group program use on a countywide basis. These films could not have been purchased, and the program could not have been initiated, without HEA funds."

Morris Harvey College - West Virginia "Since our institution is neither well endowed nor extravagant in its tuition, inflation has resulted in reducing our ability to maintain an even collection. The absence of $5,000 in our book budget next year will result in curtailing the basic information available to our students, impinging upon their need to know and their ability to perform."

Reed College - Oregon "We received $5,000 for 1973/74 and we used $4,000 of this to cover the increased costs of our serials. Our costs this year so far are 27 percent above last year's and without the grant we would have had to cut about 10 percent of our subscriptions.... I have already prepared a list of journals to be cut if the appropriation does not pass."

Rutgers University - New Jersey "The basic grants do more than allow us to spend small amounts of money. They allow libraries to buy materials without undue restrictiveness. In many instances, the grants act as 'seed' money for future acquisitions with institional funds."

* * *

WHY ARE SPECIAL PURPOSE GRANTS NEEDED?

Up to 25 percent of the money appropriated under Title II-A of the Higher Education Act can be devoted to "special national or regional needs...and strengthening joint-use facilities." These funds, directly dependent on the size of the total appropriation, are vital to developing efficient library service. Typical institutions applying for these funds include:

University of New Hampshire - "The University's share ($36,552) of the FY 1973 Special Purpose grant to the New Hampshire College and University Council is being used to strengthen the library's holdings in the physical and biological sciences according to the terms agreed upon by members of the Council. Sharing resources and responsibility for strengthening specific subject areas has enabled members of the NHCUC to provide better service to their respective campuses."

University of Hawaii - "The University of Hawaii received a supplemental grant of $40,000 for expenditure in 1973-74 for the purchase of Asian and Pacific ethnic materials with special emphasis on urban and legal aspects, to support the university's newly approved masters program in Pacific Urban Studies and Planning.... Through the Pacific Islands Program and similar programs the library has developed bibliographies and workshops oriented towards the development and sharing of Pacific resources within the State of Hawaii and the larger Pacific area."

Wichita State University, Kansas - "Special purpose funds would be used to strengthen holdings in urban studies, administration of justice and minority studies, and to develop resources on environmental and ecological studies .... Wichita State serves not only its own faculty and students but shares its resources with the community."

WHAT ARE LIBRARY DEMONSTRATION AND TRAINING PROGRAMS?

From money appropriated under Title II-B of the Higher Education Act, two-thirds of the funds are to be applied to training programs in the field of library and information science, and the balance is earmarked for developing improvements in library service and library education. Recent examples of these programs include:

Arizona State University - a scholarship program for 15 American Indians who will become library media specialists to serve in Bureau of Indian Affairs elementary and secondary schools. The four-year program results in a bachelor's degree.

Indianapolis, Indiana - research by the Indiana State Library on the problems of adapting a traditional library to new computer technology. The project examined planning problems, staff attitudes, and evaluating the effect of the computer on library service.

Atlanta, Georgia - an experimental joint venture between the Cooperative College Library Center (Atlanta) and the Ohio College Library Center (Columbus, Ohio) to see if centralized purchasing and processing of library materials can be combined with centralized computer cataloging services to avoid duplication of effort for 22 developing college libraries.

University of Texas - a two-day seminar for 300 library educators and managers to acquaint them with the latest methods in planning and evaluating library programs. The seminar was filmed and taped for use by other institutions.

* * *

REVENUE SHARING AND PUBLIC LIBRARIES

The U.S. Treasury Department's March 1974 report, General Revenue Sharing -- The First Actual Use Reports, tells how 32,665 units of government actually spent their revenue sharing entitlements during the period January 1, 1972 through June 30, 1973.

This report shows that all units of local government 1/ spent only about $18 million for their libraries during this year and a half period. The general revenue sharing devoted to libraries amounted to about one percent of all revenue sharing funds spent by units of local government. A breakdown shows that counties spent some $6.3 million for libraries, cities about $10.4 million, and townships $1.7 million -- the total coming to $18,487,442 as indicated below:

State	Revenue Sharing	State	Revenue Sharing
Alabama	$515,426	Missouri	$52,782
Alaska	22,234	Montana	59,528
Arizona	32,801	Nebraska	74,621
Arkansas	129,240	Nevada	19,803
California	220,265	New Hampshire	214,177
Colorado	163,112	New Jersey	437,057
Connecticut	466,955	New Mexico	39,625
Delaware	2,597	New York	1,095,774
Dist. of Columbia	-0-	North Carolina	523,321
Florida	350,083	North Dakota	35,920
Georgia	275,153	Ohio	160,378
Hawaii	-0-	Oklahoma	91,519
Idaho	9,280	Oregon	785,154
Illinois	355,625	Pennsylvania	5,323,418
Indiana	18,549	Rhode Island	35,878
Iowa	152,194	South Carolina	136,084
Kansas	76,987	South Dakota	23,658
Kentucky	221,722	Tennessee	93,902
Louisiana	240,653	Texas	828,659
Maine	185,841	Utah	12,495
Maryland	195,343	Vermont	94,387
Massachusetts	665,449	Virginia	335,512
Michigan	563,301	Washington	692,301
Minnesota	379,273	West Virginia	210,485
Mississippi	144,940	Wisconsin	1,691,151
		Wyoming	32,645

TOTAL: $18,487,442

1/State governments did not report revenue sharing for libraries.

* * *

American Library Association-Washington Office May, 1974

REVENUE SHARING AND PUBLIC LIBRARIES

Libraries are earmarked as one of eight eligible expenditure categories for general revenue sharing (PL 92-512), but the Treasury Department reported in March 1974 that libraries had received only about one percent of local governments' revenue sharing dollars. While a few libraries have benefited from this program, the following 1973 and 1974 reports from the States illustrate some of the problems.

NEW JERSEY — The Woodbridge Public Library has received nothing in FY 1974 from general revenue sharing, but in FY 1973 the Library received $295,500 "which we used for salaries and wages. This money was substituted for local funds by the municipality as part of our '73 budget."

MASSACHUSETTS — The Massachusetts Bureau of Library Extension has been collecting data on libraries in the Commonwealth that have received revenue sharing support. The data is inconclusive, however, for the Bureau reports that the information does not reveal how much revenue sharing money was spent to improve or expand library services. "Many respondents pointed out that their receipt of revenue sharing funds was simply a matter of bookkeeping: their town allotted its revenue sharing for regular budget items, thus reducing the amount of local taxes needed."

WISCONSIN — "From comparisons with last year's expenditures," the state library agency reports, "it would seem that some municipalities are not giving extra funds to public libraries, but are merely taking out local funds from library budgets and putting in revenue-sharing funds."

CONNECTICUT — As applications for State Aid payments with accompanying annual statistical reports began to arrive in the State Division of Library Development, it became apparent that some libraries receiving revenue sharing funds were receiving them as replacements for existing local funds, with no total increase in local library support.

NEVADA — According to State Library records, only two libraries have received revenue sharing funds from the beginning of the program in January 1972 through March 1974. These two shared a sum of $39,000, all but $10,000 of which went for a bookmobile.

IOWA — Some 460 public libraries serve the State of Iowa, but of these only about one-half of one percent have received any support from general revenue sharing, according to State Library records.

OHIO — Because revenue sharing is allocated at such a basic level of government, much concern has been expressed as to whether revenue sharing money might be spent on library services which go beyond the boundaries of the local unit of government. In order to get a share of this money, it has been necessary in some cases to make firm assurances that the money will be used for local projects only. This factor precludes any possibility of entering into multi-county projects or in some cases county-wide projects. It eliminates revenue sharing funds as a viable factor in the equalization and improvement of library services for all Ohioans.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 14, 1974.

LIBRARY PROGRAMS

WITNESSES

STEPHEN A. McCARTHY, EXECUTIVE DIRECTOR, ASSOCIATION OF RESEARCH LIBRARIES

MRS. SUZANNE FRANKIE, ASSISTANT EXECUTIVE DIRECTOR, ASSOCIATION OF RESEARCH LIBRARIES

Mr. FLOOD. The Association of Research Libraries, Stephen A. McCarthy, executive director, and Mrs. Suzanne Frankie, assistant executive director.

Mr. MCCARTHY. Good morning, Mr. Flood and members of the committee. My name is Stephen McCarthy and I am executive director of the Association of Research Libraries. I would like to present my associate, Mrs. Suzanne Frankie, who will give the testimony for the association.

Mrs. SUZANNE FRANKIE. I am assistant executive director of the Association of Research Libraries, the principal organization of the large research libraries of the country. The association appreciates this opportunity to present its views on appropriations for the several library programs authorized by the higher education legislation and the Library Services and Construction Act. We support fully the recommendations made by the American Library Association.

In a period of rising prices, increased demands for information of all kinds, and increasing need for an educated citizenry, it is incomprehensible that the administration would again in the fiscal year 1975 budget recommend zero funding for library programs.

Obviously, the administration is completely lacking in an understanding of the real world in which most of us live. An administration sitting in Washington issuing statements about shifting decision-making to the States, and supporting national programs by funneling higher education support via direct grants to students, tacitly assumes that the students will be admitted to institutions with quality programs, but no provisions are made for quality library resources essential for these programs.

It is clear that the administration has not taken the time to analyze the importance of the issues involved here, and the serious consequences of assuming that local action by itself can achieve the goal of quality education for the citizens of this country. Information access is clearly a national responsibility requiring national attention.

Fortunately, we have in our congressional leadership knowledgeable groups of men and women who are genuinely concerned with these goals. You have heard our testimonies about the critical situation we face. The statistics on rising costs of publications and services are known to you. Your constituents, who are directly affected by inadequate library collections and services, can testify to the frustrations and indeed, serious consequences of an educational system which cannot adequately provide them with the access to information which they must have.

We presented a statement a year ago under these same circumstances, and because of your recognition of the necessity for the continued support and development of library programs, we can testify that even with the reduced funding provided this past year, libraries have been able to perform adequately in activities relating to collection development and training of personnel, and some noteworthy projects have developed involving cooperative arrangements among libraries seeking to maximize available resources.

We appeal to you again to support these programs which are essential to the information needs of an advanced society. The amounts we request are modest; they are far below the authorized levels, but they would give these programs some limited chance of accomplishing the purposes for which the legislation was enacted.

HIGHER EDUCATION ACT: TITLE II

We urge the Congress to appropriate $30 million for college and university library resources and for library training and research authorized under title II, parts A and B of the Higher Education Act: $21 million for title II–A: college library resources; and for title II–B: $6 million for training in librarianship, and $3 million for demonstrations and research to improve library services.

Title II–A of the Higher Education Act provides for basic grants of $5,000 to qualified colleges and universities. In 1973, 2,100 institutions from all parts of the country received basic grants. This year 3,000 applications were submitted for these grants. To an administration unconcerned with the critical financial straits of these institutions, grants of $5,000 "dribbled" around the country are more bother than they are worth. To those library administrators faced daily with the necessity of cutting back more and more of their basic programs, $5,000 may allow them at least to postpone critical decisions on such matters as what subscriptions will not be renewed, what personnel will not be replaced, what services will be discontinued.

Under these circumstances the grant program of the College Library Resources Act is of great importance and must not be allowed to die because of the callous attitude of the current administration.

Training and demonstration and research projects are important components of a Federal program designed to improve library services. Librarianship is a labor-intensive activity. The importance of qualified library personnel increases in direct proportion to the decrease in financial support for library services. Demands are made for the library to provide more and more services with less and less resources. Thus, funds provided for training programs as well as for demonstration and research projects are critical, and can have far-reaching and permanent effects on the development of effective library programs.

Again, we are recommending $6 million for training programs. This modest amount is badly needed to help meet the need for personnel with specialized skills in such areas as computer technology, administration and management, communications and background training in subject disciplines other than library science. Equally important here is the funding of continuing education programs to permit library staff members to gain new skills and insights that are essential to meet the changing demands for information. The invest-

ment already made by individuals, institutions and government in developing competencies of library personnel must not only be protected but the maximum return on it must be insured by providing programs for continued staff development and training.

LIBRARY SERVICES AND CONSTRUCTION ACT: TITLE III—INTERLIBRARY COOPERATION

For LSCA title III, we recommend an appropriation of $17,300,000.

The formation of cooperative networks at local, regional, and interstate levels has been one of the most significant developments affecting the provision of library services throughout the Nation. Although the levels of Federal funding of this legislation have been modest, the achievements have been significant. This is indeed money well spent.

It appears that even the administration has recognized the important accomplishments achieved under legislation providing support for cooperative programs, networking and other activities involving the sharing of resources and services and elimination of duplicate effort among all types of libraries. The administration has budgeted $15 million for some undefined new legislation which in fact is designed to accomplish what LSCA title III has successfully done in the past.

LSCA has stimulated a high level of cooperation among all types of libraries, and has lead in a number of States to far more effective library services. This stimulation has resulted in an increased awareness and appreciation in the State of the role of the library. The continuation and strengthening of this program is essential, lest we again find ourselves in the position of each library struggling independently to provide library programs that can be more efficiently and effectively achieved through cooperative programs.

Mr. Chairman, to make it clear that this testimony is based on facts, we attach two recent stories from the New York Times. One dated May 5 describes the desperate situation of the libraries of the University of California at Berkeley and at Los Angeles; the other, dated March 24, reports that the four largest private research libraries in the Northeast have formed a new consortium in an effort to improve services and to stretch available resources as far as possible.

A recent conversation with the head of a small private college in North Daktota regarding the basic grants under title II–A led to this statement: "You do realize how terribly important that $5,000 is to us."

Thus there is ample evidence of the need by both the smallest and largest institutions for the assistance provided by the college library resources program.

Thank you, Mr. Chairman, for this opportunity to present the views of the Assocation of Research Libraries.

A list of our member institutions is attached for your information.

[The attachments follow:]

FINANCIAL TROUBLES BESET LIBRARIES AT COAST SCHOOLS

LOS ANGELES, May 5.—The University of California Libraries, which include the noted collections at the Berkeley and UCLA campuses, are having financial problems, and university officials say that they may adversely affect the quality of the system's graduate schools.

Universitywide budget cuts, which started with the administration of Gov. Ronald Reagan, and inflation have reduced funds for building new storage space, caused reductions in staff, and shortened the libraries' hours.

"The library at Berkeley is the key to the quality of this campus and in some ways the whole system," said a spokesman at the University of California at Berkeley. "The recruiting of faculty has always been heavily influenced by the excellence of the library here."

Of particular concern to library officials is reduced funding for serials, manuscripts and rare books. UCLA is considered to have one of the best collections of 19th century Victorian literature, and one of the country's best-known collections of Chinese books and serials is in the East Asiatic Library at Berkeley.

The campus' Bancroft Library is known for its collection of Western and Spanish Americana.

The Berkeley Library, with 4 million volumes, was once ranked second only to Harvard in a national survey of university libraries. In the same survey, in 1964, UCLA was ranked fourth.

The Berkeley Library has temporarily suspended buying books and planning for an addition. Berkeley is reported to be 1 year behind other major universities in library acquisitions, according to Richard Dougherty the Berkeley librarian. The Berkeley campus has made an emergency appropriation to buy serials.

Four Major Libraries Combine Research Operations

(By Eric Pace)

The New York Public Library has joined with the Columbia, Yale, and Harvard libraries in a sweeping and controversial program of combined operations that will entail cutting back purchases of many publications and systematically exchanging photocopies of previously published writings.

Details of the project were disclosed by the public library's president, Richard W. Couper, at a recent luncheon with editors and reporters of the New York Times. He said the 4 libraries, which together house more than 25 million volumes, would strive for speed in making material from their collections available to one another's readers.

Accordingly, the libraries are expected to use everything from Greyhound buses to the latest electronic equipment to relay original printed material and facsimilies back and forth.

This unified shuttle service is to be orchestrated by the use of Teletype machines, open telephone lines, and centralized catalogs compiled by computers. It will enable the libraries to save money by buying only one copy among them, and not four copies, of expensive sets of volumes, for instance, or little-used journals.

The venture is "one of the most important cooperative undertakings in the research library field in decades," a spokesman for the four-library consortium declared here recently, adding that it was to be expanded "as soon as practicable" to include other research libraries—that is, libraries, meant mostly for advanced students and scholars, that do not regularly lend out their books. Only the noncirculating divisions of the New York Public Library are involved.

The necessity of joint action was agreed upon by the libraries' directors last year, and the consortium was formed. The program was elaborated in a 150-page master plan that is now being studied by their staffs. It is to be given substance in the near future, a public library executive said, when the four libraries set up a corporation, to be called the Research Libraries Group, to oversee their joint operations.

Criticism in Book World

As word of the venture has spread in the book world, there has been some criticism. The libraries' plans for systematic copying were called self-defeating by a spokesman for the Authors' League this week, and unfair by the copyright counsel to the Association of American Publishers. Proposed changes in purchasing practices were called potentially harmful by the president of the Antiquarian Booksellers Association of America.

No date has yet been set for the creation of the corporation, however. Its role was defined by the consortium spokesman, Edward White, as to work "through cooperative organization to promote the economical development of collections, preseravtion and conservation techniques, and more flexible reciprocal access to resource material."

Once established, the corporation is to set up an information center at Yale that will collect and give out data about the works that the libraries have in their respective collections. These include millions of maps, manuscripts and microfilmed documents, in addition to the millions of volumes, which are in 3,000 languages and dialects.

It is the corporation, whose director has not yet been named, that is to employ computers to catalog periodicals and other categories of publications in the four participating libraries.

The early stages of the project are expected to cost $10 million to $15 million, senior library officials say, and their hope is that the money will be put up by foundations and corporations. That is a considerable sum, even in the world of the giant libraries—more than the public library's current $13.5 million operating budget for its research divisions—but the outlay is worthwhile, the officials argue, since the future of the country's library system is involved.

"Innovative cooperative effort can now achieve major improvements in resources and services and a reduction in the rate of increase in library costs," one Harvard librarian said, while "without remedial action these costs will rapidly become insupportable."

More anxiously, the public library's Mr. Couper exclaimed, "We've got to do this, no matter what," during the luncheon with the Times' editors and reporters.

Underlying Mr. Couper's concern was the financial squeeze that afflicts his library, along with most of the city's major nonprofit cultural institutions, such as the Metropolitan Opera and the Metropolitan Museum of Art. Technically speaking, the public library is a private institution, although its main building, on Fifth Avenue at 42d Street, is kept up by the city, and it is presently receiving $1.1 million a year in city maintenance funds, with the balance of its budget coming from State, Federal, and private sources.

The library stayed out of the budgetary soup last year, with a deficit of less than $1 million, Mr. Couper noted. He said: "This year will be reasonably good, but next year we'll be right back in it." Deficits have been as high as $3 million in the past.

What worries Mr. Couper and his aides particularly is the prospect of further inflation and higher expenditures for salaries and employee benefits, which already make up the bulk of the library's operating costs. Negotiations are now going on toward a new employee contract, to be in effect for 2 or 3 years, and some library executives expect the costs of salaries and benefits to rise by almost 10 percent.

The library has also been plagued by rising expenditures for foreign publications because of fluctuations in exchange rates for foreign currencies in recent years. Foreign magazines and journals now cost about $500,000 a year.

In addition, polluted air and declining quality in book manufacturing have caused problems affecting the preservation of the library's collections. About 2 million volumes are in need of some kind of touching up.

Library officials have been intensifying their efforts to drum up cash contributions, and the amount of annual donations has risen from $750,000, given by 3,000 contributors 3 years ago, to $3 million, now being given by 9,000 contributors.

In addition, Mr. Couper hopes for further funding, including Federal moneys. The National Endowment for the Humanities last year allotted a $1 million grant for the library's research collections, which include the art and architecture division and many others.

And the library stands to make substantial savings through the research libraries group. Mr. Couper said, in answer to a reporter's question, that collaboration with the other consortium members might eventually enable the library to spend 20 to 25 percent less a year for acquisitions than it would otherwise.

This is partly because, as one of the consortium's working papers puts it, information is to be "exchanged as a means of coordinating the acquisition of expensive items."

"A special mechanism for selection of new serial titles should be instituted to lessen duplication," it also stipulates, and "as a long-term possibility, agreement may be reached on allocating responsibilities for in-depth collecting—of books and other materials—based on subject and language categories and on forms of material."

The prospect of reduced purchases is understandably unwelcome in parts of the book trade. Leona Rostenberg, president of the antiquarian dealers' association, said that "this plan could be harmful" and might, by limiting acquisitions

for endowed collections, be unfair to their original donors. But public library officials said that purchases paid for by the endowment of major special collections would not be affected by the program.

Many authors and publishers feel it is only fair for libraries to pay royalties if they systematically turn out facsimiles of copyrighted material, but public library officials say there is no plan for the participating libraries or the corporation to do so. They cite a recent United States Court of Claims decision, in a case known as *Williams & Wilkins* as supporting their position.

Nonetheless, Charles Lieb, the publishers' association counsel, said the proposed copying was unfair, and added that "if this is done without payment to publishers and authors for the systematic reproduction of the material, it will inhibit the further production of material" by publishers and authors.

Irwin Karp, counsel to the Authors' League, voiced a similar view, saying: "The idea that scholarly publishing can survive under a system where libraries, which are among the principal purchasers of these works, organize systems of distribution and reproduction that have the deliberate purpose of eliminating purchases is an obvious self-defeating contradiction." And other publishing world veterans fear that enhanced cooperation among the libraries may also be harmful to the sales of nonscholarly books, such as books of verse.

More heated controversy has centered on the prospect of systematic copying of printed material. One of the consortium's working papers notes that "the broad array of existing computer, communications and photographic technology prompts convictions that library processes can be recast" and says the participating libraries are prepared to make "such materials as government publications, little-used serials" and expensive book sets promptly available to authorized readers from any of the other participating libraries by various means including photocopying.

The master plan also prescribes that there should be agreement on uniform price rates for photocopying done by one library of the consortium for another.

And library executives hope that before too long they will be able to relay printed material instantaneously from one participating library to another as the devices involved, known generally as telefacsimile equipment, become cheaper and more efficient.

ASSOCIATION OF RESEARCH LIBRARIES MEMBERSHIP LIST

University of Alabama Libraries, P.O. Box S, University, Ala., James F. Wyatt, Dean of Libraries.
University of Alberta Library, Edmonton, Alberta, Canada, Bruce Peel, Director.
University of Arizona Library, Tucson, Ariz., W. David Laird, Librarian.
Arizona State University Library, Tempe, Ariz., Donald Koepp, Librarian.
Boston Public Library, Boston, Mass., Philip J. McNiff, Librarian.
Boston University Library, Boston, Mass., John Laucus, Director.
University of British Columbia Library, Vancouver 8, British Columbia, Canada, Basil Stuart-Stubbs, Librarian.
Brown University Library, Providence, R.I., David A. Jonah, Librarian.
University of California Library, Berkeley, Calif., Richard Dougherty, Librarian.
Brigham Young University, 324 Clark Library, Provo, Utah, Donald F. Nelson, Director.
University of California Library, Davis, Calif., J. R. Blanchard, Librarian.
University of California Library, Los Angeles, Calif., Page Ackerman, Librarian.
University of California, San Diego, The University Library, La Jolla, Calif., Melvin J. Voigt, Librarian.
University of California, Santa Barbara, Santa Barbara, Calif., Donald Davidson, Librarian.
Case Western Reserve University Libraries, Cleveland, Ohio, James V. Jones, Director.
Center for Research Libraries, Chicago, Ill., Gordon R. Williams, Director.
University of Chicago Library, Chicago, Ill., Stanley McElderry, Director.
University of Cincinnati Libraries, Cincinnati, Ohio, Harold Schell, Dean, Library Administration and Director of Libraries.
University of Colorado Library, Boulder, Colo., Ellsworth C. Mason, Director.
Columbia University Libraries, New York, N.Y., Warren J. Hass, Vice President and Librarian.
University of Connecticut Library, Storrs, Conn., John P. McDonald, Director.
Cornell University Libraries, Ithaca, N.Y., G. F. Shepherd, Jr., Acting Director.
Dartmouth College Libraries, Hanover, N.H., Edward C. Lathem, Librarian.

Duke University Libraries, Durham, N.C., Benjamin E. Powell, Librarian.
University of Florida Libraries, Gainesville, Fla., Gustave A. Harrer, Director.
Florida State University Library, Tallahassee, Fla., Charles Miller, Librarian.
Georgetown University Library, Washington, D.C., Joseph E. Jeffs, Director.
University of Georgia Libraries, Athens, Ga., Warren N. Boes, Director.
Harvard University Library, Cambridge, Mass., Douglas W. Bryant, Director.
Howard University Libraries, Washington, D.C., Kenneth S. Wilson, Acting Director.
University of Illinois Library, Urbana, Ill., Lucien W. White, Librarian.
Indiana University Libraries, Bloomington, Ind., W. Carl Jackson, Dean of Libraries.
University of Iowa Libraries, Iowa City, Iowa, Leslie W. Dunlap, Dean of Library Administration.
Iowa State University Library, Ames, Iowa, Warren Kuhn, Dean of Library Services.
John Crerar Library, Chicago, Ill., William S. Budington, Director.
Johns Hopkins University Library, 230 Garland Hall, Baltimore, Md., John H. Berthel, Librarian.
Joint University Libraries, Nashville, Tenn., Frank P. Grisham, Director.
University of Kansas Library, Lawrence, Kans., David W. Heron, Director.
University of Kentucky Libraries, Lexington, Ky., Paul Willis, Acting Director.
Library of Congress, Washington, D.C., L. Quincy Mumford, Librarian.
Kent State University, Kent, Ohio, Hyman W. Kritzer, Assistant Provost and Director of Libraries.
Linda Hall Library, Kansas City, Mo., Thomas D. Gillies, Acting Director.
Louisiana State University Library, Baton Rouge, La., George Guidry, Jr., Acting Director.
McGill University Library, Montreal 2, Quebec, Canada, Richard A. Farley, Director.
University of Maryland Library, College Park, Md., Howard Rovelstad, Librarian.
University of Massachusetts Libraries, Amherst, Mass., Richard J. Talbot, Director.
Massachusetts Institute of Technology Libraries, Cambridge, Mass., Natalie N. Nicholson, Director.
University of Michigan Library, Ann Arbor, Mich., Frederick H. Wagman, Director.
Michigan State University Library, East Lansing, Mich., Richard Chapin, Librarian.
University of Minnesota Libraries, Minneapolis, Minn., Ralph H. Hopp, Director.
University of Missouri Library, Columbia, Mo., Dwight Tuckwood, Director.
National Agricultural Library, Beltsville, Md., Joseph F. Caponio, Acting Director.
National Library of Canada, 395 Wellington Street, Ottawa 4, Ontario, Canada, Joseph Guy Sylvestre, Librarian.
National Library of Medicine, Bethesda, Md., Martin M. Cummings, Director.
University of Nebraska Libraries, Lincoln, Nebr., Adam C. Breckenridge, Acting Director.
New York Public Library, New York, N.Y., Richard W. Couper, President.
New York State Library, State Education Department, Albany, N.Y., John A. Humphry, Assistant Commissioner for Libraries.
New York University Libraries, New York, N.Y., Eugene Kennedy, Dean of Libraries.
University of North Carolina Libraries, Chapel Hill, N.C., James F. Govan, Director.
Northwestern University Libraries, Evanston, Ill., John P. McGowan, Librarian.
University of Notre Dame Libraries, Notre Dame, Ind., David E. Sparks, Director.
Ohio State University Libraries, Columbus, Ohio, Hugh Atkinson, Director.
University of Oklahoma Library, Norman, Okla., James K. Zink, Director.
Oklahoma State University Library, Stillwater, Okla., Roscoe Rouse, Librarian.
University of Oregon Library, Eugene, Oreg., H. William Axford, University Librarian.
University of Pennsylvania Libraries, Philadelphia, Pa., Richard De Gennaro, Director.
Pennsylvania State University Library, University Park, Pa., Stuart Forth, Dean of University Libraries.

University of Pittsburgh Libraries, Pittsburgh, Pa., Glenora Edwards Rossell, Director.
Princeton University Library, Princeton, N.J. William S. Dix, Librarian.
Purdue University Library, Lafayette, Ind., Joseph M. Dagnese, Director.
Rice University Library, 6100 S. Main, Box 1892, Houston, Tex., Richard L. O'Keefe, Librarian.
University of Rochester Libraries, Rochester, N.Y., Ben Bowman, Director.
Rutgers University Library, New Brunswick, N.J., Virginia P. Whitney, Librarian.
Smithsonian Institution Libraries, Constitution Avenue at Tenth Street NW., Washington, D.C., Russell Shank, Director.
University of Southern California Library, Los Angeles, Calif., Roy L. Kidman, Librarian.
Southern Illinois University Library, Carbondale, Ill., Ralph E. McCoy, Dean of Library Affairs.
Stanford University Libraries, Stanford, Calif., David C. Webster, Director.
State University of New York at Buffalo Libraries, Buffalo, N.Y., Eldred Smith, Director.
Syracuse University Libraries, Syracuse, N.Y., Metod M. Milac, Acting Director.
Temple University Library, Philadelphia, Pa., Arthur Hamlin, Director.
University of Tennessee Libraries, Knoxville, Tenn. Richard Boss, Director.
University of Texas Libraries, Austin, Tex., Merle N. Boylan, Director.
Texas A. & M University Library, College Station, Tex., Henry L. Alsmeyer, Jr., Associate Director.
University of Toronto Libraries, Toronto 5, Ontario, Canada, Robert H. Blackburn, Chief Librarian.
Tulane University Library, New Orleans, La., John H. Gribbin, Director.
University of Utah Libraries, Salt Lake City, Utah, Roger Hanson, Director.
University of Virginia Libraries, Charlottesville, Va., Ray Frantz, Jr., Librarian.
University of Washington Library, Seattle, Wash., Marion A. Milczewski, Director.
Washington State University Library, Pullman, Wash., G. Donald Smith, Director.
Washington University Libraries, St. Louis, Mo., William Kurth, Librarian.
Wayne State University Libraries, Detroit, Mich., Vern M. Pings, Director.
University of Wisconsin Libraries, Madison, Wis., Joseph H. Treyz, Jr., Director.
Yale University Libraries, New Haven, Conn., Rutherford D. Rogers, Librarian.

Mr. FLOOD. Thank you

TUESDAY, MAY 14, 1974.

POSTSECONDARY EDUCATION IN VIRGINIA

WITNESSES

JULIA M. JACOBSEN, COORDINATOR OF GOVERNMENT RELATIONS, COUNCIL OF INDEPENDENT COLLEGES OF VIRGINIA
DR. CAREY BREWER, PRESIDENT OF LYNCHBURG COLLEGE

Mr. FLOOD. The Council of Independent Colleges of Virginia, Julia M. Jacobsen, coordinator of government relations, and Dr. Carey Brewer, president of Lynchburg College.

Mr. ROBINSON. If the chairman will yield, I would like to welcome Dr. Brewer and Mrs. Jacobsen as they appear before our committee. They don't happen to represent any institutions in my district but four of the institutions in their council are in my district.

I would like to welcome the rest of the Virginians in the room at the moment to our hearing.

Mrs. JACOBSEN. It is a great pleasure to have many of our Virginia college presidents with us today and I would like to introduce Dr. Carey Brewer, president of Lynchburg College who will speak on behalf of the Council of Independent Colleges of Virginia.

Dr. BREWER. Mr. Chairman, my name is Carey Brewer and I am here today on behalf of the Council of Independent Colleges of Virginia, which comprises 26 independent, predominantly undergraduate, liberal arts colleges.

You have heard testimony, I am sure, on every aspect of the higher education amendments. We want to address three areas of need which are to a degree interrelated.

First and foremost is the area of student aid, which affects all of higher education because it determines who and how many shall have access to higher learning in our country. In the face of rising costs, it is more critical than ever that the full range of student aid programs—particularly the campus-based supplementary education opportunity grant (SEOG) national direct student loan (NDSL) and college work-study (CWS) programs—be fully funded. We must coordinate these sources with our State-based programs and with institutional funds for grants and work opportunities to insure the fairest and most effective distribution of student financial aid.

Funding of the State student incentive grant program will also be important to Virginia institutions, as we now have legislation pending that will enable Virginia to develop a State grant program in lieu of its present restrictive loan policy.

We urge you to appropriate adequate funds for these vital programs: $230 million for SEOG, $400 million for NDSL, $420 million for college work-study and $69 million for State student incentive grant programs.

Second is the need for support for academic facilities and instructional equipment, and third, for title I HEA continuing education and community service. The common bond of these two programs is based on our changing needs in terms of higher education. The teaching methods, materials, and tools of instruction have changed, and the pattern of instructional programs has become more flexible and will continue to do so. In addition to the traditional 4-year liberal arts program, for example, more and more courses are open to the adult wishing to continue or supplement his or her education. Other special programs of continuing education are offered in varied formats, lectures, workshops, and symposiums. Films, video tapes, and computer terminals have become integral parts of the instructional program.

It has been said that our colleges are overbuilt. We are not overbuilt in the private sector. When we examine our buildings in terms of structural and functional quality, teaching facilities in private institutions simply do not meet specific needs and standards required for current educational programs. Examination of our facilities needs on a basis of student head count and total square footage of instructional space as required by title VII standards does not show what special needs and qualities our facilities lack.

Let me give one example of what we are faced with. A new science building is opened. The abandoned building is used for expanding classes in the social sciences. Bunsen burners are disconnected, a few partitions are shifted and the building is painted. The old building was not designed for computers and computer terminals, for projection equipment, filming, and varied classroom sizes and setups. Contemporary fire and safety codes were not in existence when many such buildings were converted to a different use. Minor remodeling didn't require

compliance with new fire and safety regulations. Energy conservation and environmental concerns raise more questions with regard to building standards. These same older buildings have more demands made on them not for overall increased enrollment but for increased usage in smaller groupings, and for community and adult education programs. Cost of maintenance is rising, and the cost of education increases proportionately. Fewer new facilities will be needed if support is provided to upgrade presently available facilities in institutions which already have adequate instructional capability.

In the Lynchburg area, our consortium of Lynchburg College, Randolph-Macon Woman's College and Sweet Briar College is committed to meeting the need for community service and continuing education. Our community service program has drawn onto our campuses several hundred leaders in local governmental and nongovernmental service organizations for training programs aimed at improving the environmental quality of the region.

We are committed to our community responsibility. However, our first requirement is to attract and hold faculty for the highest quality of educational programs. For 10 years we have been progressively losing ground in maintenance and renovation of buildings and keeping up with needs for modern equipment. Today we must choose between faculty salaries and equipment and renovation. Salaries lag behind the cost of living, and there can be no decision favoring expenditures for equipment and renovation at the risk of losing good faculty.

Without support and incentive from title I HEA community service and continuing education funds, we cannot hope to develop needed community education programs.

Without support for renovation of buildings and acquisition of modern equipment, we cannot hope to make the most effective use of our facilities.

In Virginia alone, viable proposals for equipment totalled $635,000 this past year. This figure would have been over 1 million if a shortage of funds in the program had not discouraged submission of proposals. The Federal share to match this $635,000 in requests would have been $315,000. Of this, only $198,000 was available to fund 27 out of 37 projects. Most of these projects were whittled down to spread the funds further.

Mr. Chairman, to meet the needs demonstrated through viable proposals in the State of Virginia, appropriation levels for these programs nationwide would have to be:

$25 million for title I HEA.

$17 million for title VI equipment.

$43 million for grants for construction of academic facilities.

Mr. Chairman, this concludes my presentation. Thank you for the opportunity to express our views before this committee.

[The attachments follow:]

EXHIBIT I

COUNCIL OF INDEPENDENT COLLEGES IN VIRGINIA

INSTITUTION, ADDRESS, AND PRESIDENT

Averett College, Danville, Va., C. A. Anderson.
Bluefield College, Bluefield, Va., Charles L. Tyer.
Bridgewater College, Bridgewater, Va., Wayne F. Geisert.

Eastern Mennonite College, Harrisonburg, Va., M. S. Augsburger.
Emory and Henry College, Emory, Va., Thomas R. Chilcote.
Ferrum College, Ferrum, Va., Joseph T. Hart.
Hampden-Sydney College, Hampden-Sydney, Va., W. T. Reveley.
Hampton Institute, Hampton, Va., Roy D. Hudson.
Hollins College, Hollins College, Va., John A. Logan, Jr.,
Lynchburg College, Lynchburg, Va., Carey Brewer.
Mary Baldwin College, Staunton, Va., William W. Kelly.
Marymount College of Virginia, Arlington, Va., Sister M. M. Berg.
Randolph-Macon College, Ashland, Va., L. W. White III.
Randolph-Macon Woman's College, Lynchburg, Va., William F. Quillian, Jr.
Roanoke College, Salem, Va., Perry F. Kendig.
St. Paul's College, Lawrenceville, Va., J. A. Russell, Jr.
Shenandoah College & Conservatory of Music, Winchester, Va., R. P. Parker.
Southern Seminary Junior College, Buena Vista, Va., J. D. Strickland.
Stratford College, Danville, Va., W. H. Moonmaw.
Sullins College, Bristol, Va., Claudius Pritchard.
Sweet Briar College, Sweet Briar, Va., Harold B. Whiteman, Jr..
University of Richmond, Richmond, Va., E. B. Heilman, Jr.
Virginia Intermont College, Bristol, Va., F. V. Turner.
Virginia Union University, Richmond, Va., Allix B. James.
Virginia Wesleyan College, Norfolk, Va., L. M. Clarke.
Washington and Lee University, Lexington, Va., R. E. R. Huntley.

EXHIBIT II.—FINANCIAL AID AVAILABLE TO STUDENTS ATTENDING LYNCHBURG COLLEGE

DIRECT FINANCIAL ASSISTANCE

Program	Who is eligible	Amount per year
Lynchburg area grants	Graduates of all accredited area high schools	$400.
Virginia tuition assistance loans (with cancellation provisions).	Residents of Virginia attending private colleges in Virginia.	$400 (1974–75 amount to be determined).
Lynchburg area honor scholarships	Graduates ranked in top of area high school class	$2,050.
Virginia teachers scholarship, loan	Residents of Virginia attending college in Virginia with plans to teach.	$450.
Christian Education Fund	Members of Christian (Disciples) Church anywhere.	
Grants		$200.
Awards	Those standing near top of high school class	$500.
Scholarships	Those standing at top of high school class	$1,000.
Freshman honor scholarships	Those with outstanding high school records	$500.
Ministers' dependent grants	Dependent spouses or children of full-time ministers.	Up to $300.
Guaranteed loans without interest subsidy	Students from all States	$1,500 for Virginians—up to $2,500 for residents of some States.

Financial Assistance Based on Documented Need

Program	*Amount per year*
Scholarships/grants	Up to $1,500.
College work-study	Up to $1,000.
National direct student loans	Up to $1,250.
Guaranteed loans (with interest subsidy)	Up to $1,500 for Virginians—up to $2,500 for residents of some States.
Basic educational opportunity grant	Up to $945.
Church related occupation grants (for those intending to work in a church related occupation)	From $200.

Additional notes:

1. Lynchburg College guarantees a student's rate for 4 years.
2. Lynchburg College provides a budget payment plan through which 25 percent of charges is paid at the beginning of the year and the balance (with 3-percent handling charge) is paid in eight installments.

Dr. BREWER. I would like to submit a statement for the record on private higher education in Virginia on behalf of the Council of Independent Colleges of Virginia.

Mr. FLOOD. Very well.

[The statement follows:]

STATEMENT BY JAY L. CHRONISTER FOR THE COUNCIL OF INDEPENDENT COLLEGES IN VIRGINIA

FOREWORD

In December 1967 the Virginia plan for higher education, as published by the State Council of Higher Education for Virginia, in writing of the role of the private sector institutions of higher education in the Commonwealth stated:

These (privately controlled) institutions provide a valuable educational service and bring distinction to the State. Supported by private resources, this sector of higher education has long provided opportunity of choice in higher education to the citizens of the Commonwealth.

During the intervening years since the issuance of the 1967 Virginia plan, the demands upon and the nature of higher education in the Commonwealth has changed significantly. To the credit of the Commonwealth and its leadership in many sectors, increasing interest has been expressed concerning the relationship of the State and the private sector of higher education.

The purpose of this paper is to express in concise form several perspectives on the State's role in maximizing the private institutions as an educational resource for citizens of the Commonwealth. The paper is based upon studies conducted by the author and others concerned with the role of private higher education in Virginia and in other States. National trends and actions by States to support the private sector are presented as a perspective from which to view specific recommendations for the Virginia situation.

PRIVATE HIGHER EDUCATION IN VIRGINIA—PERSPECTIVES ON THE STATE'S ROLE

Traditionally, diversity has been the hallmark of America's system of higher education. Competitive excellence has been an outgrowth of maintaining strong public and private sectors of higher education to the benefit of the students, faculties, the institutions, and the States in which the institutions have been located. The value of the private sector of higher education in Virginia has long been recognized by those concerned with both the opportunity for, and quality of higher education in the Commonwealth. But, in recent years, the continued viability and vitality of the independent institutions of higher education in the Commonwealth has been threatened by financial problems that have also had an impact on higher education, nationally.

Two forces have placed the private sector in a paradoxical situation in the past 5 to 6 years. At a time when college enrollments were increasing and the Commonwealth was making a concerted effort to make higher educational opportunities available to all who could benefit from it, costs of providing education were soaring for both the public and private sectors. The public institutions have turned to the legislature for guidance and assistance in meeting these increasing costs. In addition, in recent years the public institutions have also been soliciting and obtaining increasing amounts of funds from private sources which have traditionally provided funds for private institutions. The private college has had to respond to rising costs by raising tuition charges to the students since tuition and private support are the prime sources of operating funds for private insitutions. As we have seen, the higher tuition at the private college has forced more and more students to seek admission at the already crowded public colleges while private college classrooms have significant numbers of vacant seats.

In response to this emerging problem of higher education in the Commonwealth, two separate but similar positive steps were taken in 1971. Senate Joint Resolution No. 21 of the 1971 Session of the General Assembly requested the State Council of Higher Education to study the independent institutions of higher education in Virginia. In response to this request a report entitled, "State Support for Private Higher Education in Virginia" was prepared by a panel of consultants for the State council. Also during 1971, the Council of Independent Colleges in Virginia commissioned a study of the role and future

of private higher education in Virginia. Two reports were prepared as a result of this study: "Virginia's Private Colleges and the Public Interest, the Case For a Pluralistic System"; and "The Fact Book on Private Higher Education in Virginia."

A Summary of Findings

The findings of the studies commissioned by both the State Council of Higher Education for Virginia and the Council of Independent Colleges In Virginia were quite similar. In brief form the findings can be summarized as follows:

1. The private sector has historically made significant contributions to higher education in Virginia and is an important educational resource for the State.

2. Because of economic factors beyond the control of the institutions, the current and future viability of these colleges is being threatened, therefore the State is in danger of losing the educational strength and diversity provided by a strong private sector of higher education.

3. While institutions in the public sector are expanding rapidly to accommodate increasing student enrollment, the private institutions are available as an under-utilized resource because rising tuition serves as a barrier to student choice of attendance at institutions in the private sector.

4. Although the institutions in the private sector may be private in control, they serve a public function in being responsive to public educational needs and desires. Therefore, they can be considered as integral units in a State system of higher education and a resource to be appropriately and partially assisted from public funds without endangering institutional individuality and unique characteristics.

In response to the findings of the two studies, the Virginia General Assembly took positive action to increase student accessibility to institutions in the private sector during both the 1972 and 1973 sessions by passage of legislation designed to provide aid to students attending private institutions in the Commonwealth.

The purpose of the remainder of this report is to explore avenues for continued and expanded State support for higher education which have specific applicability for the private sector. In this context, a responsibility for the State to aid the private sector is being defined, which, at the same time, requires a definition or responsibility of the private sector institutions to the State.

The basic rationale for the defining of potential avenues for State support for the private sector of higher education rests upon the findings of the two studies cited earlier. In order to place this analysis of types of support in a broader context, a national perspective is provided as well as a State perspective.

State Aid to Private Institutions

Based upon a recent survey into types of State aid to the private sector of higher education, only 12 States fail to provide funding for one or more programs of aid to institutions in the private sector or students enrolled in those institutions. The amount of funds committed and the number of programs offered by the States which provide aid vary considerably.

The most prevalent category of State assistance to private institutions is student aid, herein referring to all forms of direct support to the student, whether directly from a State agency or through the institution. The following descriptions identify the major types of State aid being provided:

1. Scholarships and grants: Scholarships is a term usually applied to awards to students which may or may not require a specific scholastic attainment for qualification. Grants may be noncompetitive and are generally related to financial need on the part of the recipient.

2. Loans: Loans made with State funds. Some have forgiveness clauses enabling the recipient to cancel all or part of the loan through the performance of specified service within the State.

3. Tuition Equalization: Assistance to students in the form of an award of a sum of funds to the individual to pay part or all of the difference between tuition costs at private colleges and tuition costs at public colleges. The award may or may not be related to the recipient's financial need.

As of fall 1972, 28 States provided scholarships, grants, or a combination of the two. Some States' programs are based only on need, are open to participation of only selected groups or narrowly defined categories of students, or may be used only at institutions within the State making the awards. In other States, need is not a factor, participation is open to all students, or the awards may be taken by the student to any accredited institution in any State.

Although some authorities may indicate a larger number of States currently operating loan programs, the author's own survey finds a total of 13 States that provide some form of loan assistance to their residents.

Thirteen States provide tuition equalization in which the assistance follows the student. The payment may be in the form of straight equalization, under which a fixed amount is awarded regardless of cost, or it may be a fluctuating grant related both to institutional costs and sudden need.

A second category of tuition equalization is awarded directly to the private institutions either on the basis of students enrolled in specific programs or as direct grants. This category is characterized as payments direct to private institutions either to equalize tuition cost in part, or to provide other types of direct financial aid and includes contracts, direct equalization, and other grants of both a restricted and unrestricted variety.

Although the terms are again used loosely and often interchangeably, approximately six States have contract arrangements with private institutions. The contracts in all instances provide specific educational services for the training of teachers or of students in medical, dental, or allied health areas. Direct equalization grants provide institutional aid for programs of benefit to the State, authorize direct grants for institutions enrolling State scholarship recipients, or award fixed sums on the basis of degrees produced.

Finally, approximately five States provide other direct forms of State equalization payments. Most often, the grants are geared toward disadvantaged students, either to provide remedial training or outright educational opportunity services.

This brief summary of State assistance is intended to illustrate patterns of institutional and student aid with direct applicability to the private sector. The statistics cited may not be precise as it is extremely difficult to keep abreast of all programs enacted into law. Upon completing a State-by-State survey, four general observations emerge:

1. State legislatures are aware of the plight of private institutions and their students.

2. State legislatures are experimenting with various forms of aid in an attempt to find the most desirable, and constitutional, programs of assistance to benefit students, institutions, and the State.

3. Current legislative programs of support are similar primarily in their diversity. The variations are no doubt due to the operation of political factors within each State, as well as to diverse State economic capabilities.

4. Some programs providing legislative assistance have been only minimally or tokenly funded at present although authorized at a higher level of funding. In some instances, the objective has been to test the programs constitutionality, but in other cases, legislatures have just not made the required funds available. Tokenism is self-defeating and raises the question of program integrity.

The Virginia situation

As mentioned in an earlier section of this paper, the Commonwealth of Virginia has long been recognized for its strong pluralistic system of higher education. This strength has developed through the interaction of healthy and viable public and private institutions of higher learning. But, in recent years this pluralism has been threatened by a financial crisis and enrollment trends which have threatened to undermine many institutions in the private sector. It would be quite easy to build a rationale for State aid on just the fiscal dilemma of the private institutions, but this should not be the case. Such a rationale is shortsighted and deprecating to both the State and the institutions involved. The reason for State aid must go beyond "empty seats and lean budgets."

Private higher education has a significant contribution to make to educational opportunities within the Commonwealth by virtue of its independent control and unique characteristics. The private sector can, by virtue of it's independent control, undertake needed programs and activities not provided by other institutions in the Statewide system of higher education. In addition, within the current egalitarian social posture that every individual should have the opportunity to choose and pursue the type of post-secondary education which best meets his needs, the private sector has a significant role to play. In this theme, finance should not be a barrier to the student in exercising his freedom of choice. Since society (including the State) will benefit from the fruits of the student's education the State has some responsibility for removing the financial barrier to the choice of institution.

We have seen in an earlier section a number of types of State aid for private institutions and students attending private institutions. The determination of which type or types of aid programs might be best for Virginia is a complex problem. The following recommendations are based upon a perceived role for the State which infers that the State traditionally bears primary governmental responsibility for higher education within the Commonwealth's boundaries. It already exercises one aspect of that responsibility through the requirement that the State Corporation Commission grant charters for all post-secondary institutions of education which operate within the State, and that the State Council of Higher Education approve degree programs before the institutions can award degrees. Therefore, State programs of aid to the private sector must be designed to guarantee and maximize the educational viability of the private institutions and their impact upon the State.

1. It is recommended that serious consideration be given to the provision for a tuition equalization program of grants designed to narrow the tuition differential between public and private institution tuition charges. Such a program of grants should be designed to follow the student to the institution of his choice within the State. It should be a fluctuating grant related to institutional tuition costs and be computed from a common mean base.

2. In addition to the tuition equalization program, a loan program with sufficient financial support and flexibility to meet the needs of middle-income as well as "needy" or lower income students must be provided. The loan program and tuition equalization programs must be compatible and complementary.

The recent steps taken to provide forgivable loan funds to students attending private institutions is a commendable step on the part of the legislature, but it is at best a beginning. A loan program, or any aid program which provides support only on a "need" basis as defined by cost on the one hand and family resources on the other hand is aggravating rather than alleviating a situation. Through the provision of aid only to the "needy" the Government is defining two "elites" from which the private institution can draw students: the very wealthy who can afford high tuition and the very needy who can qualify for aid. This would further exclude the middle-income family student who is already having "cost problems" with the modest tuition public institutions.

3. It is recommended that appropriate action be taken to develop programs that will encourage and reward cooperative and contractual arrangements between and among public and private institutions. Constitutional and State administrative hurdles must be removed that stand in the way of cooperative instructional and service programs between public and private institutions in the same region.

To meet their respective responsibilities to the Commonwealth, private and public institutions should be encouraged to consider creative cooperative programs which will insure maximum utilization of resources available for higher education. Encouragement for this development of cooperative programs will, in many instances, involve fiscal considerations related to the purchase of services by public institutions from the private institutions. Opportunities for the joint hiring of a faculty member by a public and private institution, where there is insufficient demand at the respective institutions to justify each college hiring a full-time faculty member, but the joint need does provide justification, should be encouraged. Other cooperative ventures involve permitting students to register at a private institution for one or more courses while enrolled at a nearby public institution, permitting private institutions to be involved in the State computer network on a contract basis, the cooperative development beween neighboring public and private institutions of specialized library holdings, and providing for contracts for private institutions to provide remedial education and rehabilitation training where needed and appropriate.

Implications of State aid to private higher education

As the State legislature assumes increasing responsibility and concern for maximizing the higher education opportunities within the State for State residents, it must do so in a fashion which does not promulgate uniformity of function and style among institutions. Diversity and uniqueness are the hallmarks of a quality system of higher education. In the development of aid programs for the private sector, the State must make every effort to guarantee the autonomy of the private institutions. But, the State should expect such autonomy to be maintained in a cooperative relationship. State planning for higher education must include the contributions of the private sector as a critical resource, and expect that the private institutions role will be realistic and well conceived.

The recent national study by the Carnegie Commission on Higher Education entitled The New Depression in Higher Education—Two Years Later, generalized, based upon their data, that on the whole the private institutions in their study may be in somewhat better control of their fiscal situations than are the public institutions. They also indicated that the private institutions may also be taking more positive steps to deal with fiscal problems. As the private sector in Virginia works with the legislature in developing aid programs to assist students attending their institutions, it should be expected that each institution will have control of its own fiscal picture and educational programs. The State should be able to expect realistic standards of management efficiency.

The State has the right to expect cooperation from the private sector institutions in statewide planning for higher education but should not expect to exercise the same type of control they exercise with public institutions. At a time when accrediting associations, the federally stipulated 1202 Commissions, and other sociopolitical forces exercise, or attempt to exercise, some type of control over institutions of higher education, the State must make every effort to maintain the relative autonomy which hase been the strength of the private sector of higher education in Virginia. Diversity, the foundation of a system which facilitates freedom of choice, cannot be provided in a State system in which institutions conform to a mold of unformity of institutional purpose, mission, and control.

Quality for the private institution, which the State should expect, must be a function of direction and commitment to socially relevant and desirable goals which are achieved through the unique character of that type of institution. The private institutions, although not constrained by State boundaries in planning, must include statewide higher educational concerns in their planning, within a context of cooperation with their public counterparts.

TUESDAY, MAY 14, 1974.

COOPERATIVE EDUCATION

WITNESSES

HON. SAM GIBBONS, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF FLORIDA
DR. ASA S. KNOWLES, PRESIDENT OF NORTHEASTERN UNIVERSITY OF BOSTON
MRS. JOYCE KINNISON, DIRECTOR OF COOPERATIVE EDUCATION AT MONTREAT-ANDERSON COLLEGE, MONTREAT, N.C.
DR. DEWEY BARICH, DETROIT INSTITUTE OF TECHNOLOGY
CAMPBELL GRAF, DIRECTOR OF COOPERATIVE EDUCATION, WILBERFORCE UNIVERSITY, WILBERFORCE, OHIO

Mr. FLOOD. Now we have the high honor and great privilege of hearing the distinguished gentleman from Florida, the Honorable Sam Gibbons. He has with him Dr. Asa S. Knowles, president of Northeastern University of Boston; Mrs. Joyce Kinnison, director of cooperative education at Montreat-Anderson College, Montreat, N.C., near Asheville; Dr. Dewey Barich, Detroit Institute of Technology; and Mr. Campbell Graf, director of cooperative education, Wilberforce University, Wilberforce, Ohio.

STATEMENT OF REPRESENTATIVE SAM GIBBONS

Mr. GIBBONS. Mr. Chairman, you have done such a fine job of introducing these people that I will not take any further time to do so.

First, I would like to call on Dr. Knowles.

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Before he starts, let me say I want to thank you for the personal attention this subcommittee has given cooperative education in the past. This money this time is in the budget. You have supported it even when it wasn't in the budget, and the administration has finally caught up with you on that. They are supporting it and supporting it very vigorously now, Mr. Chairman.

Let me call on Dr. Knowles.

Mr. FLOOD. You help not only here but in buttonholing people on the floor.

Mr. GIBBONS. I do only those things I believe in.

STATEMENT OF DR. ASA KNOWLES

Dr. KNOWLES. I am very pleased to be here and happy to have the few minutes to testify. You have been very generous and very helpful in the development of cooperative education, and I am very pleased to say that the funds you have made available in the past have helped many institutions, several hundred, to begin programs, and to initiate programs, to study the feasibility of having programs and probably there is no aspect of higher education today growing more rapidly than cooperative education.

The demand for relevancy on the part of students and the increasing attention to the values of off-campus experience, not only work but all other kinds of experience, has placed great emphasis on this kind of education, not only in this country but also overseas.

You have today some 600 institutions either practicing cooperative education, developing it, or studying the feasibility of doing so.

When I became president of Northeastern back in 1958 there were only 35 colleges that had this form of education. They are not all the same. We have a program where students alternate periods of work and study following a full-time program in the freshman year, the 5-year program, and at the end of the 5 years they have 2 years of experience in a job related to their field of study.

The many other programs are different from this. Some have only 1 year of work, some have two terms, some have a full year off; but they are all cooperative education.

I think you know the advantages of this form of education, but let me just review them.

We think the experience factor makes it more meaningful, develops a superior product, the relevancy is there, the students like this, they earn a large portion of the funds they need to go to college. If they can live at home, they can certainly pay all of their expenses. If they don't live at home, they can pay a very large portion.

At Northeastern we have 9,000 upper-class students placed on cooperative job assignments for 2,500 companies. These students average $3,100 a year. That is average pay. Some make a lot more than that in their upper-class years. Our tuition runs about $2,000 a year. So they do pretty well in terms of meeting their college expenses.

It is a great economy to the institution, you know, and that is we can use the facilities year around because there are periods of work and study alternating for 12 months.

If you adopt cooperative education for the first time and have a traditional program, you can increase your enrollment by 80 percent.

Many colleges are turning to cooperative education now in terms of trying to offset what they see as financial problems and future financial difficulties, because with very little added cost of instruction they can increase their tuition income through expanding the number of students.

I think you know full well the students pay taxes on the dollars that they earn, and the net result is that, if Congress appropriates as you have in the past the funds to expand these programs and help schools develop them, the ultimate taxes on those earnings will more than offset the amount of money you appropriate. So it is a good investment from the Government's standpoint, plus I think giving a great boost to a very unique type of education that is today the fastest growing type of innovation we have in the country. It is the one thing that really has caught on.

Now we are being called upon in this country, and I have in particular, to go abroad and give a number of presentations to educators in places like England and France and Israel and Hawaii and so on to explain how this works and tell about it, because they too see it as a very interesting type of innovation and of value in terms of improving the quality of education.

I think I have said enough. I want to thank you for what you have done for us and express the hope that the appropriation will be made of the money now in the bill and that there will be a continuation of the $10,700,000 to continue the future development of cooperative education.

I will be glad to answer any questions and thank you very much.

[The statement follows:]

STATEMENT BY ASA S. KNOWLES, PRESIDENT, NORTHEASTERN UNIVERSITY

Mr. Chairman, I wish first to express my deep appreciation for the privilege of appearing before this distinguished committee and of presenting testimony in support of the recommendation that $10,750,000 be appropriated to fund the "cooperative education program," part of the Higher Education Act of 1972, for fiscal year 1975.

This cooperative education program has important national significance. Your action in recommending that the House appropriate $10,750,000 for this program in fiscal year 1974 is one that I strongly commend; and I congratulate you for extending this support.

Unlike many of the undergraduate and graduate forms of higher education which had their origin in Europe, the cooperative plan of education has its own distinctly American philosophy of higher education. It includes all of the academic requirements of other types of higher education, plus learning while doing, and applying what is being studied while still a student.

Most people admit that "working for an education is part of an education" but in cooperative education the work experience becomes an important part of the entire educational process in which the student is engaged. The cooperative job assignment is carefully planned. It is not just part-time work or a summer job. It involves a formal sequence of work and study following a freshman year of full-time study. Two students are assigned to a job and are paid the going rate of pay for the job. While one is on the job the other is at school. At the end of the term they exchange places. This gives the employer full coverage of his job and he looks upon the cooperative plan as a unique partnership between industry and the college in a superior kind of training program. It is understood that it will require 5 calendar years to complete the traditional 4-year curriculum. The student gains valuable experience related to his field of study and earns all or a major share of his college expenses.

The proof that cooperative education is singularly successful from a purely educational standpoint stems from the attitudes of students, faculty, and employers who have had experience with it.

Thousands of young people who have attended the so-called "cooperative colleges" admit that they could not have completed their college education except for the financial self-help and motivation provided through a scheme of learning which combines classroom instruction with on-the-job experience.

The student knows that he is receiving a superior type of education because he is applying what he is learning and gaining valuable experience. Moreover, he is learning how to get along with people and how to "fit in," or be a part of a team in business, industry, or a profession.

Educators, including teachers and administrators, who have been associated with the cooperative plan of education for any length of time and who really understand it, come to believe sincerely that it is a superior type of higher education. They find that most of the students are stimulating, that they are motivated in their studies, and that they are serious in their objectives. Moreover, they find that the "co-op" college attracts a type of student who looks upon the opportunity which cooperative education provides to get a higher education as a real privilege.

Employers who have had experience with the cooperative plan of education; that is, those who have employed cooperative students as trainees, very often prefer to hire graduates of the cooperative college. They know that these students have a good education plus experience, that they have earned all or a major part of their college expenses, and that they can be expected to know how to work.

The proof of this is that many business people and others in the professions have approached me as president of Northeastern to ask that new programs of study be undertaken to overcome shortages of certain types of professional manpower. Those making these proposals have selected Northeastern because they feel that the cooperative plan will not only help attract the students to these professions where shortages exist, but that it will provide a superior end product.

The total 1972–73 voluntary, self-supporting minority enrollment figure of Northeastern was 1,585, or approximately 5 percent of the total undergraduate enrollment of 33,155.

Some 12,000 women are now studying at Northeastern, and comprise 30 percent of the total enrollment. In addition, we have 850 students from overseas, representing 85 countries throughout the world. We also enroll 1,000 transfer students on an annual basis.

Northeastern's total full- and part-time enrollment for 1972–73 was approximately 43,000. This is no small accomplishment during a period of decreasing enrollments throughout the Nation. In fact, some of our programs experienced significant growth, specifically those in criminal justice, pharmacy and the allied health professions, and university college.

The College of Criminal Justice was established 5 years ago. It now has an enrollment of 1,100 students—all in the co-op program. The allied health professions—which include nursing, pharmacy, medical technology, biomedical, and so forth—have grown rapidly to an enrollment of 1,700 students, all on the cooperative education program.

The Boston-Bouve School merged with Northeastern in 1964. It instructs students in physical education, physical therapy, recreational education, and health education at the undergraduate level and offers master's degrees in physical and recreation education as well as an associate degree in therapeutic recreation services.

Using the hospitals, clinics, and other resources of the Boston area, the Bouve school has come to be recognized as one of the finest in its field. A cooperative education program is a perfect way for these students to learn their profession. The advantages of learning through experience in the profession of your choice are innumerable.

Dr. Catherine L. Allen is dean of the Boston-Bouve College at Northeastern. Dr. Allen says: "You should see the difference in the individual who learns his or her trade by real life experience rather than just by book knowledge or simulation. You learn responsibility. You grow, you mature." Dean Allen has her students in medical educational facilities throughout the metropolitan area.

In the 1960's several factors emerged that created a climate for the rapid expansion and recognition of cooperative education. Students and faculty began to demand greater relevance in higher education. Many recognized the inherent value of complementing academic studies with periods of off-campus experience. There was the realization that work can be educational. Other factors that

influenced cooperative education's dynamic growth were the emphasis on minority groups, the need to bring different people into the mainstream of education, and the general increase in the number of young people seeking an education. Cooperative education provided the means for many of these people who otherwise might have been denied a chance to get a college education.

An official of the General Electric Co. recently told me that, in his opinion, by 1990 he estimates that every university in the country will have some form of work experience as a requisite for a degree for all students in every program

The 1973 freshman class at Northeastern, some 3,748 strong, was the largest in history. They represent 28 States, the District of Columbia, and 40 foreign countries. Northeastern has grown into the largest private university in the United States.

Undoubtedly the greates innovation in higher education, and one to which Northeastern University lays special claim, is cooperative education. More and more visitors from foreign governments and institutions stop at the university each year to study how our cooperative plan is operated.

As you know, cooperative education is not a new idea, haying been implemented first at the University of Cincinnati in 1906, and then at Northeastern in 1909. In the year since, this university has developed, expanded, and refined the concept of cooperative education. In 1949, approximately 50 institutions were offering programs in cooperative education. There are 800 today, including the more than 300 which have recently received Federal grants toward the establishment of some form of cooperative education in all or part of their curriculum.

It is reasonable to predict that as many as 2,000 colleges and universities will offer a form of cooperative education by 1985.

Northeastern recently established the Institute for Off-Campus Experience and Cooperative Education, a corporate entity separate from Northeastern University. Its purpose is to provide services to colleges and universities by placing their students in paid employment or experiential assigments. Currently the institute has contracted for service to 12 institutions. Among them are Bates, Colby, Dartmouth, Mount Holyoke, Trinity, Wesleyan, Brown, and Tufts.

Through the institute, these colleges and universities are taking advantage of the relationships which Northeastern has developed with more than 2,000 employers, and the expertise of those people who have placed countless students in work assignments. As the institute centralizes its efforts, employers will be dealing with fewer representatives from institutions who are seeking positions for their students. Thus far the Institute for Off-Campus Experience has placed 300 students.

At Northeastern University we now have 9,000 upper-class students who are alternating full-time jobs offcampus with periods of full-time study on campus. Their average earnings are over $3,100 in the two quarters they are at work. The total earnings of the Northeastern University students from their co-op jobs this year will be over $28 million. They will pay approximately $3 million in Federal income taxes.

The cooperative system is in operation at all of Northeastern's basic colleges, including liberal arts, business administration, education, nursing, engineering, Boston-Bouve, criminal justice, pharmacy, and allied health professions.

I should like to cite another example of the productivity of cooperative education. At the Detroit Institute of Technoogy, where the cooperative education program was started several years ago, there has been a fivefold increase in student participation and a fourfold increase in employer participation in the past 2 years. With the aid of a Federal grant in the amount of $30,000 for the fiscal year ending on June 30, 1974, a total of 157 students have cooperative education jobs during this fiscal year. Student earnings at the Detroit Institute of Technology from cooperative education employment will total more than $700,000 during this fiscal year. These students pay Federal income taxes of at least 10-percent rate, and Federal income tax revenues will total more than $70,000 this year from these students. This a good example of how Congress is more than getting its investment back for each dollar you appropriate for funding cooperative education programs.

Cooperative education is becoming a means of restructuring many aspects of higher education in the United States, and it may soon emerge as a major force in improving the financial operating results of a large number of colleges and universities.

The conversion of a traditional 4-year college to one completely operated on the cooperative plan can permit an increase in student enrollment by as much as 80 percent, thereby greatly enhancing revenues from tuition. Because one-half

of the upperclassmen are off campus on job assignments, no increase in the physical plant is needed. Moreover, additional operating costs will increase only modestly. The assignment of students to paid jobs in a built-in financial aid feature is of great benefit to them.

Cooperative education contributes to career development in a number of ways. As noted, opportunities are provided for students to practice the knowledge and skills learned in the classroom. Proper application of this on the job contributes to the student's total understanding. Most of the jobs performed by cooperative students afford them the opportunity to observe a range of vocations and professions actually being performed. This allows them to measure themselves against the requirements of those vocations and professions.

In large organizations, the planned work experience provides for upward movement into jobs that require increasing skills, knowledge, and responsibility. Students can thus confirm their earlier choice of careers, or realize that the original choice was unwise. In the latter case, they can replan their careers and the educational programs appropriate to them.

Until recently, colleges and universities tapped only a small fraction of the youth from families in which no one had ever attended college. Cooperative education provides the opportunity to expand these numbers, because of its connection with the world of work, and because it allows the student to earn a substantial part of his college expenses. Also, it provides a program in which students from working-class backgrounds can more easily understand the relevance of what they are doing, much more so than if they were confined for 4 pears to strictly academic situations.

In summary, cooperative eduaction, by providing a bridge between the college and the adult society, between educational and full-time work, between the simpler world of youth associations and institutions and the interrelated, interdependent organizations of modern society, affords an effective way for youth to make the transition from adolescence to adulthood.

It is important at this point in time to strongly encourage the further expansion of cooperative education in the United States, particularly in academic areas such as law, the health sciences, education, liberal arts, and the professions.

Those who initiated cooperative education saw it as a program which would combine work experience and classroom study as a means of achieving a superior type of education. Educators who once refused to acknowledge the value of work experience have changed their attitudes. Faculty members now accept cooperative education because it preserves form and structure, so important to higher education in these times, and permits innovation and reform through the off-campus experience.

The use of cooperative education to strengthen the financial positions of institutions of higher learning is a development with great contemporary potential.

In my judgment, I believe that Congress has inaugurated a wise and fruitful program in enacting and funding the cooperative education program. Office of Eduaction planning grants have enabled many institutions of higher education—during a time of economic difficulty for most of them—to undertake the necessary exploratory work to identify job placement opportunities and to organize cooperative education programs. I am sure that many institutions would not have become interested in cooperative education if Congress had not supplied the seed money to enable them to afford the administrative and faculty costs of organizing a program.

To insure that strong cooperative education programs are established in many institutions of higher education, there is now need to amend the existing legislation so that Office of Education support can be given for a 5-year period of time—rather than the present 3-year limit. Experience has shown that Federal programs directed at improving education are successful when substantial resources are made available in adequate grants over a considerable period of time, with careful provision for an ongoing quality-of-performance review that leads to ending grants to those institutions that do not make satisfactory use of the money, by building an excellent program that does serve a considerable number of students. Resistance to change in higher education must not be underestimated.

I suggest that the next stage in the development of cooperative education requires a Federal administration policy emphazing the development of strong and excellent programs of cooperative education in many institutions that reecntly adopted this education innovation. To accomplish this successfully, the proposed decentralization of the administration of cooperative education grants by the U.S. Office of Education should be postponed.

I respectfully urge that you approve the funding of the cooperative education programs in the full amount of $10,750,000 for fiscal year 1975.
Thank you.

Mr. GIBBONS. Mrs. Joyce Kinnison is director of cooperative education at Montreat-Anderson College in Montreat, N.C.

STATEMENT OF MRS. JOYCE KINNISON

Mrs. KINNISON. Gentlemen, I am delighted to be here. As you are aware last year the U.S. Office of Education funded 351 cooperative education programs in institutions of higher learning. I am pleased to have the opportunity to report on what is happening in one of those 351 programs.

For 3 years I served as a coordinator with the special services and cooperative education programs at Lees Junior College in Breathitt County, Ky. I am presently a member of the executive board of the recently organized Cooperative Education Association of North Carolina, and since October 1973 I have been director of the cooperative education program at Montreat-Anderson College, near Asheville, N.C.

In September 1973 Montreat-Anderson College received a title IV D planning grant in the amount of $25,000 from HEW. We immediately went to work gathering information from our student body and from business, industry, and service agencies in the area, in an effort to find some realistic directions for establishing a program which could give our students an early glimpse into a chosen career and could provide our employers with a source of temporary and potentially permanent manpower.

We went through the regular types of things that most people do in establishing a program. We set up an advisory committee. These are people drawn from business and social leaders and in the Asheville area.

In a survey of our student body one of the first things which came to light was something we already knew; the students (especially our veterans and some of the minority groups representatives) listed as a major need help with the development of vocational directions. Based on this, we built into the program vocational counseling and a course in career development open to the entire student body.

In an effort to introduce cooperative education to the faculty, we had consultants on campus to meet with faculty members to answer their questions and to speak to their doubts. This involvement of the faculty paid off. All our recommendations concerning the co-op program were unanimously passed by the entire faculty; they are supporting our program.

We used a different approach in introducing cooperative education to the students. With the aid of the Florida statewide co-op office, and Mr. G. Isbens, we brought students to our campus who were or who had been successful co-ops. For 2 days in a series of informal rap sessions and dorm meetings, as well as encounter sessions in the student union, cafeteria, et cetera, these visiting students talked about co-op and their work experiences. As a result, my office was running over with students wanting to sign up for this new program. They were allowed to do so and were given student handbooks.

By the time we had arrived at this point in our program, we had already written and printed brochures, some of which are included in our admissions office mailings, student handbooks, and employer development handbooks. Now we had the students' interest, so the next step was to find the jobs for them.

This is how we went about it. [See attachment for complete listing, curriculum, employer and salary.] We contacted camps and regional recreation offices, who hired our recreation leadership people; we located employment for our theater, English and communications majors in a summer stock company and in a summer camp; we found management and secretarial positions for our business majors; we placed a fashion design major in a local department store; we placed our sociology majors with the Atlanta Urban Corps and in a day care center; our allied health people are working in a hospital and a nursing home; a law enforcement major is working with the Buncombe County Sheriff's office on the crime prevention squad.

To my surprise, I found more jobs in some areas than I had students to fill. In other areas, particularly those which would require placement in service agencies, jobs were difficult to find. Yet, we presently have 25 students solidly placed (see attachment) and eight tentatively placed. Those tentatively placed are all in social service and mental health agencies.

We fondly refer to this group of 25 as our "pilot-program". We are going to keep in close touch with them during this work period. In addition, we will evaluate their learning when they return to campus in the fall.

To bring our office, the faculty and the student body in touch with job content and student learning, we plan for this fall a half day of student-faculty-staff seminars. Three or four pilot students will present their job experiences to students and faculty members, who will in turn question those who have been co-ops.

From this point—the placing of our first group of students—we have several short-range goals: To further develop seasonal types of employment, that is, recreation and summer theater; to develop some solid job slots in business, industry, and service agencies which our students can fill on an alternating basis; to expand our cooperative placements into the sciences.

Everyone who is an advocate of cooperative education will vow that the program offers the student an excellent opportunity for blending theory and practice, thereby answering the demand of today's student that we increase the meaningfulness of what he studies on campus to real life. There is another point to which I'd like to speak—that of student-earned income and how co-op benefits the student in this area.

Our student who is working with the Buncombe County Sheriff's office this period—May 1 to August 31—had a large financial aid package this past year consisting of scholarships, NDSL and CWSP funds. As we talked about his job and salary, he discovered that he will be able to save enough money before fall to reduce the size of the loan considerably and perhaps not have to take part in the campus work program at all next year. His cooperative education placement will allow him to help finance his own education as he goes along. Other students have indicated they will benefit in a similar way from their co-op placement.

As in most institutions of higher education, Montreat-Anderson is not on financially solid ground. The president and the board of trustees believe that co-operative education is strengthening our various curriculums. They are convinced that we will be able to attract more students to our campus with this program which coordinate on-the-job practical supervised training experience and a liberal arts education.

Gentlemen, let me assure you that this is one instance where the Federal Government is getting its money's worth. It is my sincere hope that this committee will decide to recommend the appropriation of $10.75 million next year for cooperative education and will continue to appropriate funds for strengthening such programs.

Cooperative education is not just confined to business administration, engineering, and science. I hope my testimony here this morning of one success case shows that liberal arts students are able to be placed in co-op jobs.

[The attachment follows:]

MONTREAT-ANDERSON COLLEGE STUDENT-EMPLOYER LIST FOR WORK PERIOD MAY 1-AUG. 31, 1974

Student	Major curriculum	Employer	Position and salary
1. Emily Allred	Theatre	Greybeard Repertory Co., Montreat, N. C	Performer, $90 per week.
2. Avril Angers	Photography	do	Technical staff. $80 per week.
3. Steve Borders	Communications	do	Performer, $90 per week.
4. Sandy Chapin	Home economics, fashion design	Belk Department Store, Asheville, N.C	Salesperson, $2.20 per hour.
5. Alan Colwell	Recreation	Bethlehem Center for Disadvantaged Youth, Rutherfordton, N.C.	Waterfront director, $66 per week plus room and board
6. Robin Costine	Recreation leadership	Camp Graham, Henderson[illegible]	Counselor, $60 per week and room and board.
7. Beverly Denton	Theatre	Camp Yanahiossee, Blow[illegible]k, N.C	Drama director, $60 per week plus room and board.
8. Melvin Dills	Recreation leadership	Camp Grier, Old Fort, N.C	Counselor, $60 per week plus room and board.
9. Jay Graham	Business	Winchester Realty Co., Columbia, S.C	Real estate broker trainee.
10. Tempie Holding	Communications	Greybeard Repertory Co., Montreat, N.C	Technical assistant $90 per week.
11. David Horne	Recreation leadership	Camp Grier, Old Fort, N.C	Counselor, $60 per week plus room and board.
12. Kathy Johnson	Business	General Electric Co., Wilmington, N.C	Secretarial, $2.30 per hour.
13. Pat Jones	Sociology	Atlanta Urban Corps, Atlanta, Ga	Case worker assistant,$3 per hour.
14. Mary Ann McCuller	Child psychology	Camp Weed, St. Teresa Beach, Fla	Counselor, $50 per week plus room and board.
15. Deborah McGirt	Sociology	Atlanta Urban Corps, Atlanta, Ga	Counseling assistant, $3 per hour.
16. Kay Morgan	English	Greybeard Repertory Co., Montreat, N.C	Performer, $90 per week.
17. Deborah Otwell	Business	Wachovia Bank, Winston-Salem, N.C	Secretarial.
18. Daylon Owen	do	Northwestern Bank, Franklin, N.C	Do.
19. Lloyd Oxendine	Undecided, but in area of health service	Southeast General Hospital, Lumberton, N.C	Physical therapy trainee $2 per hour.
20. Sherry Parker	Social work	Raggedy Ann & Andy Day Care Center, Charlotte, N.C	Day care worker $2 per hour.
21. Elizabeth Porter	Nursing	Manor Care Nursing Home, Winston-Salem, N.C	Nurse's assistant.
22. Steve Riddle	English	Greybeard Repertory Co., Montreat, N.C	Performer and technical, $90 per week.
23. Debra Roberts	Christian education	Blue Ridge Community Mental Health Clinic	Child care center assistant.
24. Timothy Swann	Law enforcement	Sheriff of Buncombe County, Asheville, N.C	Crime prevention squad, $480 per month.
25. Susan Wright	Primary education	Bethlehem Center for Disadvantaged Youth, Rutherfordton, N.C.	Counselor, $60 per week plus room and board.

ATTACHMENT B

MONTREAT-ANDERSON COLLEGE COOPERATIVE EDUCATION ADVISORY COMMITTEE

Mr. J. Herbert Coman, director of employee relations, Beacon Manufacturing Co., Swannanoa, N.C.
Mr. Charles Erwin, manager, North Carolina Employment Securities Commission, Asheville, N.C.
Mr. Francis M. Gilman, director of labor relations, American ENKA Co., Enka, N.C.
Mr. Dan Grindstaff, Western Carolina Industry, Asheville, N.C.
Mr. Ray Kisiah, Director of Parks and Recreation, city of Asheville, Asheville, N.C.
Mr. Thomas Malionnee, administrative assistant to Congressman Roy Taylor, Asheville, N.C.
Mr. Ralph Morris, Stuart-Nye Silver Shope, Asheville, N.C.
Mrs. Joseph N. Murphy, chairman, Blue Ridge Community Mental Health Clinic, Asheville, N.C.
Mr. Steve Pegg, personnel manager, Three Mountaineers, Asheville, N.C.
Mr. George Pierce, education specialist, Bureau of Indian Affairs, Cherokee, N.C.
Mr. Joe Singleton, director of employment service, Model Cities, Asheville, N.C.
Mr. William H. Stanley, principal, Asheville High School, Asheville, N.C.
Mr. Richard B. Stone, mayor, town of Black Mountain, Black Mountain, N.C.

ATTACHMENT C

MONTREAT-ANDERSON COLLEGE FACT SHEET

The college

Related to the Presbyterian Church in the United States. Two-year, coeducational, residential, fully accredited. Liberal arts—associate degrees in arts and sciences, approved for Veterans Specialties in business, recreational leadership, Christian education. Hundreds of acres of unspoiled woodland. Seventeen miles from Asheville. Just 4 miles off I–40.

The student body

Small (350–450)—from 30 States and 5 foreign countries. Diversified—SAT scores range from 650–1450. Friendly—no discrimination because of sex, race or religion. Tradition of effective student government. Student representatives on faculty and trustee committees. 1973 graduates transferred to over 30 colleges and universities.

The faculty

Positive Christian commitment. Over one-third have earned doctorates. Active, concerned and accountable.

Special programs

Academic enrichment for those who need it. Systems approach to learning—individualized instruction in some courses. Tutorial help available in dormitories. Experienced counselors. Skiing in winter months directed by professionals. Inter-collegiate athletics—basketball, soccer, golf, tennis, baseball. Chapel programs with famous personalities and groups. Cooperative education. A. S. degree in recreational leadership. Courses in Christian education. Environmental studies course.

Financial aid

Federal, State and college funds available. Packages of "work, loan, grant." Scholarships granted on the following basis: financial need; leadership qualities; academic promise; athletic skills.

Mr. GIBBONS. We have Mr. Campbell Graf, director of Federal programs at Wilberforce College in Ohio, and we asked him to speak to you a minute today because this is the largest successful black institution in the United States. He has a unique story to tell you.

STATEMENT OF CAMPBELL R. GRAF

Mr. GRAF. Dr. Stokes wanted me to express his regret for not being here. You may remember a tornado hit Wilberforce about 5 weeks ago.

I will submit my statement.

[The statement follows:]

STATEMENT BY CAMPBELL R. GRAF, FEDERAL PROGRAMS DIRECTOR, WILBERFORCE UNIVERSITY

Chairman Flood and members of the subcommittee, I appear before you to present testimony in support of the $10,750,000 appropriation for fiscal 1975 to fund title IV–D of the Higher Education Act—a program entitled "Cooperative Education".

After 10 years and 5,000 young people, Wilberforce represents a remarkable witness to the possibilities of a nationwide cooperative education program.

The attached chart "The Wilberforce Plan" and the copy of "Cooperative Education News" tells the story.

Let me explain: First the chart. Note that an average student body of 1187 were, in 1971–72, involved in an accelerated program, a program that ran full speed all 12 months of the year.

Then, realize that the attractiveness of this style of learning and career development has increased the Wilberforce enrollment by four times in the 10 years.

Now, study the center circle of student expenses. Realize the "full and equal progress" represented by co-op time and expenditure. Realize that for a budget of $3,850, how much can be done—especially in the face of a $1,270 average for tuition, fees, and books.

After comprehending the expense "pie," the next element in the chart is the primtr circle representing funding. Start at the left with "Jobs" and not how far this $2,166 goes—that a student's standard of living when he returned to campus was the product of his job savings. Note how little "family" is able to contribute—80 percent of students come from families of $7,500 income or less.

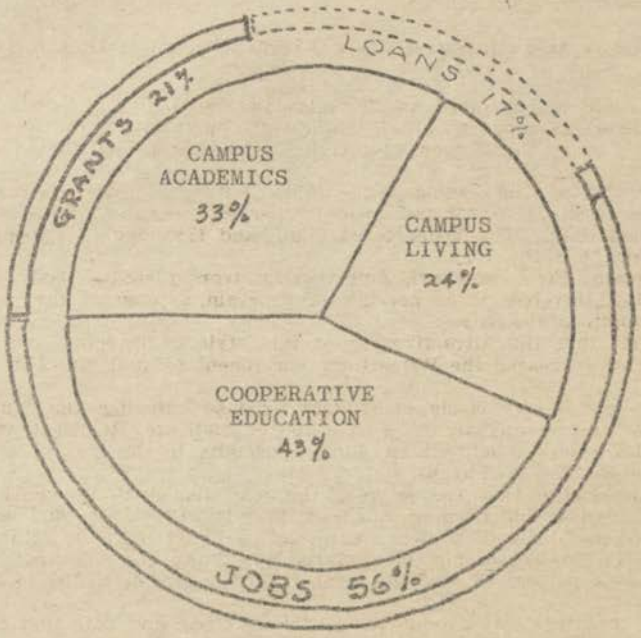
Now, start the other way around the perimeter circle and note that only 21 percent of the student expense package comes from "grants."

Finally in comprehending the total "Elements of Funding" one realizes that the student was responsible for 79 percent of his college expense.

In summarizing the Wilberforce story I am sure that each of you will comprehend different possibilities, especially by way of the photos and text of the Cooperative Education News. In my testimony I suggest that minority liberal arts via cooperative education has a uniquely American flavor—it vitalizes the "bridges" to and from our broad societal elements with the magic of attractive and productive young people. Young people motivated to create a new and better way of life.

Last week in Detroit, I listened to Ed Cole, president of General Motors suggest reasons why co-op has been a tool of General Motors since 1919—his suggestion as regards the Federal role was in these words: "Federal spending for cooperative education ought to be five times greater than it is. * * *" and I am sure it goes without saying that employers like General Motors will more than match the Federal pump-priming effort. Wilberforce is testimony that this can and will come true.

a twelve-month-a-year program for a student population which averaged 1187 . . .



Elements of Expense	Expenditure	Per Student	
Campus Academics	$1,520,000	$1 270	33%
Campus Living	1,092,000	910	24%
Off-Campus Living	1,988,000	1 670	43%
Total Expense	$4,600,000	$3 850	100%
Elements of Funding			
Earnings	$2,588,000	$2 166	56%
Grants	960,000	803	21%
Loans	780,000	653	17%
Family	272,000	228	6%
Total Funding	$4,600,000	$3 850	100%
Elements of Earnings			
Campus Earnings	$ 600,000	$ 500	23%
Cooperative Education	1,988,000	1 680	77%
Total Earnings	$2,588,000	$2 180	100%

CRG 3/18/73

Mr. GRAF. The material that I have passed out to you probably tells you an awful lot of the story. The pictures I think tell a lot you cannot put in words. When every kid from income families that are 7,500 and below, and 80 percent of ours are from that low income category, and every youngster, and we are 99-plus black, goes to work on an alternating basis, there are rather amazing things happening. As a testimonial, the college has grown four times in enrollment is just one, but the fact that the youngster himself is now paying over 80 percent of his educational cost is amazing. A little bit of Federal money is priming the resources of the country to take care of a problem but I think it means an awful lot.

Mr. GIBBONS. Thank you, Mr. Chairman.

TUESDAY, MAY 14, 1974.

COMPREHENSIVE EMPLOYMENT AND TRAINING ACT

WITNESS

HON. ROBERT TAFT, JR., A U.S. SENATOR FROM THE STATE OF OHIO

Mr. FLOOD. Now we have with us the distinguished Senator from the great State of Ohio, the Honorable Robert Taft.

Senator Taft.

Mr. Chairman and members of the subcommittee, it is a pleasure for me to appear today regarding the fiscal year 1975 appropriations for the Comprehensive Employment and Training Act—Public Law 93–203.

Congress has consistently recognized the importance of manpower training with the primary Federal commitment represented in past years by the Manpower Development and Training Act of 1962, Title I of the Economic Opportunity Act of 1964, and the Emergency Employment Act of 1971. Problems developed, however, in the delivery of Federal resources under these authorities, particularly with respect to duplication and unwarranted proliferation of manpower training programs. More decentralization was necessary. Input was needed at the local level to make manpower training productive and responsive to the needs of individuals and labor market areas.

The Comprehensive Employment and Training Act (CETA) is a culmination of 5 years of study and analysis in this area and, in my opinion, represents one of the most constructive legislative contributions adopted to date by this Congress. Emphasis is placed on delivery of funding grants primarily through units of State and local governments acting as prime sponsors. Instead of operating individual programs through almost 10,000 grants and contracts with public and private organizations, the Secretary of Labor is directed to make block grants to approximately 500 prime sponsors under the new act. Under title I, section 102(a) of CETA, five categories of prime sponsors are established with units of general local government with a population of 100,000 or more persons, or any combination of units with such a population level, examples of the new prime sponsorship delivery system for Federal manpower funding.

Title II of the act maintains a Federal commitment to public service employment programs established under the Emergency Employ-

ment Act of 1971. The procedures developed in CETA provide unemployed and underemployed individuals with transitional public service employment in regions experiencing substantial unemployment (6.5 percent unemployment or more for three consecutive months).

Title III of CETA provides authority to the Secretary of Labor to provide additional comprehensive manpower services for special target manpower groups such as youth, criminal offenders and migrant and seasonal farmworkers.

Title IV of the new act authorizes the continuation of the present Job Corps program and Title V establishes a National Commission for Manpower Policy to review the current Federal commitment to manpower training with the mandate to make recommendations for future policy.

The question this subcommittee and its counterpart in the Senate must address is what level of appropriation should be adopted for this new approach to manpower training. Section 4(a) of CETA authorizes such sums as necessary for fiscal year ending June 30, 1974, and for each of the 3 succeeding fiscal years. Section 4(d) adds authorizing language requiring not less than $250 million of the sums appropriated in fiscal year ending June 30, 1974, and not less than $350 million of appropriated funds ending June 30, 1975, to be used for public service employment programs under title II. The budget request presented to this subcommittee by Assistant Secretary of Labor Kolberg is $2,050 million for comprehensive manpower assistance. Of this request I understand the budget reflects a $350 million allocation to title II programs.

This request from a comprehensive viewpoint is an increase of $117,917,000 over the 1974 revised appropriation. I question, however, whether this will be sufficient to cover the projected unemployment level as administration economic advisers testified before the Joint Economic Committee last week regarding the possibility of an unemployment rate of 6 percent or greater later this calendar year. If this is the case, certainly $350 million as a limit under title II would not be adequate. Such an approach would in fact perhaps be an incentive for prime sponsors to channel money in title I for manpower training to title II for public service employment programs. Section 101(11) of CETA permits prime sponsors to fund transitional public service employment programs under title I funds. For example, a city that is designated as a prime sponsor may be faced with personnel budgetary problems and feel that it is advantageous, if not necessary, to channel title I funds for public service employment, if substantial unemployment is present in an area and only limited funding is available under title II. Prime sponsors in States, such as Ohio, where the auto industry, and other businesses have been adversely affected by the energy crisis, may be forced into such a position. This would be unfortunate as constructive manpower training programs under title I would be adversely affected.

Accordingly, I would ask this subcommittee to consider an appropriation level above that requested by the administration, particularly with respect to title II. Such funds would, of course, be subject to the 6.5-percent unemployment level required in title II and would not necessarily have to be expended, if the economy improves substantially, which I certainly hope is the case. As a level to consider for title II,

the subcommittee might examine the funding levels in past fiscal years for the Emergency Employment Act.

A subsidiary point to the question of comprehensive manpower funding is the level of funding grants to States for unemployment insurance and employment services. In reviewing Deputy Assistant Secretary of Labor Burdetsky's statement before this subcommittee, I am somewhat concerned about the proposed budget cut of $15,963,000, for unemployment insurance claims processing. I have received numerous complaints from constituents in my State that there already is not sufficient manpower to properly handle claims. I would ask the subcommittee to closely examine this area before approving such a budget reduction.

A third area I would like to address is the funding of opportunities industrialization centers (OIC). While there are a number of constructive manpower training programs that should continue to be funded by prime sponsors under CETA, including highly successful institutional skill training centers in Ohio, I am especially concerned about maintaining the positive initiatives of OIC programs. As Senator Schweiker stated in his testmony last week before this subcommittee, OIC's have been particularly effective in providing manpower training for the underemployed and unemployed. Dr. Leon H. Sullivan, founder and chairman of the board of OIC, has impressed me with the great amount of community support he has generated in establishing manpower training programs throughout the country. As ranking minority member of the Senate Subcommittee on Employment, Poverty, and Migratory Labor, I held hearings in Ohio last year on the proposed changes in Federal manpower programs and personally visited OIC centers. These programs are working and have substantial community backing. Authority exists under both title I and title III of CETA for the funding of OIC centers at the national and local level. Section 105(a)(1) of title I, pertaining to conditions to be met by prime sponsors, states that a prime sponsor shall take into account the "need for continued funding of programs of demonstrated effectiveness * * * in delivery of manpower training." OIC programs certainly meet this criteria as data supplied by the Department of Labor shows that OIC centers have already trained some 150,000 disadvantaged blacks, Chicanos, and whites over the past decade and placed them in jobs. Further, the training and placement of these individuals was completed at $1,000 per capita cost, approximately $1,500 below the next most efficient Federal program in this area. The President's recent manpower report also strongly supports the effectiveness of OIC training programs.

Section 105(a)(3) of title I requires prime sponsors to provide "appropriate arrangements with community based organizations serving the poverty community * * * for their participation in the planning of programs." Section 601 of the act defines "community based organizations" as "organizations which are representative of communities or significant segments of the communities and which provide manpower services (for example, opportunities industrialization centers * * *)". There can be no question that OIC's are to be included for funding under title I.

Subsection 105(a)(3) of title I even further underscores the implementation of OIC centers in requiring prime sponsors to give "due consideration to the effectiveness of such existing services and facil-

ities", including the "utilization of services and facilities of private agencies, institutions, and organizations."

Under title III of CETA, OIC's fall under section 301(a) pertaining to the funding of special manpower target groups by the Secretary. This section states, "* * * the Secretary shall taken into account the need for continued funding of programs of demonstrated effectiveness * * *".

Section 304(a)(7) of title III also contemplates funding of OIC programs in stating, "the Secretary may provide financial assistance * * * for comprehensive work and training programs, and necessary supportive and follow-up services, including * * * other manpower programs conducted by community-based organizations."

Again, I would refer the subcommittee to section 601 of the act defining community based organizations to include opportunities industrialization centers.

Mr. Chairman, I know you and members of your subcommittee have difficult decisions to make in deciding the level of funding for many programs competing for Federal funding, but I can say without reservation that the OIC program certainly is one of the best, if not the best, manpower program in the private and public sector. While CETA does build in a flexible block grant and special revenue sharing approach to manpower training, it is not intended to preclude continued funding of such positive programs as OIC. Senator Schweiker and I, as two of the authors of CETA, certainly intended that OIC programs continue to be funded, particularly with respect to the national OIC program under title III. I endorse the figure of $75 million for funding of such OIC programs advanced by Senator Schweiker. The logical breakdown of such funding certainly would be $60 million under title I and $15 million under title III. I would particularly stress funding under title III for the OIC program at the national level. Many of the local programs may suffer as local primer sponsors will not have the resources to fund such a national coordination.

Manpower training is one of the best ways Government can help its citizens in that it permits individuals to help themselves. I urge this subcommittee to continue strong Federal commitments to manpower training, especially programs such as OIC.

Mr. Chairman, this concludes my statement. I will be happy to answer any questions the subcommittee may have.

Mr. FLOOD. Thank you very much, Senator.

TUESDAY, MAY 14, 1974.

COOPERATIVE EDUCATION

WITNESSES

DR. BENJAMIN R. WYGAL, PRESIDENT, FLORIDA JUNIOR COLLEGE AT JACKSONVILLE, JACKSONVILLE, FLA., REPRESENTING THE NORTHEAST FLORIDA COOPERATIVE CONSORTIUM

DR. HERBERT PHILLIPS, PRESIDENT, LAKE CITY COMMUNITY COLLEGE, LAKE CITY, FLA., REPRESENTING THE NORTHEAST FLORIDA COOPERATIVE CONSORTIUM

Mr. FLOOD. Now we have the Northeast Florida Cooperative Consortium, Dr. Benjamin Wygal and Dr. Herbert Phillips.

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STATEMENT OF DR. BENJAMIN WYGAL

Dr. WYGAL. It is a pleasure to be here today.

Mr. Chairman, I deem this opportunity to make a presentation to your committee an honor. Allow me to express thanks for the support that you and this Congress and past Congresses have rendered to higher education. The encouragement you give helps us meet the real needs of students.

Mr. Chairman, I come before you to support the appropriations for title IV–D, of the Higher Education Act (secs. 451, 452, 453 of the Education Amendments of 1972, Public Law 90–575, to the Higher Education Act of 1975, Public Law 89–329). This title supports cooperative education for and in behalf of the Nation's college students, their employers, and colleges. Approximately 500 colleges and community colleges have joined to further this movement. It's a movement which is sweeping the educational community. It is an excellent movement.

Mr. Chairman, I would like to express some concerns I have regarding the need for improving this legislation. I realize that comments regarding improvement of any legislation naturally goes before another committee. I believe it is appropriate for your committee also to be knowledgeable about these concerns.

But, before I get into that area, allow me to say a few things about my college, Florida Junior College at Jacksonville. The college serves a rather booming metropolitan area. It also serves a rural type county (Nassau) as well as its home county (Duval). We like to believe, and I think the facts speak for themselves, that this is a community college which is rapidly becoming a real community-based operation. We see our mission as helping to improve the community by bringing the college services closer to all segments of the community, its industries, businesses, services, and so on. Since we began our co-op education program, only some 8 months ago, we have seen dramatic movement toward a closer tie. I believe that many have said it's difficult for education and community to come together. We are disproving this in Jacksonville.

Recently we completed a community needs survey. We wanted to determine what some of the restrictions are that we create and others create which prevent people from taking advantage of education. I am appending a copy of this study to my presentation. In a nutshell, the study gives us guidance we need to, shall I say, eliminate any artificial restrictions that seem to prevent people from availing themselves of education for advancing themselves, enriching themselves, or for searching out another career. This study shows that, within a community of approximately 550,000 people, and remember 6,000 people are moving to Florida each week, statistically we are touching every family in Jacksonville. This year, with our unduplicated head-count enrollment of over 50,000, we are serving 1 out of every 7 people above the age of 16 years or 1 out of every 10 people in the total population of our college district.

In working with our communities, we have created advisory groups. Over 300 people are involved in assisting us in some way as advisers. In the last 5 years we have expanded our outreach centers in Jacksonville and the nearby county of Nassau, from 100 to 200 centers. This

means that we are moving into the community and not expecting the community to come to us. This is one of the ways in which we are knocking down the fences and opening opportunities for everyone. As you might glean, I'm very proud of our college.

We have four campuses: Downtown, North, South, and Fred H. Kent Center. Each campus has its own environmental characteristics and is a comprehensive community college in itself. The students who come to our campuses range from 16 years of age, not yet finished with high school, right on past and well into retirement age. We are serving many different kinds of people needs.

Our Cooperative Education program is a decided attraction. For example, we have made excellent progress in attracting and holding the veteran, specifically the Vietnam veterans, in programs to equip them with either a skill or help him move on past the community college level. We think we are providing excellent services in behalf of the disadvantaged and other neglected groups such as the poor, the minority groups, women, and the disabled who generally don't have a voice. Our cooperative education program is dedicated to serving these groups. Presently, we have some 400 co-op students and 135 participating employers. We have had to liimt the program in order to maintain quality control. With adequate staffing, the enrollment could be easily tripled.

Mr. Chairman, I am concerned with the rather modest level of funding authorized by the enabling legislation for this program. I firmly feel that cooperative education, as funded by the U.S. Congress, needs more attention from the standpoint of direction as well as funding. Although there are colleges in the Nation which may not see co-op as a function for them, there are many who have not had the opportunity for the State or Federal funding to get started. It's not so important to get a great deal of funding per college as it is to realize that the Congress feels this to be a high national priority. The appropriation for $10.750 million for this year and next year is doing a great deal of good in urging colleges to move ahead. The average size of grants, I understand, is $25,000 to $30,000 per institution. Cooperative Education is proving to be a fairly expensive program for us to initiate. I recognize full well that within perhaps 3 to 5 years, co-op can become self-supporting, but during that period of time, I think we need more national recognition. The size of the budget is an appropriate way to show that recognition. I feel that $30 million for this program, as early as enabling legislation can be created and hopefully in the fiscal year to come, will demonstrate national priority as well as raise our level of support. This will not only help more colleges to come into the program, but will enable those who have moved ahead to do some dramatic expansion.

I also think that the period of time allowed in the legislation for a grant to operate under this program is rather short. This is still a nontraditional program. Although we have had co-op around since 1908, when first recognized at the University of Cincinnati, it is very new to the community college. It is also difficult for many employers who have been used to co-oping with colleges at the 4-year level to get used to the program at the 2-year level. More time is needed to establish new relationships.

Many of our students work. A study I recently had made on this subject at our college showed that about 51 percent work while in college. About 85 percent of the students in the 51 percent working group are full-time students. And, would you believe that some of them are working 40 and more hours a week while carrying at least a 12 hour study load at the college. Cooperative education will benefit people like this. It will help to serve them hygenically as well as to direct them toward the kind of work that is more meaningful in fulfilling their career objectives. Or, if they have not stabilized on a career objective, it will move them in that direction. I mention this work pattern and school pattern because the present legislation is somewhat restrictive. It recognizes an alternate pattern which means a definite period of work and a definite period of study. The parallel plan; that is, working while studying, is more appropriate for the community college student. It is time to relook at that part of the legislation. In addition, many people who are returning to college for whatever reason should have an opportunity to be involved in the program, and they must continue working to support their families.

Mr. Chairman, the percentage of money now going to the 2-year college is approximately 38 percent. I think this is healthy. This shows excellent foresight on the part of the U.S. Office of Education's staff. I hope that this percentage of fund distribution can even go higher in behalf of the community colleges because the need for expansion there is greater than at the 4-year universities which have been predominately the leaders in cooperative education.

In order to support the idea of encouraging co-op employers, I think that Congress should study granting a small tax credit to business and industries when they hire cooperative education students from an accredited college program. I believe there will be long-range benefits to the Nation if such a step is taken. This will further advance the concept in support of community-based learning or employer-based learning. It will recognize that employers are partners in the educational process. I think that eventually employer recognition in co-op will result in reducing costs, and it will make education more effective and realistic. It will also offer more opportunities and more options for students to explore their career opportunities.

Mr. Chairman, I believe that if we could free up this co-op program from that stereotyped plan expressed in the present legislation and allow us to innovate with various kinds of patterns and program options, you will be happy with the results. I think that you will be as happy with the results as you have been with Title III, Higher Education Act programs. We need the flexibility to innovate. We need the flexibility to offer various kinds of options and patterns of scheduling for our students. I am certain that this committee fully understands the great importance of education of all of our people. We do our job better with the encouragement and support given by bodies such as the U.S. Congress, our State legislatures and our own local communities. As we do this, the greater the Nation becomes. We all know of the need for brain-power, well functioning citizens, citizens with high-value systems, and citizens who are happy because they love what they are doing.

I thank you for allowing me to appear and I hope that this committee will seriously entertain my recommendations to fully support the program at least at the level of funding recommended by the administration and hopefully at a higher level. I think that the level should be a minimum of $30 million, and that the enabling legislation should relook at both the flexibility within the program or the lack thereof, and higher funding over a period of years, plus enabling a grantee institution to receive support for 5 years.

Again, Mr. Chairman, I thank you. It has been an honor to be here.

[The attachment follows:]

COMMUNITY AWARENESS SURVEY

Community and junior colleges have the capability of meeting a wide variety of community needs. More than any other educational institution the community college can respond to the need for specialized education in a number of areas, as well as provide the more traditional general education. Because of this, it is very important that the community college keep in touch with community needs, attitudes, and opinions.

In response to this need for information, Florida Junior College at Jacksonville has developed a Community Survey process which provides the types of information that will assure adequate communication between community and college. This process, as developed and tested in Duval and Nassau Counties, Florida, is capable of obtaining very accurate information in a relatively short time, at an exceptionally low cost.

The problem facing Florida Junior College at Jacksonville was to obtain an accurate picture of how the entire community felt about a wide range of educational issues. The solution as developed in Jacksonville involves a random sampling technique, using personal interviews conducted by student interviewers. Florida Junior College at Jacksonville began the initial steps of the survey process on August 1, completing interviewing in late October. A total of 867 interviews were conducted in a two-county area. Following is a step by step description of the survey process, beginning with the setting of objectives and ending with a summary of results. A PERT chart of these activities is included as an attachment.

The first step in the survey process is to determine objectives -- what is it that the College needs to know? There are two important considerations here. First, the objectives should reflect the thinking of a large segment of the College. Procedures should be established that will assume imput from many sources. A series of meetings with key personnel is desirable. The second consideration is that the objectives and the survey design be compatible. If the major concern of the College is to obtain an evaluation from former students, a random community survey is not a good design. If the College is concerned about the attitudes of certain population subgroups, such as blacks or non-high school graduates, methods for sampling only within these groups will have to be found; or, if a community-wide sample is also desired, the sample will have to be of sufficient size to assure that subgroup sample sizes are large enough to make statistically accurate projections.

Once the objectives have been set and the survey design decided upon, the next step is to assure that randomness can be achieved and the mechanics of actually conducting the survey are workable and within cost limitations. At Florida Junior College at Jacksonville the sample design decided upon was a community-wide random sample, using

personal interviews, with a sample size large enough to provide accurate projections for population subgroups. In order to assure a random sample, Bureau of the Census Standard Metropolitan Statistical Area maps were used. The College service area was divided into grids, each with an average population of 250 people. The size of these grids varied from census tract to census tract, depending on the population density. The grids were then numbered and using a random number table, a sample of 250 grids was drawn. Using the point nearest to the center of the grid as the interview location, four nearby residences were chosen using another random procedure, and an interview conducted at each residence. The above process is a form of Multi-stage Cluster Sampling.

It is also important to decide on how the survey will be conducted. At Florida Junior College at Jacksonville, students were employed as interviewers, using their own cars to get to the interview locations. This system seemed to work well. The best interviewers were those students who had some outside interest in fields related to the survey. Heavy emphasis should be placed on drawing interviewers from political science, sociology, statistics or related classes where the interviewer can relate his survey work to his school work and perhaps use it as a class project. About a third of those hired were willing to use their own cars (at 10¢ a mile) for the survey. This was ample since four interviews were required at each interview location and the students could work as teams of four.

At the same time the survey capability is being established, the instrument to be used must be designed. This is a very important step because the usefulness of the entire survey depends directly on the quality of the questionnaire. Extreme care must be taken in the wording of the questions. College personnel often use words that have unique meaning for educators. These should be avoided. Also, words or expressions can be interpreted differently by different segments of the community. It is good to have more than one question about each area of concern. This reduces the effect of bad questions and allows the measurement of attitude strengths.

Provision must also be made for a computer program capable of analyzing the survey results. This program should be able to calculate absolute and relative frequencies for each question and be able to do analysis for subgroups, identified either by population characteristic or by the way questions were answered. For this purpose Florida Junior College at Jacksonville developed its own program. However, if they are available, many canned programs will do the job.

Another very important part of the survey is the employment and training of the interviewers. The hiring of student interviewers began about two weeks before the survey was to begin, and a two-day training session was conducted for these students. It is

important that the interviewers understand the logic behind the sampling process and the necessity of making the sample selection a random one. On the first day the theory behind the survey was explained along with the steps the interviewers would have to follow to locate and conduct each interview. They were also given copies of the questionnaire and allowed to conduct practice interviews among themselves. On the second day, the interviewers were taken into the field and each conducted an interview under actual survey conditions. Afterwards, problems were discussed and questions answered. For those interviewers hired after the survey began, the theory and process were explained, and they were sent with an experienced interviewer to conduct their first interview.

The actual survey was conducted from 4:00 p.m. to 8:30 or 9:00 p.m. on Mondays through Thursdays. This time was selected because it increased the chances of finding a good cross section of people at home. It also was more convenient for the interviewers. Emphasis was placed on interviewer neatness, the boys being required to wear ties and the girls to "dress accordingly." Each interviewer carried a badge with the College's name and seal and a letter from the President introducing the interviewer and explaining the importance of the survey to the College.

Florida Junior College at Jacksonville decided on seven objectives for its Community Survey. These were the result of a series of meetings with a wide range of College personnel and a careful analysis of the capabilities of the survey design. The objectives and questions reflected as much as possible the concerns of the College. A list of these objectives and a short description of each follows.

I. To assist the College in improving and expanding the educational programs offered in the Jacksonville area.

Questions built around this objective aimed at measuring the community's assessment of how well present educational programs meet the needs of the area. The questions also attempted to discern in which areas more effort was needed. For example:

In your opinion, which one of the following educational programs should be expanded in this area?

15.7% a) college degree programs
44.8% b) occupational/vocational training programs
17.5% c) adult basic education programs
12.9% d) special interest and cultural enrichment programs
3.3% e) no educational program should be expanded

Combined with other questions, these answers indicate that the community feels the Jacksonville area has enough programs for those wanting college degrees, and feels that schools would do well to add occupational/vocational training programs.

II. To assist the College in gearing its programs to meet educational needs as felt by members of the community.

College personnel expressed a desire to know more about community attitudes toward junior college or four-year college attendance and feelings about different programs offered at the Junior College, specifically occupational/vocational programs. One question was:

How strongly do you agree with the following statement? "Occupational training is for people that are not smart enough to go to college."

5.4%	a)	strongly agree
19.3%	b)	agree
11.6%	c)	undecided
42.0%	d)	disagree
20.6%	e)	strongly disagree

This, along with other answers indicated that people generally feel there is ample opportunity for success for those who do not get a four-year degree, taking some form of occupational training instead.

III. To assist the College in evaluating the effect of its promotional efforts within the community.

One of the major concerns expressed by College personnel was "how much does the community really know about Florida Junior College at Jacksonville?" The questions here dealt mostly with factual matters about the College, measuring the extent of peoples' knowledge. The results indicate that about 70 to 80% have at least a minimal knowledge of the College and its purpose.

IV. To assist the College in its efforts to facilitate attendance through the removal of barriers to attendance.

The questions built around this objective were aimed at measuring the strengths of various barriers or obstacles confronting people who might want to attend some kind of educational program. One major area of concern was the problem of transportation. Was public transportation doing the job for those who needed it, and

how was its performance rated in different areas of the city? Other barriers about which questions were asked included cost of tuition and materials, distance of travel to programs, the prestige of the school, the time required to earn a degree, and the availability of child care.

V. To assist the College in providing information to the entire community.

Another major concern of College personnel was "how could information about the College best be provided to the community?" For example, one question asked:

How can Florida Junior College at Jacksonville provide the most useful information to you?

16.9%	a)	advertise programs in the newspaper
28.2%	b)	send me a catalog on request
23.6%	c)	let me talk personally with a counselor at the campus
4.4%	d)	give me basic information over the telephone
22.9%	e)	present information about programs over radio and television

These and other answers indicated that people are most receptive to advertisements over radio and television. An interesting result of the above question is that 56.2% indicated that a self-initiated action was the preferred way of obtaining information. Perhaps the best way to advertise is to make it known that the College is receptive to inquiries and willing to help.

VI. To assist the College in evaluating the quality of its programs and their impact on the community.

The communities evaluation of Florida Junior College at Jacksonville was a prime concern of the survey. Was the general attitude favorable or unfavorable, and were there areas in which opinions stood out more than in others? For example:

In your opinion, how would you judge the kind of relationship Florida Junior College at Jacksonville has with the community it serves?

21.0%	a)	excellant
48.6%	b)	satisfactory
24.2%	c)	no opinion
1.5%	d)	unsatisfactory
.6%	e)	very poor

Similar questions were concerned with relationships with students, academic standards, the caliber of instruction, facilities, and overall performance.

VII. To assist the College in program planning based on potential community demand for programs.

Questions built around this last objective measure the extent to which the community has been directly involved with Florida Junior College at Jacksonville and the potential for future involvement. This potential for future involvement was divided by area of interest.

At the present time, what type of educational program or activity would be of greatest interest to you?

19.8%	a)	informal, brief programs such as workshops or presentations about subjects of special interest to me
16.9%	b)	training programs to improve my present skills needed in my personal life
22.3%	c)	occupational training to improve or develop skills required by my work
11.3%	d)	comprehensive training to prepare me for a career specialization
24.1%	e)	college credit courses which will count toward a college degree

Depending on how this question was answered, further questions were asked concerning the exact type of program preferred.

The Florida Junior College at Jacksonville Community Survey was conducted at a total cost of $7,854.88. A breakdown follows:

1.	Contractual Services	$4,700.00
2.	Interviewer costs	2,458.00
3.	Travel	320.00
4.	Questionnaire duplication	246.08
5.	Computer costs (est.)	30.80
6.	Final report production (est.)	100.00

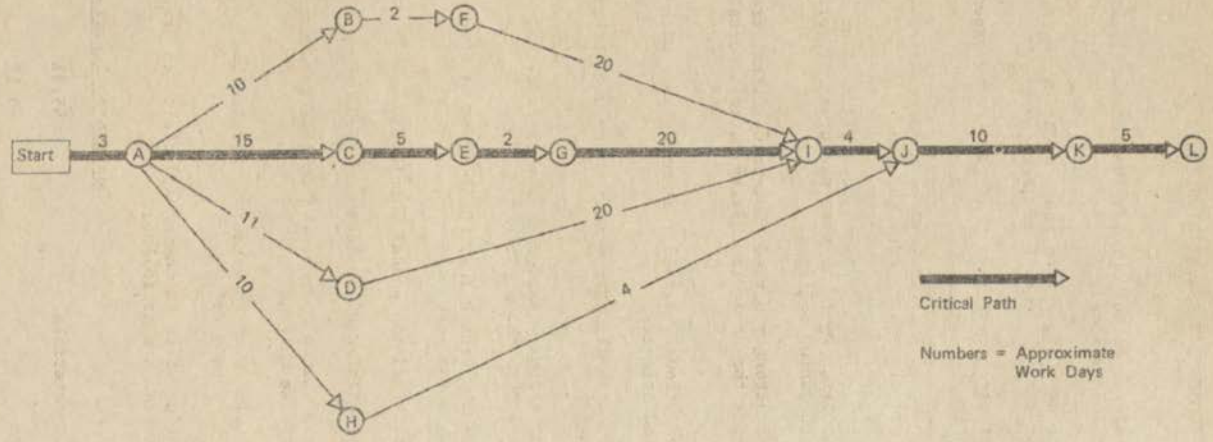
The Florida Junior College at Jacksonville service area is primarily urban, but contains sizable segments of rural population. This survey technique, with slight modifications, worked well in both areas. A very large sample size was used for the survey, providing a good test of the technique. It should work even better for smaller samples. Because of these facts, the survey process as developed at Florida Junior College at Jacksonville should be easy to duplicate in almost any area of the country. Florida Junior College at Jacksonville feels that the type and quality of the information provided by this survey would make it well worthwhile for many colleges to conduct similar surveys. For further information contact:

Dr. Benjamin R. Wygal
Florida Junior College at Jacksonville
Jacksonville, Florida

P E R T

FLORIDA JUNIOR COLLEGE AT JACKSONVILLE

OPINION SURVEY



A -- Develop Objectives

B -- Establish Sampling Capabilities

C -- Design Survey Instrument

D -- Employ Personnel

E -- Print Survey Materials

F -- Sample Drawn

G -- Data Collectors Trained

H -- Computor Program Developed

I -- Survey Data Collected

J -- Computor Analysis of Raw Data

K -- Review Draft

L -- Final Report

COMMUNITY SURVEY HIGHLIGHTS

44.8% of the respondents were of the opinion that occupational/vocational training programs should be expanded.

74.4% (3 of 4) agreed or strongly agreed that education is the single most important factor in the improvement of Jacksonville.

80.1% (4 of 5) agreed or strongly agreed that taxpayers' expenditure for education is money well spent.

37.4% would attend a junior college instead of a four-year college due to lower tuition costs and close proximity to home.

39.3% (2 of 5) were of the opinion that the most significant reason for not attending a junior college would be that the student would be unlikely to continue beyond the junior college.

24.7% (1 of 4) agreed or strongly agreed that occupational training is for people who do not have the academic ability to be successful in college.

22.5% (2 of 9) agreed or strongly agreed that only those with college degrees get good jobs and salaries.

41.5% (2 of 5) agreed or strongly agreed that a non-high-school graduate has no chance to get ahead.

41.8% (2 of 5) agreed or strongly agreed that those with college degrees are more highly respected than those without.

41.7% (2 of 5) knew the FJC tuition fee, 40.5% (2 of 5) thought the tuition to be higher than is the case.

89.4% (9 of 10) underestimated the annual enrollment.

78.1% (4 of 5) knew the location of at least one FJC campus.

Approximately 3 of 4 respondents knew of the college-credit and non-college-credit offerings of the College.

Public transportation would be an important factor to 31.3% of the respondents if they wish to attend FJC.

Other factors given consideration in making a decision to attend a higher education institution are as follows:

	Designated Important
cost of tuition and materials	85.9%
distance to college	69.1%
prestige of college	59.3%

Community Survey Highlights

	Designated Important
availability of public transport	41.1%
course availability during non-working hours	66.0%
availability of child care services	44.6%

41.4% (2 of 5) get information concerning local matters from T.V. news; 31.3% (3 of 10) from newspaper.

Approximately 3 of every 4 respondents have heard of FJC, but 40.1% (2 of 5) have very little or no information regarding FJC.

69.6% (7 of 10) are of the opinion that FJC has an "excellent" or "satisfactory" relationship with the community.

50.5% (1 of 2) were of the opinion that the program offerings of FJC are "extensive" or "very extensive".

82.4% (4 of 5) were of the opinion that FJC has made "some" or a "significant" contribution to improving Jacksonville.

20.3% (1 of 5) were of the opinion that they have considerably benefited from attending FJC.

67% (2 of 3) rated FJC as "excellent" or "good".

27.2% of the respondents had a family member who is attending or has attended FJC.

75.9% (3 of 4) would select FJC as a first or second choice if they were planning to continue their education.

Of those respondents expressing interest in career-preparation programs, approximately 1 of 3 respondents designated business related (including secretarial) fields; 1 of 5, health related; 1 of 5, technical fields.

Approximately 1 of every 4 respondents who desired skill upgrading training would attend the college campus to receive such training, 1 of 10 desired that such training be offered at their place of employment.

Of those respondents who expressed an interest in personal-use education, approximately 3 of 10 desired home-skills (e.g., cooking, budgeting) courses; 1 of 4, financially-related education courses; 1 of 5, basic skills courses.

Mr. FLOOD. Dr. Phillips.

STATEMENT OF DR. HERBERT PHILLIPS

Dr. PHILLIPS. Mr. Chairman, I appreciate this opportunity to talk with the committee. I wish to express my thanks for the support that the Congress has rendered to higher education. Through your support you are encouraging us in many ways to keep improving our educational services.

My subject today is "Support of Appropriations for Title IV–D of the Higher Education Act (Sections 451, 452, 453 of the Education Amendments of 1972, Public Law 90–575 to the Higher Education Act of 1975, Public Law 89–329)."

I represent a small community college serving five rural counties in northeast Florida. Our service area extends from the Gulf almost to Georgia on the north and nearly to the Atlantic on the east. Some of our students ride a school bus 110 miles a day.

Although the total population of the area is only 48,000, our college registers for some program or other about 6,000 different people each year. This averages out to the equivalent of 1,500 full-time students. Despite the return to college of many older adults, our average student age is 19 due in part to a younger age of matriculation and the trend toward acceleration.

Our college is a comprehensive college—40 percent occupational training and 60 percent university parallel. Our vocational graduates perform well on the job, and our transfer students do better than students who have been in the university from the beginning.

Over 55 percent of our students work part-time, about 85 percent work as they carry a full academic load. Many enrollees are adults who work full-time and pursue their education one course at a time usually at night. To earn and learn, you see, is a necessity. The student, of course, is paid by the employer and aided by the college.

There are certain problems unique to a small rural college.

The students have graduated from small, frequently inadequate high schools.

The small number of students cause a sparsity of offerings.

There is a very limited local job market.

Decreasing labor requirements on the farms and in the small communities result in a large out-migration of both young and old.

The communities do not attract the kinds of industry to cause job creation and growth.

Career choices tend to be beneath the abilities of our people.

Students experience trouble in entering and in advancing to higher level jobs.

Better teachers go to metropolitan areas and to higher paying jobs.

Many college buildings are deficient in sizes, quality, and quantity needed, and it is difficult for us to afford equipment for these facilities.

The typical attitude toward an education causes an under-investment in education.

To offer a range of educational alternatives is difficult. Cooperative education is one viable alternative, for learning to do by doing is the best way to attain some educational objectives. And this learning style is not limited to vocational experiences for several of the best coopera-

tive education programs in the country (Wilberforce and Wilmington, for example) are strictly for liberal arts students. Co-op education adds to our flexibility.

I would say it is also a good use of good taxpayers' dollars because the facilities and lights and water belong to the other guy.

We have been in experimental education since 1947. It has taken the form of summer on-the-job training and school and industrial education programs in which the student works all day and goes to college at night. So I feel, from our experience at least, that the current definition of cooperative education is much too limiting. Any work experience under the sponsorship of the college and supervised by the college should fit under the definition no matter what the time arrangement may be.

Many have said, and I agree, that cooperative education is emerging as one of the most encouraging developments on the educational scene.

As you know, however, it is anything but new. Antioch, M.I.T., Georgia Tech, University of Cincinnati and others have had programs for a very long time. Why then hasn't the technique had the impact it should have had? First of all, once the job was obtained, the responsibility was placed mainly on the employer instead of the institution. Second, many programs were poorly organized. Third, co-op education generally was under financed. Securing the proper job experiences, maintaining proper relationships with the employers, and properly supervising students over a far-flung area is expensive and often does not produce State funds. Lastly, few people outside the colleges of engineering saw its capabilities.

Which brings me, as you knew it would, to finances. I respectfully recommend full founding of the Cooperative Education portion of the Higher Education Act. I believe that $30 million is the minimum necessary for education. I further feel that $30,000 should be given each year for 5 years to those colleges who commit themselves to this program. It will take that long to establish the program.

As a member of the Northeast Florida Consortium, my college received $10,000 this year. This amount barely paid the secretary and the office expenses. However small the amount we are happy to have it; but with more funds we could quadruple our efforts.

At the moment there are two laws which support cooperative education. One is within the Career Education Act of 1968, and the other is title IV–D. I believe that, beyond the need for further funding, there is a need to combine the cooperative education aspects of both these acts or that much of it should go to title IV–D.

I firmly believe that within a few years you will see the potential of this program, and that you will fund it double or triple the present amount. I think it will do a service for higher education similar to what title III has already done. And, in your wisdom, you have moved title III from a rather low level of funding to a reasonable level. I think Co-op will be the second great modern catalyst in higher education, second only to the Land Grant Act.

I thank you for your time and the privilege of your invitation.

Mr. Flood. Thank you very much.

TUESDAY, MAY 14, 1974.

EDUCATIONAL TECHNOLOGY

WITNESSES

DAVID LITTLE, DIRECTOR, EDUCATIONAL RESOURCE CENTER, SIOUX CITY, IOWA, REPRESENTING THE ASSOCIATION FOR EDUCATIONAL COMMUNICATIONS & TECHNOLOGY

DR. HOWARD HITCHENS, EXECUTIVE DIRECTOR, ASSOCIATION FOR EDUCATIONAL COMMUNICATIONS & TECHNOLOGY

Mr. FLOOD. The Association for Educational Communications & Technology, Mr. David Little, director, Educational Resource Center, Sioux City, Iowa.

Dr. HITCHENS. I am Howard Hitchens, the executor director of the national association. Mr. Little is here representing both the Iowa Educational Media Association and our national association.

Mr. LITTLE. First of all I would like to thank the committee for their support of the educational legislation that has been so meaningful to educational media and library science programs throughout the United States even though appropriations have not been requested by the administration in the past. Your continuing support, of course, is solicited for these programs.

I would like to say that I have prepared testimony for the record.

[The statement follows:]

TESTIMONY PRESENTED BY DAVID LITTLE, DIRECTOR, AREA XII EDUCATIONAL RESOURCE CENTER, SIOUX CITY, IOWA, REPRESENTING THE ASSOCIATION FOR EDUCATIONAL COMMUNICATIONS & TECHNOLOGY AND IOWA EDUCATIONAL MEDIA ASSOCIATION

My name is David Little. Currently, I am serving as the director of the Area XII Educational Resource Center located in Sioux City, Iowa. The Center is a service agency to 32 public school districts, and 27 nonpublic schools in a six-county region of western Iowa. The Center has a composite holding of $750,000 worth of instructional resources shared on an equitable basis by all students and teachers of the service area. Most of these resources were purchased under the provisions of title II, ESEA, NDEA title III, ESEA title III as well as Federal and State special education funds.

I hold a B.A. and M.A. from the University of Iowa. My major emphasis in both degree programs has been in the area of educational technology. My entire professional life has been dedicated to this field, one that is constantly changing and therefore needs considerable Federal assistance in order to adapt such changes to classroom use.

I have held positions as a teacher of speech and drama in Peoria, Ill., director of the Boone County, Iowa, Instructional Materials Center, Director of the Instructional Materials Center of the Joint County School System in Cedar Rapids, Iowa, and as a program coordinator at the Allegheny County Regional Instructional Materials Center in Pittsburgh, Pa. During all of my experience in these positions, I have seen the need for a stronger local, State and Federal partnership in strengthening of the educational technology field through current categorical funding.

As a professional educator and member of Phi Delta Kappa, National Association of Regional Media Centers, and Association for Educational Communications & Technology, I am greatly concerned with the emphasis and level of funding currently being sought for all legislation dealing with the field of library and educational technology programs. It is as a representative of the members of Iowa Educational Media Association and the Association for Educational Communications & Technology that I am addressing you today.

AECT is a professional association of some 8,000 educators whose aim is to improve the educational environment available to learners at all levels through the application of technological solutions to instructional problems. Our members

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have a wide range of responsibilities including the study, planning, application, and production of communications media for instruction.

I wish to share with you and the members of the subcommittee information regarding the impact that educational technology has had on American education and discuss the benefits that have accrued as a result of Federal support in this area.

Educational technology as process, not machinery. In order to insure that my remarks are understood in their appropriate context, I would like to clarify the concept of educational technology as promoted by the association I represent. Educational technology is neither hardware (movie projectors, computers, teaching machines) nor software (films, worksheets, maps), although both of these categories of items are part of the domain of educational technology. Rather, educational technology is a process, or system—rooted in learning theory and communications research—that enables the learner to learn effectively and efficiently. The technology of education is dynamic, and includes the planning, design, application, and evaluation of learning resources.

The use of media (hardware and software) is only one means of delivering information to the learner, and is not perceived as the panacea to all learning problems. Used properly however, as an integral part of the teaching-learning process, media does make unique and valuable contributions to the learning environment.

Educational technology has stimulated the individualization of instruction so necessary in light of the increasing rates of national mobility and cultural change. Its use has freed teachers from some of the more routine aspects of instruction and has helped them become one of several sources of information in the classroom. Technology has helped to close the gap between the information levels inside and outside the classroom, and has helped to offset the sometimes adverse effects of economics and geography on the quality of a student's education.

A perspective on Federal support for educational technology. Federal support for educational technology has come largely from title III of the National Defense Education Act (equipment and minor remodeling) and title VI–A of the Higher Education Act (improvement of undergraduate instruction). Training of educational technologists has been supported by the Education Professions Development Act, part C, D, and E. Let me discuss each of these programs in turn.

NDEA III

NDEA III was initiated to improve instruction in elementary and secondary school subjects through the acquisition of equipment and materials and through minor remodeling of school buildings. Funds appropriated under this title, used according to local needs, have resulted in increased enrollments in the critical subjects of science, math, and foreign languages; the addition of new and advanced courses to school curriculums; increased emphasis on laboratory instruction and practice; and the creation and testing of creative, improved methods of instruction at all grade levels.

NDEA III is one of the programs proposed for consolidation in legislation to extend the Elementary and Secondary Education Act. The present statutory authority for NDEA III, Public Law 92–318, continues until June 30, 1975.

Even though the program as a separate entity could be lost through consolidation attempts, the concept of Federal support for educational technology will continue under both H.R. 69 and S. 1539. Only the method of funding would be changed. The House and Senate committees considering consolidation did not question the success or importance of the program. The House Committee report on H.R. 69 states, ". . . the committee wants to emphasize that its adoption of the consolidations for these programs in no way implies a belief that the programs have not been successful in achieving their purposes. They have been successful. . . ."[1]

We would prefer the continuation of the current categorical funding structure with no program consolidation, but that is not the issue here. Because the concept of Federal funding for educational technology is not questioned we should discuss only the level of that funding today.

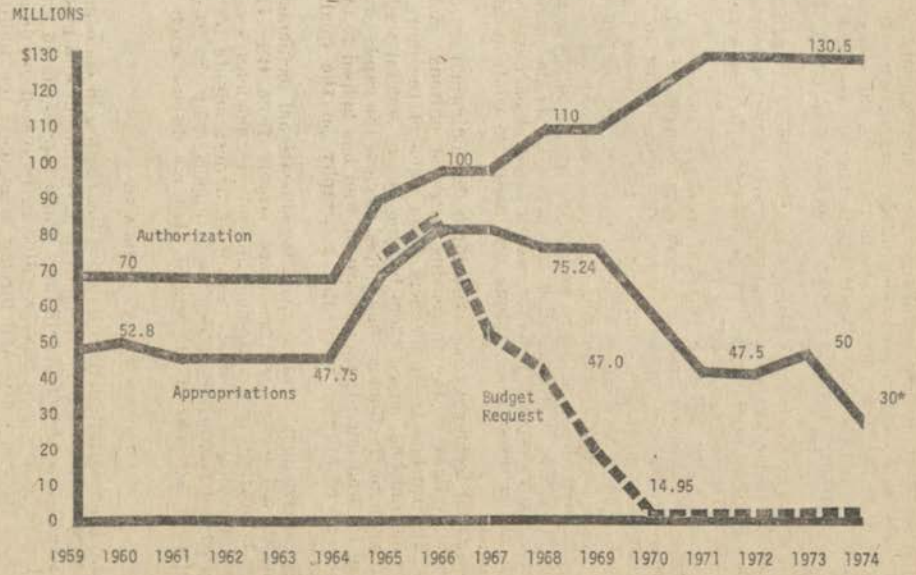
Exhibits 1 and 2 show the authorizations and appropriations made under NDEA III from 1959 through 1974. Exhibit 1 shows funds allocated for equipment, materials, and minor remodeling, and exhibit 2 shows funds allocated for the administration and supervision of the program.

[1] House of Representatives Report No. 93–805 to accompany H.R. 69, Elementary and Secondary Education Amendments of 1974, Feb. 21, 1974, pp. 26–27.

Exhibit 1

NDEA TITLE III

AUTHORIZATIONS AND APPROPRIATIONS: AQUISITION OF EQUIPMENT AND MATERIALS AND MINOR REMODELING
FYs 1959-1974



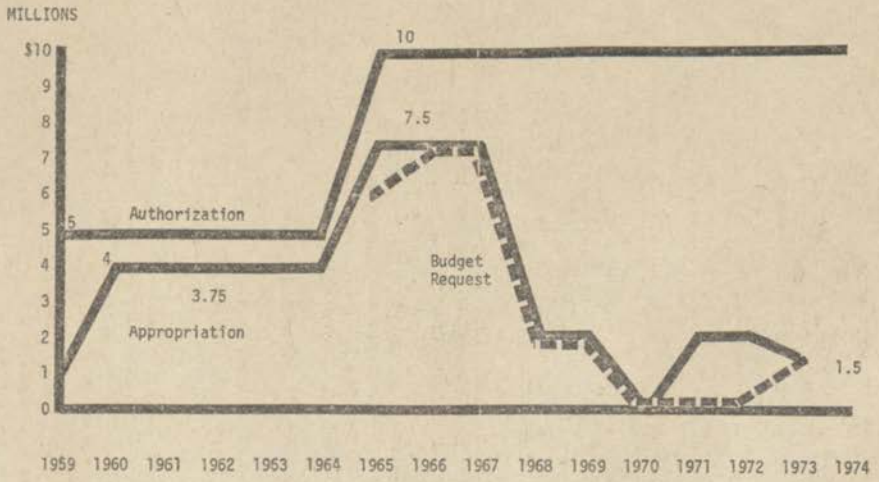
*5% impounded leaving $28.5 million in available funds

Exhibit 2

NDEA TITLE III

AUTHORIZATIONS AND APPROPRIATIONS: ADMINISTRATION AND SUPERVISION

FYs 1959 - 1974



These graphs reveal that the programs have been funded at levels far below their authorization—an unfortunate, but not uncommon occurrence. More important. I think, is the fact that for the past several years, Congress has appropriated funds for this program in the face of repeated Presidential requests that it not be funded. This subcommittee has, of course, been instrumental in securing funds for the program, and those of us who are committed to the improvement of instruction are grateful for your support.

We are especially appreciative of the House action last year (fiscal year 1974) recommending a $25 million allowance for NDEA III—your highest commitment in recent years.

It is extremely important also to note that the $50 million allocated for NDEA III in fiscal year 1973 was impounded, thus cutting in half the money available to local schools for instructional equipment and materials for that year.

This impoundment and uncertainty of funding, according to an Office of Education report, "resulted in the reassignment of some staff members . . . thus creating serious problems in planning. Some State departments of education were reluctant to commit staff time to planning for a program with so indefinite a future." During this period of rapid technological change this situation was particularly devastating.

These impounded funds were not released until mid-fiscal year 1974, about the same time fiscal year 1974 funds were finally approved by Congress and the President. At that time $78.5 million of NDEA III Federal funds became available: $50 million in impounded fiscal year 1973 funds and $28.5 million in fiscal year funds. This latter figure reflects the $30 million appropriated by Congress less the 5 percent impounded by the President.

Although this $78 million seems a considerable sum one must remember, these are the first funds available for several years. Many State departments of education had to gear up again for the planning required to appropriately spend the funds.

This year and a half without funding was especially detrimental in a period of rapid technological change. It will take some time before schools can recover and achieve the technological advances that would have been possible had funds not been delayed. The backlog that accrued during the no-funding period must be cleared up before progress can be made.

To give you some indication of the lack of funds I am including a comparison of each States' estimated need for fiscal year 1974 with their actual allocation. The survey from which this data is taken was conducted by the California State Department of Education. It shows that in fiscal year 1974 the States felt they needed $121.6 million in Federal NDEA III dollars, for more than double the actual fiscal year 1973 appropriations ($50 million) and four times the actual fiscal year 1974 spending level ($28.5 million).

Exhibit 3

1974 NEEDS COMPARED WITH 1974 ALLOCATION FOR TITLE III, NATIONAL DEFENSE EDUCATION ACT -- BASED ON SURVEY OF STATES BY CALIFORNIA DEPARTMENT OF EDUCATION

State	State's estimated need in 1974	State's 1974 allocation
Alabama	1,178,000	601,040
Alaska	300,000	46,093
Arizona	922,000	283,906
Arkansas	1,250,000	316,892
California	18,000,000	2,022,468
Colorado	2,000,000	308,533
Connecticut	500,000	273,152
Delaware	200,000	68,425
Florida	5,000,000	801,383
Georgia	2,500,000	719,417
Hawaii	400,000	100,573
Idaho	550,000	123,586
Illinois	6,000,000	1,170,627
Indiana	3,000,000	698,869
Iowa	2,500,000	383,739
Kansas	2,000,000	284,277
Kentucky	2,000,000	510,055
Louisiana	5,000,000	665,617
Maine	600,000	151,626
Maryland	2,000,000	478,438
Massachusetts	2,000,000	571,303
Michigan	5,000,000	1,173,929
Minnesota	2,500,000	555,186
Mississippi	1,600,000	414,274
Missouri	1,600,000	593,798
Montana	357,000	115,822
Nebraska	600,000	199,992
Nevada	150,000	54,435
New Hampshire	325,000	99,440
New Jersey	2,500,000	704,875
New Mexico	600,000	203,849
New York	9,500,000	1,487,171
North Carolina	3,500,000	786,782
North Dakota	340,000	108,710
Ohio	5,000,000	1,379,208
Oklahoma	1,000,000	352,439
Oregon	1,000,000	266,046
Pennsylvania	5,000,000	1,354,415
Rhode Island	400,000	98,994
South Carolina	1,200,000	467,538
South Dakota	750,000	113,209
Tennessee	2,000,000	601,447
Texas	10,000,000	1,691,985
Utah	650,000	199,440
Vermont	240,000	65,432
Virginia	3,000,000	644,974
Washington	1,400,000	407,302
West Virginia	1,500,000	266,922
Wisconsin	2,000,000	632,756
Wyoming	*	51,026
TOTALS:	$121,612,000	$25,671,415

* No figures received

Data collected recently by the Office of Education is no more encouraging. The following table appears in a 1972 Department of Health, Education, and Welfare publication[2] as a typical State report of the breakdown of adequacy of materials in its elementary and secondary schools by subject area:

PERCENT ADEQUACY (TYPICAL STATE REPORT)

Subject area	Elementary schools	Secondary schools
Science	15	50
Mathematics	35	60
History	30	30
Civics	35	20
Geography	30	20
Economics	5	15
Modern foreign languages	5	65
English	20	35
Reading	50	15
Industrial arts	1	5

The State of Pennsylvania has reported that in fiscal year 1972, more than 59 percent of all schools remained deficient in equipment and materials needed in all subject areas and categories.

Exhibit 4 shows the percent of schools in Pennsylvania falling below State standards in various subject areas, and the estimated amount of funds needed to correct these deficiencies.

[2] U.S. Department of Health, Education, and Welfare, "State Department of Education and Federal Programs, Annual Report, Fiscal Year 1970" (Washington, D.C., U.S. Government Printing Office), p. 130.

Exhibit 4

State of Pennsylvania

Academic Subjects	Percent of Schools Falling Below State Standards for:				Estimated Funds Needed to Meet State Standards in all areas:
	Laboratory and Special Equipment	Audiovisual Materials	Reference Materials	Audiovisual Equipment	
Arts and Humanities	89	83	80	83	$8,379,000.
Civics	57	73	70	73	$1,098,000.
Economics	60	78	69	70	$1,079,000.
English	75	76	65	83	$4,845,000.
Geography	69	70	78	82	$2,348,000.
History	65	74	69	76	$2,609,000.
Industrial Arts	78	75	70	71	$10,865,000.
Mathematics	83	79	65	71	$5,300.000.
Modern Foreign Languages	66	64	63	79	$3,755,000.
Reading	65	70	60	80	$4,704,000.
Science	78	80	47	63	$6,800,000.
Special Studies (elementary school history, civics, geography and economics)	63	82	63	81	$1,200,000.

As you can see, that State alone could use the entire amount that has been appropriated for NDEA III in past years. Certainly, similar needs exist in several parts of the country.

States repeatedly mentioned needs for the following types of equipment and materials to support instructional programs in almost every subject area: Films; maps; globes; industrial tools; electronic equipment; computers; laboratory equipment for language, reading, and science programs; cameras; stereo equipment; records; musical instruments; instructional television; video-tape equipment, and microfiche equipment.

This same report states that "about half the States felt that schools were no better or in some cases even less well equipped to use the newer student-activity-centered curriculums than they were to teach the * * * programs of a decade ago." Further, many individual State reports questioned whether the "approximate $1.50 per child per year which title III-A has provided in the past can improve this situation." [3]

That inadequacies remain is not surprising. Obviously, the rising cost of equipment and materials due to inflation, and the need to replace items that have worn out, make it difficult for a local school to meet its needs.

The current energy crisis and the resultant shortage of raw materials has also had a dramatic effect on technology. Prices of some materials such as polyvinyl chloride (PVC), a derivative of the oil refining process used in the manufacture of educational phonograph records, has increased nearly 100 percent in the last year.

The dollars spent for educational materials do not go as far as they have previously. Much more money is needed just to keep programs at present levels, and this does not take into consideration the increased demand for technology today.

Coupled with the fact that the number of subject areas eligible for NDEA III funds has more than doubled since the start of the program without any accompanying increase in appropriations since 1964, it becomes clearer why local schools cannot reach and maintain a level of adequacy. Higher costs, the same number of dollars divided more ways, and increasing enrollments have prevented schools and colleges from fully applying educational technology.

Up to now, NDEA III has generally helped schools begin to meet their needs based on teacher-centered curriculums. Equipment purchased was primarily intended for use by teachers for "demonstrations." Today, schools must gear up to provide a learner-centered education, which demands a tremendous amount of new learning resources.

Equipment and materials that students operate are required. Initially, NDEA III funds were used for the improvement of instruction in science, math, and modern foreign languages. Schools have updated these special areas considerably and are now seeking to upgrade instruction in other subjects such as home economics, social studies, and the arts and humanities.

Because Congress recognized that instruction in other subject areas also needed upgrading, the number of categories eligible for assistance was expanded. The percent of the NDEA III appropriation spent for materials related to science, math, and modern foreign languages has dropped from 88.7 percent in 1965, to 36.4 percent in 1972. Funds spent in the areas of reading, history, industrial arts, and English have increased so that these categories now account for over 50 percent of the funds spent. Exhibit 6 depicts this trend in the use of NDEA III funds by showing the percent of the appropriation spent in each subject area for 1965 and 1972.

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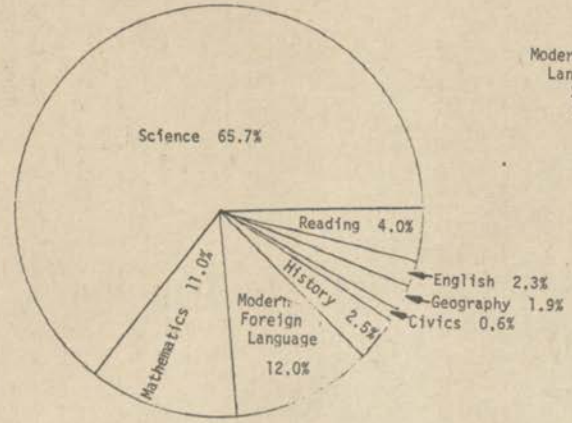
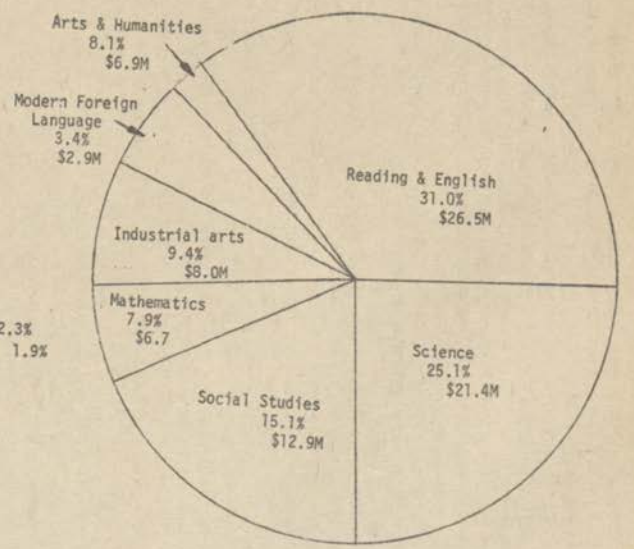
[3] Ibid., p. 129.

NDEA TITLE III

ACQUISITION OF EQUIPMENT AND MATERIALS AND MINOR REMODELING BY SUBJECT



FY 1965



FY 1972

These content areas, which are just now beginning to receive attention, require the same kind of Federal support that has benefited science, math, and foreign languages.

Federal support for educational technology through NDEA III was based on the rationale that the systematic application of equipment and accompanying instructional materials would improve the quality of American education. The funds were often viewed as "seed money" and they stimulated research to test this rationale. The results of these endeavors do indicate that educational technology can indeed improve instruction.

There is evidence to show that the random, one-shot introduction of educational technology into the classroom is effective only for enrichment purposes. However, when technology is used regularly in accordance with an educational plan and is perceived by teachers and pupils as a part of the learning environment (and not as a frill or special effect), its impact is impressive.

Research on instructional films, for example, has demonstrated that they can indeed be used as tools for learning. Several principles[4] on the effectiveness of films have emerged from various research efforts:

(*a*) Students can learn from films, and usually do learn at least as much as from a poor teacher.

(*b*) Such learning is not confined to details, but may include concepts and attitudes.

(*c*) Students learn how to learn from films; that is students with previous experience with instructional films learn more than students without previous experience.

(*d*) Presenting pictures is more effective than presenting words as stimuli in rote association tasks such as learning a foreign language.

(*e*) Participation increases learning.

Programs of individualized instruction based on the extensive use of media are in operation throughout the Nation—in Salt Lake City, Palo Alto, Duluth, Fort Lauderdale, to name a few—which are producing a wide range of positive results. There is evidence, for example, that there is an increase in the students' motivation to achieve educational objectives in this type of learning situation. A survey of individualized programs revealed that is almost all cases, it was the extra "seed money" from the U.S. Office of Education that enabled the programs to be initiated.

Educational technology is not a "frill." It is unfortunate that the very existence of the title under discussion has inadvertently reinforced the idea that educational technology is something apart from instruction—an "extra" not essential to teaching and learning. This idea—however popular it may be—is a myth, for educational technology as it was conceptualized earlier in this testimony is an integral part of the learning environment. It includes all the resources brought to bear upon educational activities. Just because educational technology can be identified as one aspect of the educational effort does not mean it can suddenly be easily and cleanly eliminated with all other programs being unaffected.

Educational technology has become an integral part of and a valuable source of funds for many of the priorities in education today. Technology is being used to meet the special educational needs of the handicapped. It is being incorporated into right-to-read programs. Many projects are funded to provide career education and vocational training.

The following brief descriptions of programs at the elementary and secondary level made possible through NDEA III provide insight into how effectively educational technology is being applied to accomplish a variety of ends.

Caswell Center is one of the nine special agencies in North Carolina that receive NDEA funds. This project is exemplary because it provided mentally retarded youngsters, in an institutional setting, an opportunity to participate in activities that had previously been denied them. Description of the project was:

"An expansion of the arts and music program is being formulated to include more residential students. This expansion is to place greater emphasis on classroom activities that are determined by the interest and abilities of the students involved. The majority of these students are from economically and culturally different environments and have had little opportunity to develop the basic fundamental skills of the arts. Therefore, it is necessary to provide a wide variety of activities and experiences to broaden their scope of understanding."

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[4] As reported in Charles F. Hoban, "The State of the Art of Instructional Films" (Standard, Calif.: ERIC Clearinghouse on Media and Technology), 1971, p. 21.

A kiln and drying rack gave these students a chance to experiment with a medium (ceramics and clay) completely new to them. Musical instruments such as melody bells, wrist bells, drums, sticks, and a piano enabled the music department to expand and serve some 40 trainable retarded students.

The art and music instructors at Caswell Center were asked if NDEA equipment and materials had been useful. Their reply was: "It (NDEA) has doubled our effectiveness and has had an immensely valuable effect of not only increasing the scope and size of these activities but also of greatly improving the quality of the total education experience at Caswell Center."

Berkeley County in the eastern panhandle of West Virginia has initiated an industrial arts program in the elementary grades by using NDEA III funds. The children participating will be actively involved in industrial arts subjects related to bulding, finishing, and repairing. In the past, activities of this nature were reserved for secondary students and for the most part a small minority of students. When in full operation, this program is expected to reach all students at some point in their elementary school years.

It is expected that the program will improve three basic items in the child's development. One is a measure of self-confidence in his ability to control muscular activity, thereby improving his self-image. A second is a very limited view of some aspects of the world of work or vocational alternatives. A third is skill in using proper tools for the purpose of reaching some end.

The faculty of a right to read program in Portland, Oreg., junior high school are experimenting with a saturation technique to stimulate the reading of some 600 students. Contemporary record albums, paperback books, periodicals, media mix kits, and filmloops are all available. The pupil's selection of his own learning materials is emphasized. The environment of the school, enhanced by the scope and variety of the materials, contributes to individuality and personal growth.

The involvement of the family has proved an incentive to the reading of nearly 100 junior high school students in Mount Vernon, Ind. Minilibraries of books, periodicals, recordings, tapes, and filmstrips have been organized for loan to the families of the students. The collections were chosen with the interests of the entire family in mind and were put in homes where reading was not considered of great importance. Basic to this project was the idea that young people might show more interest in reading if their parents proved themselves partners in the act of reading itself.

The High School for the Visual and Performing Arts in Houston, Tex is the first high school devoted entirely to the arts in the South and Southwest United States. Students are able to make use of technology that enables them to complete college admission requirements in addition to specialized fine arts courses.

In Whitefish Bay, Wis., a sound system delivers programs to several resource centers in the high school. Students have access to 13 channels and can dial lessons in science, social studies, math, English, fine arts, and foreign languages. All audiotutorial exercises are made by local teachers, and some thought is being given to expand the system to provide materials for at home use.

A RATIONALE FOR THE FUNDING OF NDEA III

NDEA III is one of the few Federal education programs that is available to all school districts and all population categories. Over 60 percent of our 18,000 school districts have participated in the program which assists with the upgrading of instruction in all subject areas. The program has encouraged educational innovation, which has, in turn, resulted in more "hand-on" learning-by-doing educational experiences.

NDEA III PRESERVES LOCAL CHOICE

School districts decide how to use the funds appropriated by Congress to best meet their needs. The 50–50 matching requirement assures that funds will be spent carefully, as State and local resources are involved.

NDEA REACHES THE CLASSROOM

Although the total sums appropriated for this title are not large, more than 80 percent of these funds are spent for material and equipment that students and teachers use daily. Administration costs are minimal.

NDEA III CAN HELP MEET IMMEDIATE AND LONG-RANGE EDUCATIONAL NEEDS

Most schools are far from reaching levels of adequacy for equipment and materials. They are striving to keep up with educational developments that will enable them to impart to their students the best education possible. School needs are changing from teacher-oriented equipment to learner-operated materials in many subject areas. More and more schools are interested in producing materials locally, with teachers and administrators becoming actively involved in developing emerging instructional strategies. However, the benefits of the program are now being spread too thin. Numerous requests for funding must be turned down and schools are often unable to implement the comprehensive educational programs they have developed.

NDEA III IS COORDINATED WITH OTHER FEDERAL PROGRAMS

Funds have been coordinated most frequently with ESEA Title I: Educationally Deprived Children, Title II: School Library Resources, and Title III: Supplemental Centers and Service Programs. NDEA III funds often purchase the equipment necessary to utilize ESEA title II funds. Such coordination has a "multiplier effect" where the benefits accruing from both programs together outweigh the benefits of either one if administered separately. Likewise, the effect of cutting back appropriations for (or terminating) one program, will have an unanticipated negative impact on the effectiveness of other Federal programs. Because schools are discouraged from using funds from most other Federal programs for the purchase of equipment and materials, NDEA III provides a unique contribution to American education that cannot be easily replaced. Its demise (whether due to official termination or a too low appropriation) will bring to a sudden halt programs benefitting over 84 percent of our schoolchildren.

HEA VI–A

Let me now turn to the HEAVI–A program which provides to higher education many of the same educational benefits the elementary and secondary schools derive from NDEA III.

HEA VI–A was developed so that junior colleges, colleges, and universities could likewise augment traditional methods of instruction and thus continue to reinforce the learning styles to which their students had been exposed in elementary and secondary school. The title VI–A program has particularly assisted the smaller, liberal arts colleges who cannot afford to update laboratories or acquire more effective instructional materials without outside, Federal support.

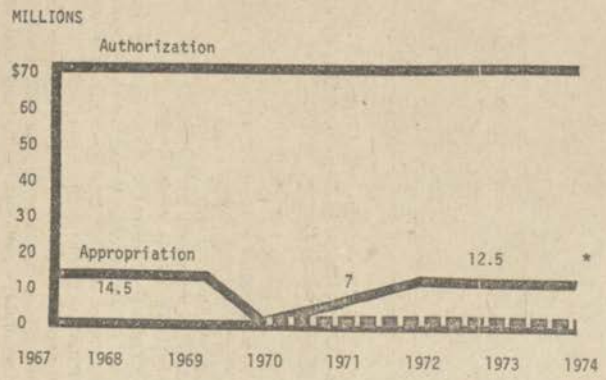
The following chart, figure 6, shows the authorizations and appropriations made under HEA VI–A from 1967–74. This chart reveals the low-funding level in comparison to the authorization.

Exhibit 6

HEA TITLE VI-A

AUTHORIZATIONS AND APPROPRIATIONS: UNDERGRADUATE INSTRUCTIONAL EQUIPMENT

FYs 1967 - 1974



*5% impounded leaving $11.8 million in available funds

Again, as is the case with NDEA III, Congress has continued to appropriate funds for HEA VI in the face of repeated Presidential requests that the program be eliminated.

The $12.5 million appropriated in fiscal year 1973 was impounded and finally released in midfiscal year 1974 about the same time another $12.5 million was appropriated for fiscal year 1974. Five percent of this later amount was again impounded making a total (with fiscal year 1973 and fiscal year 1974 funds) of $24.3 million available for HEA VI–A.

This sum could not meet the needs expressed by colleges and universities as the following chart reflects:

HEA VI–A FUNDING

[In millions of dollars]

Year	Total appropriation	Total grant requests not funded
1967	14.5	8.6
1968	14.5	13.0
1969	14.5	12.4
1970	0	----------
1971	7.0	10.9
1972	12.5	27.2

Even the private sector outside educational institutions realizes the value of the HEA VI program. One nationally known philanthropic organization is exploring the possibility of providing the matching funds required locally to receive Federal funding.

The 1972 Carnegie Commission report on educational technology entitled the "Fourth Revolution" stated that higher education was lagging far behind in use of new technology. The report recommended a Federal expenditure for 1963 of $100 million, and stated that colleges could sharply reduce costs and increase efficieny, while boosting individual attention by use of instrutional equipment.

HEA VI–A is a relatively small fund, which schools can use to meet their own specific needs. It is simple to administrator, requires almost to redtape, and has helped stimulate some of the most innovative developments in higher education during the last few years. It is helping some of the have-not schools become leaders in the field of instructional technology.

Besides increasing need for instructional equipment and educational technology institutions of higher education are facing many of the same problems faced by elementary and secondary schools. Inflation and shortage of materials are causing costs to increase drastically. Education is shifting from a teacher-centered curriculum to a learner-centered education which demands a tremendous amount of new learning resources. Equipment and materials that students operate are required.

Many examples of educational technology uses in higher education can be cited. The May 1973 issue of Saturday Review characterized Golden West Community College in California as "Electronic University." The article describes the college's system of higher education where students learn by doing and learn by making use of cassettes, computers, films, and other —audiovisual materials. In addition to being able to boast of satisfied students and instructors, the university is also looked upon favorably by taxpayers. The instructional cost per pupil is $756.84 compared with a statewide average of $900 to $1,000.

IN SUPPORT OF FUNDING FOR HEA VI–A

The need for HEA VI–A is tremendous. Because grants are made on the basis of need, the fnnds are going to these institutions where they will have the biggest impact on the status quo. HEA VI–A is assisting higher education institutions to modernize instruction. The lecture method is appropriate for only some types of information dissemination and it is generally agreed that it must be supplemented by other instructional methods. That the schools themselves recognize the need for change and the assistance that HEA VI–A can provide in this regard is clear. The demand for funds has exceeded the supply. In fiscal year 1971 requests for funds were so numerous that only 39 percent could be funded.

In fiscal year 1972, requests totaled more than twice the $12.5 million appropriation. Postsecondary institutions caught in the complexities of spiraling costs and increasing enrollments perceive HEA VI–A appropriations as helpful, but as too small to generally upgrade instruction on that level.

HEA VI–A is often used for job-oriented, vocational instruction. A review of the types of institutions that received HEA VI–A funds during fiscal year 1971 and 1972 reveals that about half the funds went to schools not offering a bachelor's degree—nursing schools junior college, vocational schools. The use of HEA VI–A funds has clearly been consistent with the national thrust toward career education.

HEA VI–A has improved teacher training. Teacher candidates who experience the use of media as part of their education, are more likely to use such techniques in their own classrooms. Many studies suggest that teachers teach as they were taught. It is the small liberal arts colleges most in need of additional instructional equipment and materials that train most of the Nation's teachers. HEA VI–A has helped to minimize the disparity between their experience as students and what will be expected of them as elementary and secondary teachers.

HEA VI–A preserves local choice and requires a local commitment of funds. Like NDEA III, this title is a 50–50 matching program which insures that funds will be carefully administered. Within the limits set by Congress, funds may be used to fit the unique needs of the recipient institutions. State commissions help to determine priority needs and establish State plans.

EDUCATION PROFESSIONS DEVELOPMENT

Inherent in a rapidly developing field like educational technology is the need for continuing and inservice training for professionals in the field. Training is needed to keep up with new developments such as the shift from teacher-centered to learner-centered instruction. As new technologists are developed, new training is required to develop use of them. New emphasis on reading improvement and the use of educational technology in that field requires new training for professionals.

Although a surplus of teachers is reported in some areas of education, we have found there is a shortage of skilled, well-trained technologists who can assist educators in incorporating new educational methods into classrooms.

A recent symposium sponsored by the National Institute of Education reported "Despite the current teacher surplus (with some exceptions, such as special education), it appears that we do not have adequately trained personnel to develop and to use educational technology innovations. Whereas many programs exist for training educational researchers and their strategies for conducting research have been devised, comparatively few programs provide training in educational development." [5]

Educators outside the educational technology field itself are increasingly recognizing the need for educational technology and trained technology professionals. For the past few years the National Education Association's annual listing of teacher concerns has placed "inadequate instructional materials" at the top of the list of increasing concerns. "Inadequate consultative assistance with instructional problems" also ranked among the top four areas of increasing concern. In more recent information, a representative of the California Teachers' Asssociation, Southern Section, reported to us that a recent survey (1973) of their association members disclosed that training in instructional development and media was a high priority item on the teachers' list of needs. Both these areas of concern could be eliminated by an adequate educational technology staff trained in the many phases of their profession.

This demand for educational technologists and technology training can best be met by the continuation of the Education Professions Development Act, especially parts C, D, and E. Part C provides fellowships for graduate study to persons who are pursuing or who plan to pursue a career in elementary and secondary education or postsecondary vocational education.

Part D provides grants to institutions of higher education, state education agencies or local educational agencies to develop training programs for persons serving or preparing to serve as elementary and secondary educators or in post-

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[5] Improving Productivity of School Systems Through Educational Technology. Research for Better Schools, Inc., under NIE contract, p. 119.

secondary vocational schools. Programs can include those to train or retrain educational personnel in such fields as educational media.

Part E of the Education Professions Development Act provides training programs for higher education personnel. Funds can be used for short-term or regular session institutes and other preservice and inservice training programs.

Funds from these programs have been used effectively in the past for the training and continuing education of educational technology professionals. For several years a Media Specialists Program was funded with EPDA funds. Training was mainly in-service training provided to experienced teachers and administrators as a means of multiplying the impact of Federal funds. Since that program was dropped by the Office of Education in 1972, most training for technologists has taken the form of institutes and short-term training programs under part E of the act. Many of these courses have provided training very relevant to education needs and priorities today. Let me give you some examples of courses provided in the summer of 1973. Phillips County Community College in Helena, Ark. sponsored a course entitled "Educational Media Training for 2-year College Faculty Serving Low-Income Rural Students." J. Sargeant Reynolds Community College in Richmond, Va., held a course on "Individualizing Instruction in the Two-Year College." A course to help educators in designing and equipping a college reading center entitled "Right to Read for Appalachian Students" was conducted by Bethany College in Bethany, W. Va.

As you can see, this training is hitting at the heart of many of the problems faced by educators today—teaching in low-income areas, suiting instruction to the individual student, helping students learn to read.

We feel this training, as provided by parts C, D, and E of the Educational Professions Development Act, is necessary to improve education today. The Administration has requested no funding for these programs for fiscal year 1975 stating Federal support for such programs should be terminated. These programs should not be terminated—in such a rapidly changing world, we cannot afford to have teachers stop learning.

SUMMARY

Today, I have presented evidence regarding the history and impact of three important Federal programs and have documented the need for continued and increase appropriations. Specifically, I recommend that federal support for NDEA III in fiscal year 1975 be at the rate of $75 million and that HEA VI–A be funded at the rate of $25 million. Recommended funding for the EPDA programs includes $20 million for part C, $44 million for part D, and $6 million for part E.

I respectfully recommend also that this subcommittee prepare an appropriations bill for education that is separate from appropriations made for health and welfare programs. Education fnnds have been perceived in the past only as part of an enormous, combined appropriation. Excesses in spending that may have occurred in the other areas have been mistakenly attributed to education. It is time that Federal programs in education be considered by Congress, the administration, and the public apart from health and welfare so that they may be given more careful attention.

I ask that the subcommittee use its influence to secure funding for education programs as early as possible. The atmosphere of uncertainty that results from the lack of knowledge about the level of appropriations or whether or not certain programs will be funded at all impedes long range program development and planning vital to the successful operation of the program. Also, the uncertainty of funding plays havoc with the job security of a tremendous number of persons who staff these programs. Right now, it is estimated that thousands of elementary and secondary professionals and paraprofessionals are unsure tion cannot help but interfere with their commitment to their work.

I appreciate this opportunity to share with you and the Subcommittee a conceptualization of some of the educational needs of our country. Although I am representing an association of media specialists, we are first and foremost an association of media specialists, we are first and foremost an association of professional educators. If we are biased in our description of the need for continued Federal support for educational technology, that bias is rooted in a larger concern—the concern that each learner has access to high quality educational experiences that enhance his personal growth and help him to become a productive human being.

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Mr. LITTLE. I am director of Regional Educational Media Center in western Iowa, serving 6 rural counties, 3,200 teachers and about 42,000 students.

I might say very happily that Iowa has recently passed the area education agency bill which sets up in effect 15 regional service agencies much like the IC units in Pennsylvania. This bill mandates spending for educational technology.

I should add my present superintendent is moving from Iowa to Montgomery County, Pa., I hope he makes as big a mark in Pennsylvania as he did in Iowa.

Educatinoal technology is neither hardware nor software, Mr. Chairman, it is a process embodying learning theory, research and design, learning systems, and means of delivering those types of instructions.

I would like to address myself particularly to three acts this morning—NDEA title III, the Higher Education Act title VI(a), and the Education Professions Development Act.

First of all, from a local context, the development of the educational resource centers in Iowa of which there are 16 were founded in ESEA title II in the State plan, and because of that title, NDEA title III and other Federal acts they have established a pattern of service to every school child in the State of Iowa.

I am sure you know personally the impact of NDEA title III has made on the regional centers in Pennsylvania. I was pleased to serve as regional coordinator in Allegheny County for a year.

The level of request for NDEA title III from the States, (there is a piece of graphic material within our presentation), shows that the level of requests have far outstripped the appropriation level for NDEA title III, an act which provides equipment, materials, and minor remodeling.

I was pleased to hear the gentleman from Virginia State say that because of the transition in types of instruction there is a need at the higher education level for the same type of remodeling which is embodied in the Higher Education Act title VI(a).

NDEA has made a dynamic impact on the schools of Iowa and across the Nation in providing instructional resources, and equipment and materials, and minor remodeling for programs. Of course in the transition period from teacher-oriented programs to individualized programs new and increased materials and equipment are required. We have also seen an expansion of the academic areas that NDEA title III covers.

Throughout Iowa and the Nation I have seen a great impact of proliferation of the programs. Unfortunately, the sums of money have not come up to the level of the requests. A survey done by the State Department of Education in California (page 9 of the written presentation) shows this graphically.

I would like to address myself to the Higher Education Act title title VI(a) which provides equipment, resources, and minor remodeling institutions. You may ask why am I, a person at the elementary and secondary education level, concerned with higher education funding. I work very closely in my six county area with four institutions of higher education, and they train the bulk of the teachers coming to us as teaching staff, these higher education institutions too must meet

this critical need for changing the modes of institution to meet the needs of the teaching profession as teachers enter the career of education.

I deal with teachers, for the most part, from those four institutions, and I have seen a critical need for updating the present small liberal arts facilities at Morningside College, and Briarcliff College. Unfortunately we are playing a game of catch-up all of the time because of the transition of the methods of instruction, it is very difficult because of the depressed dollar for these institutions of higher education to provide the facilities and the materials. We at the educational resource center are constantly being asked to provide services to teachers in terms of inservice training because the facilities do not exist at those institutions.

The Education Professions Development Act is also very important to us. It is an update bill. Doctors, lawyers, and other professionals constantly are involved in continuing education. The Education Professions Development Act part C provides fellowship grants. Part D provides for development of training programs at elementary and secondary level, and part E training for higher education personnel.

In order to suport the elementary and secondary level with professional training, the people in higher education must provide the inservice training, the continuing education and the fellowship grants such as those that have been provided by EDPA.

I personally can attest, because I was involved in the old NDEA institute program one summer for 8 weeks, which is now embodied in EPDA, it was invaluable to me to participate in that type of program which I could not have participated in otherwise in terms of professional growth.

These are the types of programs for which we would ask the continuing support of this committee.

NDEA we would hope would be supported at the level of $75 million in order to expand and continue the programs already undertaken by the various local school districts 60 percent or better of the local school districts throughout the country have participated effectively in this program. It is an easy program to apply for, it is based on local needs, and local contributions and commitments by local school districts are required to participate in the program.

We would hope this committee would continue to support HEA title VI which is the same type of program at the higher education level at the $25 million level so that they too can update and continue their programs of enhancement for the training of future teachers.

In the Education Professions Development Act we would hope part C appropriations would be for $20 million, part D for $40 million, and part E for $6 million.

Mr. Chairman, I appreciate this opportunity and we would hope to continue to have continued support for the programs as part of our testimony here today.

Mr. FLOOD. Thank you.

TUESDAY, May 14, 1974.

FELLOWSHIPS IN MINERAL SCIENCE AND TECHNOLOGY

WITNESSES

THOMAS BATES, CHAIRMAN, MINERAL RESOURCES COMMITTEE, PENNSYLVANIA STATE UNIVERSITY
DR. E. F. OSBORN, FORMER DIRECTOR, U.S. BUREAU OF MINES

Mr. FLOOD. The committee will come to order.

Mr. Thomas Bates, chairman, Mineral Resources Committee, Pennsylvania State University.

STATEMENT OF THOMAS BATES

Mr. BATES. Let me begin by introducing to you a man with whom I am sure you are familiar. Dr. E. F. Osborn, former Director of the U.S. Bureau of Mines, who is joining me in my testimony this afternoon.

Mr. Chairman and members of the subcommittee:

I am Thomas F. Bates, professor of mineralogy at The Pennsylvania State University. I present this statement in my capacity as chairman of the Committee on Mineral Resources of the National Association of State Universities and Land Grant Colleges. This committee represents over 100 institutions of higher education. I am submitting this statement in behalf of these institutions to express the need for an appropriation for fellowships under title IX, part D, section 961 (a) (1):

> To assist graduate students of exceptional ability who demonstrate a financial need for advanced study in domestic mining and mineral fuel conservation including oil, gas, coal, oil shale, and uranium.

In extremely brief fashion, I would like to give you an indication of the recent and current production of mineral scientists and engineers from our universities, the desperate current and future need for more manpower in the mineral resource area, and point out the timely and critical role this subcommittee can play in initiating action that is vital if we are to meet this country's burgeoning mineral and energy resource manpower needs.

For the first time in over 20 years, ladies and gentlemen, it is no longer necessary to take valuable time in congressional hearings detailing why an energy and mineral shortage is almost upon us. It is here. A major reason why it is here and will be here for years is because of a deplorable, indeed, inexcusable, manpower shortage in certain areas which are key elements in the battle against continuing and increasing energy shortages: shortages not only in the mineral fuels—oil, coal, uranium, and natural gas—but in a great many of the minerals that undergird our entire industrial economy: copper, aluminum, tin, chromium, et cetera. As documented 5 years ago in hard figures and graphs in a 580 page report from the National Academies of Science and Engineering ("Mineral Science and Technology: Needs, Challenges, and Opportunities," a report by the Committee on Mineral Science and Technology, NAS and NAE, 1969):

The state of mineral technology in the United States is wretched. In universities, where the formal training of mineral scientists and engineers occurs and where a sound base of active research should be underway, the picture is indeed dismal. As an example, only 17 departments of mining engineering remain out of 26 accredited departments existing in 1962.

For the past 20 years whereas geologists and geophysicists have been getting support from NSF and NASA; while physicists, chemists, electrical and other engineers and materials scientists have been provided for by AEC, DOD and other agencies; the disciplines dealing with "domestic mining and mineral fuel conservation"—namely, mining engineering, extraction metallurgy, petroleum and natural gas engineering, ceramics, fuel science, and mineral economics—have received little major Federal funding from any source.

The results, measured in terms of students in the manpower pipeline (B.S., M.S. and Ph. D.) are expectable. The accompanying curves illustrate the situation in these fields, the critical ones covered by this legislation. Two characteristics are immediately apparent: the downward trend of most of the curves and the smallness of the numbers involved. For every 100 engineers graduated from our universities only two obtain their degrees in these fields.

I submit, ladies and gentlemen, that this is no way to prepare the world's leading Nation for continuing and increasing mineral and energy shortages of global dimensions. To meet present manpower needs these curves should have been rising steadily and the numbers this year should be three to four times larger.

I would like to give you some examples of these needs. Let me quote a short passage from an article in the April 19 issue of Science magazine: "In some areas, the shortages of manpower are painfully obvious. Last year only about 200 mining engineers were graduated in the entire country, and one coal company tried to hire 60 of them."

That company was Consolidated Coal Co headquartered in Pittsburgh. The manager of manpower services advises me that this year they are trying to hire 70 mining engineering graduates, have interviewed 206 of the 250 or so who will be graduating next month, and will probably get only 35 to 40, about half of the number needed. Put in a national contest, Consolidated Coal produces 11 percent of the total U.S. tonnage. On this basis 500 to 700 new mining engineering graduates are needed right now by coal companies alone; and since coal companies employ about half of our mining engineers, a conservative estimate is that the universities I represent should be turning out four times the number that will actually get their diplomas. The average beginning salary at Consolidated Coal for a B.S. graduate in mining engineering from $960 per month in 1972 to $1,000 last year, to $1,100 this year.

The following table illustrates that the same situation pertains to companies looking for petroleum engineers, metallurgists, ceramists, and experts in metal mining and processing.

	Hiring goal	Number interviewed	Number of offers	Number accepted
Continental Oil Co.:				
1971–72	25	290	46	13
1972–73	25	246	45	23
1973–74	30	313	110	19
XXX Petroleum:[1]				
1972–73	35	315	156	17
1973–74	55	340	170	20
XXX Metallurgical-Ferrous Processing:[1]				
1972–73	30	355	140	21
1973–74	40	340	175	18
XXX Ceramic-Refractories:[1] 1973–74	9	43	31	4
XXX Mining—Hard Rock Metal:[1] 1973–74	15	52	30	4

[1] Company requested not to be identified.

Title IX fortunately has anticipated even greater future needs in this area of domestic mining and mineral and mineral fuel conservation.

In order to most effectively begin meeting them, we are proposing that, under this title and section, 400 fellowships be provided for 1975–76 at a cost of $4 million. These fellowships would immediately begin to alleviate very critical situations that exist throughout the Nation. In my State of Pennsylvania, for example, such fellowships would immediately facilitate the training of more experts capable of facing up to extremely difficult and urgent coal problems.

The benefits of the fellowships we request will be many:

First, these fellowships—by their very existence—will attract appreciably larger numbers of students to disciplines which, for a variety of reasons, have not had the appeal in recent years of those in the pure sciences and space engineering.

Second, they will give our people in the universities an effective means of encouraging our best undergraduates to go on to Ph. D. degrees and faculty positions that must be filled in the next few years if we are to successfully turn out the increased number of graduates required.

Third, they will provide badly needed, high level manpower to help meet research and management needs in industry, Government, and the universities.

Finally, I believe it incumbent upon me to point out that we cannot promise the Congress that we will have enough candidates for our schools next year to fill all 400 fellowships. Their availability, however, will enable us to begin immediately to carry a more significant proportion of our current students forward through the advanced programs faster and more effectively than assistantships and other forms of aid usually permit.

To summarize, ladies and gentlemen, the manpower situation in the areas addressed by this legislation is simply this:

(1) Manpower production curves are level to downward in trend over the past years and the numbers are pitifully small.

(2) Manpower demand requires numbers double to quadruple those being supplied and the curves are rising rapidly and steeply.

(3) The 400 fellowships I am requesting would immediately accelerate manpower production and set the supply curves on an upward course, and thus begin to close the gap between supply and demand.

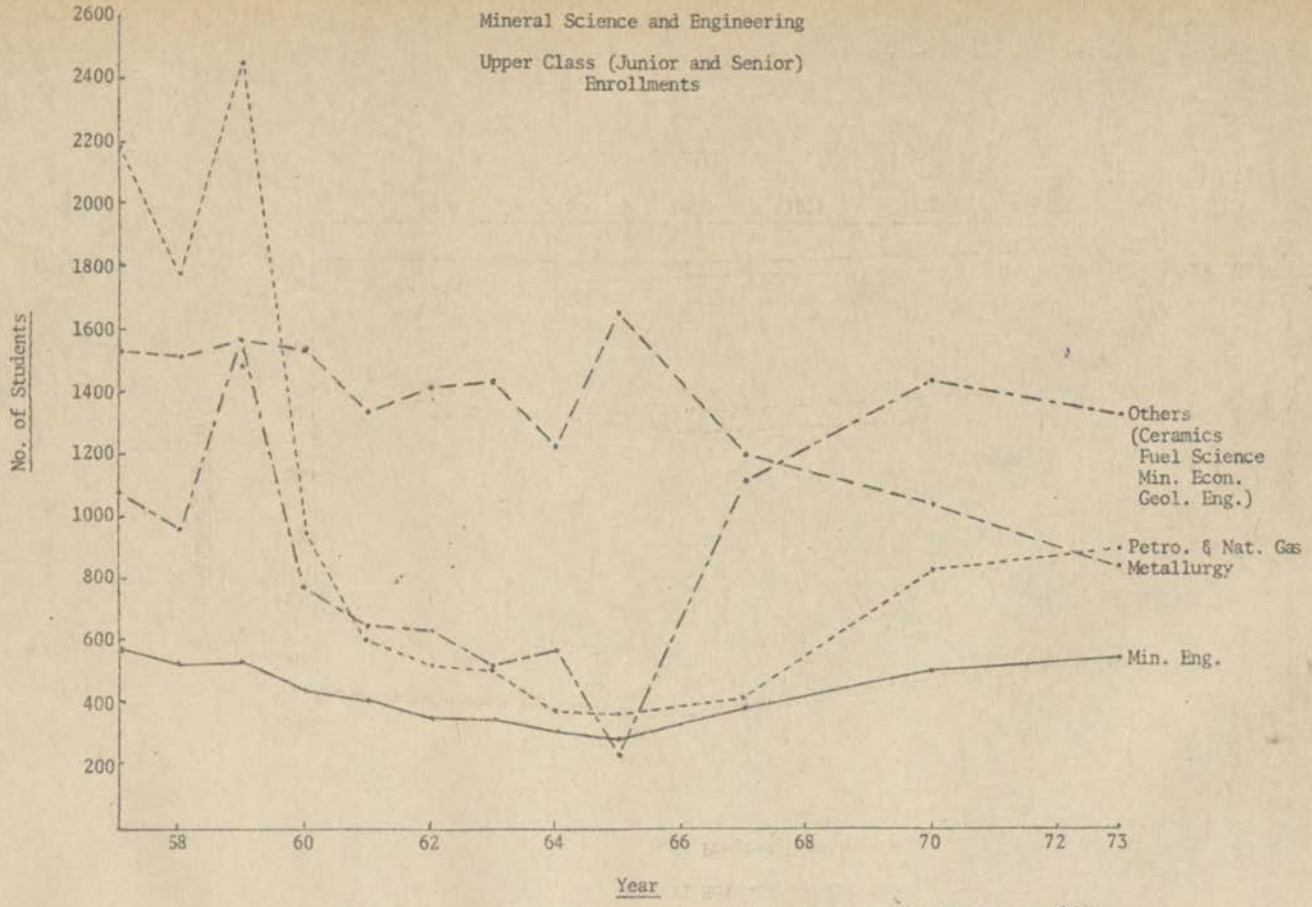
I sincerely appreciate this opportunity to appear before you and will be glad to answer questions you may wish to ask. I would like to supply for the record two current articles—the one I mentioned from "Science" and another from "Geotimes"—that forcefully address the problems referred to above. I would also like to submit additional data on enrollment, fellowships, and faculty needs obtained from a few representative universities that are currently carrying much of the burden in the areas I have been describing. I think you will find the information pertinent and interesting.

Thank you for your time and concern.

[The attachments follow:]

Mineral Science and Engineering

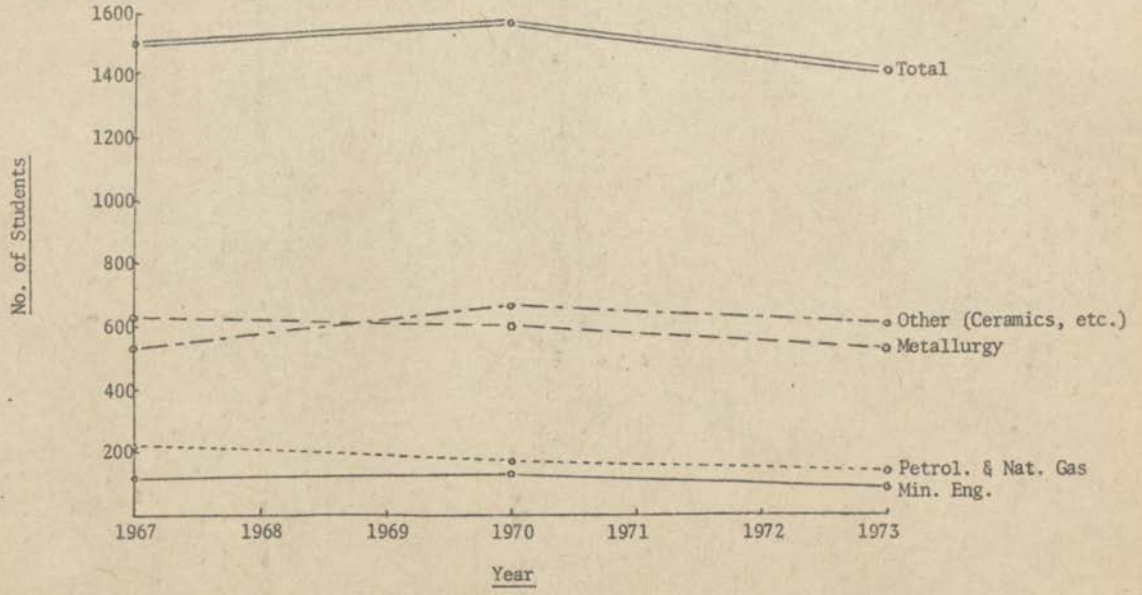
Upper Class (Junior and Senior)
Enrollments



Source of Data: U. S. Bureau of Mines

Mineral Science and Engineering

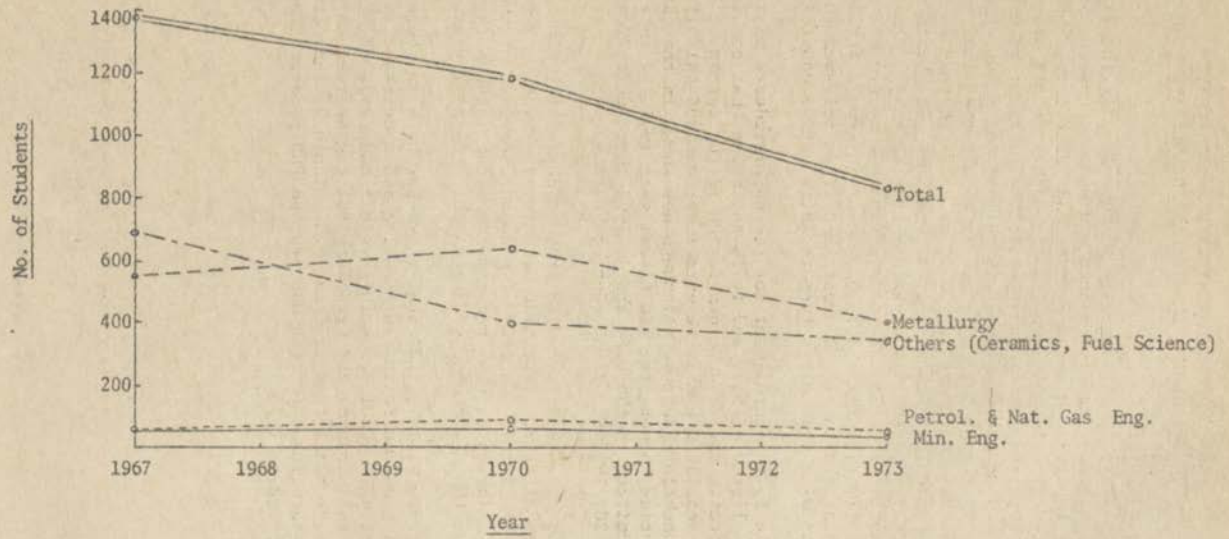
M.S. Program Enrollments



Source of Data: U. S. Bureau of Mines

Mineral Science and Engineering

Ph.D. Program Enrollments



Source of Data: U. S. Bureau of Mines

UNDERGRADUATE AND GRADUATE ENROLLMENT IN MINERAL ENGINEERING SCHOOLS

A student enrollment survey of 57 schools offering degrees in various mineral engineering disciplines was made to update the 1969 National Academy report on Mineral Science and Technology. The schools were contacted by telephone and, in the undergraduate programs, only figures for juniors and seniors were solicited. It has been found that freshman and sophomore figures are unreliable as students may drop out of courses or change majors, etc. It has been estimated that the final figures have an uncertainty of + or - 5% and this is based on variations between schools in their degree programs. It should be noted that enrollment figures in the various programs have foreign students and this should be taken into consideration when evaluating final figures. It is estimated that about 20% of undergraduate and 50% of graduate enrollment are foreign students and it is believed that most of these students will probably return to their native countries after graduation.

In Table I, the enrollment for the undergraduate mining engineers for 1973 is listed as 553, and it is estimated that about 270 students will receive their bachelors degree in the spring of 1974. In comparison to the year 1970 where the enrollment was 506 only 111 students received their bachelors degree. Although not shown in the table, it is interesting to note that in fiscal year 1971, 62 foreign mining engineers were admitted to the U.S. and in 1972 there were 77 admitted (NSF report August 20, 1973 Science Resources Studies).

There is no good data on the present demand for mining engineers and it would be difficult to extrapolate future needs. However, a verbal report from P. F. Stanek, manager of Manpower Services of the Consolidation Coal Company, indicates that his company alone intends to employ about 60 or 70 of the new mining graduates this calendar year.

In general, Table I indicates there has been an increase of graduates in mining and petroleum engineering and a decrease in metallurgy engineering; (includes both physical and extractive metallurgy.) The increases in mining and metallurgical engineering enrollment is relatively small from 1970 to 1973. Table 2, indicates a marked decline in all enrollment for the Masters and PhD programs for the year 1973 as compared to 1970.

TABLE I

MINERAL SCIENCE UNDERGRADUATE (JUNIORS AND SENIORS) ENROLLMENT[1]

Fall of	Mining Engineers	Metallurgical Engineers	Petroleum Engineers	All Others	Total Undergradu.
1973	553	852	901	1,328	3,634
1970	506	1,047	830	1,432	3,815
1967	392	1,199	412	1,109	3,112
1966*					
1965	293	1,660	371	237	2,561
1964	312	1,220	380	572	2,484
1963	364	1,424	509	505	2,802
1962	359	1,410	526	629	2,924
1961	408	1,334	602	649	2,993
1960	443	1,539	950	770	3,702
1959	525	1,493	2,455	1,566	6,039
1958	513	1,514	1,785	964	4,776
1957	572	1,529	2,191	1,089	5,381

[1]Undergraduate (juniors and seniors) enrollment figures Fall 1957 through 1965 are from the Office of Education, HEW, as published in the Journal of Engineering Education; no figures were available for Fall 1966. Enrollment figures for 1967, 1970, and 1973 are from Mineral Science and Technology and subsequent updates.

[2]"All Others" category includes Non-Metallic Minerals (Ceramic engineering, etc.), Fuel Science and Technology, Geological Engineering, and other related fields, such as mineral economics, etc. if in the engineering or mining school. See worksheets for details.

See *also* worksheets for graduate enrollment in the masters' and doctorate programs for fall 1967, 1970, and 1973.

MINERAL SCIENCE MASTERS' PROGRAM ENROLLMENT

Fall of	Mining Engineers	Metallurgical Engineers	Petroleum Engineers	All Others	Total
1973	98	543	159	611	1,411
1970	134	601	181	676	1,592
1967	117	638	210	541	1,506

MINERAL SCIENCE DOCTORATE PROGRAM ENROLLMENT

1973	31	404	49	349	833
1970	68	640	87	399	1,194
1967	67	552	66	696	1,469

NOTE: It must be remembered that the metallurgical engineering figures include both extractive and physical metallurgy, and that the former is very much in the minority

What Can the Academic Community Do?

William D. Metz

The shortage of oil in the United States makes the need for alternative energy sources obvious, but the academic community's place in a national effort is not so readily apparent. The university's best role depends not only on its resources, but also on the dimensions of the energy shortage, the readiness of various options to a petroleum economy, and, most importantly, the deadline for achieving energy independence. Not all the parameters that will shape the national energy policy are known yet, but the framework in which government, industry, and the university will negotiate their leading, and perhaps changing, roles is becoming clear.

The proposed energy sources that appear most advantageous, such as fusion and advanced solar and geothermal technologies, still need much diligent research, and will probably not be commercialized until the end of this century. Energy technologies that have been thoroughly researched but await the last stages of development, such as shale oil and coal gasification, can be producing fuel by 1985, but universities have not usually engaged in such large projects. To meet the 1980 goal set by the Administration for Project Independence, however, would require mobilizing the nation's resources—including academic expertise—on a scale never accomplished in peacetime, and most Washington observers doubt that such a massive effort will be made. Instead, according to Capitol wisdom, research and development will proceed at a more moderate pace, and the United States will substantially reduce, but not eliminate, dependence on foreign oil producers by 1985.

If such a scenario is a reasonable guide, the relationship of the universities vis-à-vis government and industry will change in the next decade. The old and comfortable function of pure research will face the least pressing deadlines, while the university's role in applied research and teaching will have to change rapidly to affect energy in the 1980's. Since U.S. industry is the nation's primary reserve of technical expertise, universities will need to build relationships with utility and fuel companies, where often none have existed. Joint industry-university research projects, for instance to develop synthetic fuels, will become common, not singular. Many new graduates will be needed with degrees in technical fields to expand energy production from oil, gas, nuclides, and coal. If the academic community participates more actively in the training and research that have largely been left to industry for the last 20 years, the university's relationship to government will be subtly, perhaps favorably, changed, and academic and industrial researchers might regain much of the mutual respect lost since their last major collaboration in the 1940's.

The role that appears to be emerging for the academic community is still vague, often tenuous, and supported by few indisputable trends. But conversations with people in all sectors concentrating on the problems of energy research and development indicate that one of the worst bottlenecks in the next few years is likely to be a shortage of manpower.

"We will be critically short of engineers," says W. Kenneth Davis, of the Bechtel Corporation, who is heading a task force for the National Academy of Engineering. "Efforts to achieve a degree of energy independence by 1985 will not be scientifically limited so much as people limited." The United States is about to start four low-Btu coal gasification plants immediately, may build as many as 36 synthetic natural gas plants recommended by the Federal Power Commission for 1985, speculates about producing 1 million barrels of oil per day from 10 to 20 oil shale plants, intends to increase the number of nuclear power plants from 40 to several hundred as rapidly as possible, needs to backfit oil- and gas-fired generating plants for coal usage, and at the same time must start building refineries again after a 4-year hiatus. It is clear that very many employers are going to be fiercely competing for the same pool of skilled labor. Mechanical, civil, and chemical engineers are needed for the design of nuclear power plants as well as fossil fuel plants, and welders and pipe fitters are needed for construction. In the Rocky Mountain region where coal and shale oil projects are already under way, Hollis Dole, of Colony Development Corporation, reports that shortages of skilled craftsmen are imminent. West Coast newspapers are carrying many advertisements for designers and engineers, and two large architectural engineering firms near San Francisco are each reportedly hiring 1000 new people.

Staff shortages are also beginning to affect research and development efforts. Argonne National Laboratory began recruiting last summer to build up its diversified energy programs, particularly for reactor safety, and has been having difficulty finding qualified people. Officials at the Office of Coal Research and the Electric Power Research Institute (EPRI) report that a critical manpower problem for fossil fuels research is the shortage of senior managers with experience in process development. The government, the oil and gas companies, and many other organizations are trying to hire people rich in research and development knowledge. "Our guess is that salaries for people with experience have gone up 30 percent in the last 6 months," says Seymour Alpert, manager of synthetic fuels at EPRI. Because of the shortage, people will have to be found in other industries or else new graduates will have to learn as they go, but the sort of massive program needed to develop a synthetic fuel plant likely to cost $500 million is not primarily an educational operation.

In some areas, the shortages of manpower are painfully obvious. Last year only about 200 mining engineers were graduated in the entire country, and one coal company tried to hire 60 of them. At least five technical people are needed in a mine, so "when people

The author is a member of the Research News staff of *Science*.

talk about doubling or tripling the mining industry in the next 30 years, it's obvious we're in a hell of a jam," says Alpert. Furthermore, although there were once about 30 schools of mining in the United States, now—because the mining industry stagnated—there are only 16. So the universities have lost many of the resources needed to increase the number of mining graduates. Geologists are also likely to be in short supply. The U.S. oil companies nearly stopped hiring geologists in the 1960's, but, as a recruiter recently told one faculty member, "Now that the price of oil is up to $7 a barrel, we're looking for geologists."

Even if the United States were not attempting to expand its energy research effort, the number of engineers available in the next 2 years might be insufficient because enrollments dropped sharply after the engineers' job shortage in 1971. By the time the 1972 freshman class graduates in 1976, the number of available engineering graduates with B.S. degrees will have fallen from a high of 40,000 to 28,000, according to the Engineering Manpower Commission (Fig. 1). In other words, over the short span of 4 years, the number of engineers will decline by 30 percent.

Shortages of many other commodities besides energy have occurred, and engineers are also needed to solve environmental, health, materials, and food problems. The Deutsch, Shea & Evans index, which measures the amount of recruitment advertising for scientists and engineers, indicates that demand has been rising steadily in 1972 and 1973. Other indicators, such as the average starting salary (up 4 percent to $930 per month) and the comments of college placement directors, also indicate that the demand for engineers is rising faster than for other graduates.

Engineers trained in defense and aerospace industries could fill some of the new openings in power and fuel fields, but not all aerospace engineers seem to be able to make the change in expertise, and still others are apparently unwilling to change location. Recently a large midwestern gas company advertised for aerospace engineers on four consecutive Sundays in the Los Angeles *Times* and received only about 30 applicants. Assessments of Department of Labor programs to retrain people vary from marginally successful to disastrous, primarily because the skills and the ways of thinking needed for fuel projects are so different from the expertise needed for aerospace work. "They've been brought up in another world," says Alpert, "and it's awfully hard to make the transition, though there have been notable exceptions." Alpert suggests that attractive fellowships for engineering graduate students who enter fuels research would be one means of attracting people, but lucrative fellowships are often unacceptable to universities because of the inequities that would be created among students. However, the National Science Foundation (NSF) has established a traineeship program for 150 graduate students concentrating in coal, oil shale, geothermal, and solar studies, and plans a new postdoctoral program for energy-related research in fiscal year 1975.

So it is clear that the United States needs more people trained in engineering, particularly in the fossil fuels area. It is more difficult to predict what types of engineers will be most in demand, but a good guess would be the same mix employed by the petrochemical industry. According to Arthur Krasnow at Atomic Personnel, a job placement agency in Philadelphia, the demand by the nuclear industry for people with nuclear engineering degrees is steady, while the demand for chemical, mechanical, and civil engineers is rising because the work done by nuclear vendors now is the same sort of engineering that goes into building a refinery. "You don't need a physicist to figure out the heat transfer on a particular sized pipe. You need a chemical engineer who sizes pipes, figures pressure drops and loops, and that sort of thing," says Krasnow.

Basic Research for Its Own Merits

Basic research has always been the hallmark of the universities, and more basic research than ever will be required to support energy projects. Furthermore, as a rather small part of the massive energy development program, it seems that basic research is being funded for its own merits rather than on the hopes of a rapid payoff more properly expected of applied research. "It's great to be wanted for what you know you can do," is the way Edward Creutz, NSF associate director for basic research, puts it. Basic research support for universities has gone up 25 percent at NSF and 17 percent at the Atomic Energy Commission (AEC), and is also expected to increase at the Department of the Interior and the Environmental Protection Agency (see box). The result of the energy crisis is that for many academic disciplines the malaise of declining budgets will soon be cured.

The apparition of millions of dollars shimmering almost within reach is tantalizing, not only to academic researchers, but also to research entrepreneurs in nonprofit foundations, industries, and family-garage corporations. Perhaps after the recent years of financial hardship the academic scientist or engineer might feel that a large windfall of energy money is only just compensation. But the academic community will not have to wait long to see that a small army of "experts," some legitimate and some not, is invading Washington to promote energy ideas. One prominent AEC official reportedly said, "We have to pin down this money while it's available. It doesn't matter if we exaggerate a bit, the thing to do is to get it before the charlatans do!"

Academic research seems particularly well suited for studying the long-range energy solutions. The goal of controlled power from fusion is being effectively pursued in the universities and AEC national laboratories with $169 million support expected in 1975, high energy physicists previously looking for jobs have shifted easily and quickly into solar energy research, and there are many ways in which academic institutions can assist in finding and utilizing geothermal energy. But for more developed energy sources, the contribution the academic community makes will depend on how well the universities can adjust to mission-oriented problems.

Federal planners tend to think that universities cannot handle mission-oriented research projects. With notable exceptions, such as the Lincoln and Draper laboratories at the Massachusetts Institute of Technology (MIT), the academic community did not stress applied research in the 1960's. But the financial pressures that have closed many industrial laboratories and forced universities to do more applied research seem to have started a swing toward industry-university collaboration. The University of Rochester is pursuing laser fusion research in a combined effort with the General Electric Company and the Exxon Research and Engineering Company. Auburn University is cooperating with Southern Services, Inc., in developing a solvent-

refined coal pilot plant in Wilsonville, Alabama. The University of Minnesota and Minneapolis-Honeywell, Inc., are developing plans to generate electricity from solar heat, using large parabolic mirrors to concentrate sunlight onto heat pipes covered with special coatings.

For fossil fuel research, cooperation with an industry or an industry-sponsored research organization is virtually the only way a university can participate in experiments larger than bench scale. On larger scales, engineering problems tend to crop up more often than scientific ones, and university staff members do not usually want to become experts on valves and pipes. But cooperative research and development efforts can often bring together the two types of needed expertise. Joint efforts also offer about the only way students can learn about fossil fuel development projects. "Joint university-industry participation is well worth considering and is getting done," says Alpert. "This is the direction NSF is following, at places like Auburn. Students get close coordination between academic training and on-the-job visits, and thus gain an understanding of what development is all about."

Funding agencies definitely see advantages to university-industry efforts, but not everyone agrees that university projects must be limited to bench scale. David White, head of a new Energy Laboratory at MIT, thinks that certain kinds of universities can execute advanced development projects as well as industry. "If you want production, that requires industry," says White. "But if you want advanced development, in many instances that can be done by the right kind of university as well as industry. If what [contract administrators] leave to the universities is only the far-out research, then when they complain that none of the people coming out of the universities are trained in current problems, they ought to consider why." White argues that if the universities get some fairly decent-sized block grants "there is no reason why they can't pull teams together and do the kind of job expected."

The Energy Laboratory was instituted 18 months ago as a research and development facility—it does not grant academic degrees. Currently 15 people hold full-time positions on the staff and approximately 35 more participate in laboratory projects. White's goal for the laboratory is to reach $10 million in annual support, because he feels that without it the laboratory will not be able to tackle some of the bigger problems. For instance, many people think that the efficiency of the combustion process in large furnaces could be improved very much because the combustion companies have tended to extrapolate the results from small test furnaces with too little data. White argues that the combustion process can be modeled fairly well, if the experimental facility is large enough that scaling laws apply. "This pushes into a $1 million facility," he says. "If we can get the facility, then the research will move." The laboratory will also have programs in fossil fuel utilization, energy conservation, and advanced energy systems, names so often recited they are almost clichés by now. But, surprisingly, White has also found a demand for studies in the management area: policy issues, modeling, and information systems. He speculates that "think tanks" do not have as suitable a variety of people to draw on as the universities do.

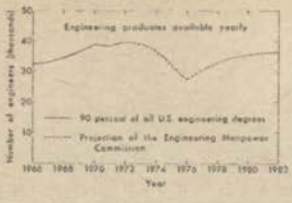


Fig. 1. The number of B.S. engineering graduates available from U.S. schools each year will decline at least until 1976, based on current undergraduate enrollments. The rise in graduates projected for the late 1980's is more speculative. [Source: Engineering Manpower Commission]

The Energy Laboratory appears to be an effective vehicle for bringing together people with many types of expertise. Because it is visible to industrial firms and federal agencies, it probably also improves the liaison between these institutions and the university staff. But White hesitated to recommend such an institute for other universities, saying "If you didn't have a tradition of this kind of research complex, I don't think you'd run one."

Other universities are encouraging their faculty members to cooperate in energy research by establishing something like a dean's office for energy, while keeping the basic university structure unchanged. The dean's role is to be aware of research opportunities and to be a catalyst for bringing people together. "People need to be in communication," says Phillip Powers, the new coordinator of energy engineering studies at Purdue University, "but I am very leery of any more bureaucracy."

Possibly the most wracking change a university can undergo is to create a new department (or eliminate an old one), and few institutions seem to be interested in such a drastic move to meet the energy crisis. The experience of building aerospace departments in the 1960's, only to see them collapse in the 1970's, has soured many administrators on the idea of creating a department whenever new research money appears. But 3 years ago the University of Pennsylvania established a degree-granting research center for energy, which functions as an academic department in the graduate school, although not in the undergraduate school. Called the Energy Management and Power Center, the Pennsylvania unit has a professional staff of 8 as well as 45 faculty members participating in its program, for which $2 million in support is expected for fiscal 1975.

At the undergraduate level, some engineering schools have reorganized their departments into generalized categories, including the designation "Energy." For instance, the University of Illinois at Chicago Circle has abolished the traditional engineering departments in favor of four new ones: energy, materials, information, and systems. But the Illinois change, and others like it, do not seem to be intended to create better vehicles for energy research. Instead, the establishment of generalized undergraduate engineering curricula seems designed to avoid the creation and elimination of faddish departments and to broaden engineering education, because past experience has shown that technology changes so fast that most engineers progress through two or three specialties in their careers.

Besides administrative inclination, economic necessity will limit the formation of new departments. The number of tenured faculty positions was increasing in the 1960's because enrollments were increasing, but the universities have stopped expanding. Restrictions on the number of tenured faculty will prohibit the creation of new departments, and may severely limit the flexibility of the traditional ones. Undoubtedly, bitter tenure battles will be fought over the future of bright researchers who did excellent work in some area of energy technology but neglected to publish prolifically in the

area of concentration for which they were hired.

Not everyone agrees that the universities should mobilize their resources to solve the energy crisis. "We don't want to jump on the bandwagon, but would rather make a distinctive contribution," says Harvey Brooks, dean of the engineering school at Harvard University. "This is a political and economic crisis, not a technological one."

But the public attention that has been paid to science and technology as a result of the energy crisis has already lifted the spirits of many U.S. scientists. The travails of too little energy make almost everyone aware of connections between research and public daily life. With multibillion dollar projects, the Administration and the Congress seem to be saying that technology is the answer to the energy crisis, so the importance of science is once again being acknowledged—with improved public esteem and federal funding.

But the energy problem cannot be framed in purely technical terms, so it is unlikely that research alone will solve it. Well-trained people are needed at all levels in the fabric of society, and high-quality basic research is needed to be the nutrient of fossil fuel technologies that will be implemented in the next 10 years and the more advantageous technologies that should replace them in the future. The academic community is uniquely qualified both to train the manpower and to produce the research.

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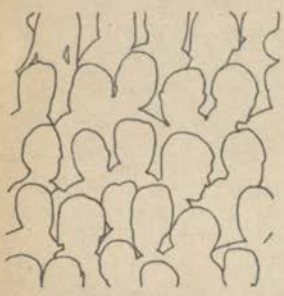

manpower

One of the shock waves from the war in the Middle East is a sudden scramble for next year's crop of geoscience graduates. To the shortage of vital materials and to the energy and environment crises in this country will be added a shortage of manpower.

Plans for intensified exploration for all possible domestic sources of energy have led large mining and petroleum companies to double—in some cases, quadruple—their recruiting activities on the campuses last fall compared to a year before.

Mining companies report that they are hiring no more geologists than usual, but that they need many more metallurgical researchers, specialists in computer applications to mining problems, and these kinds of engineers: metallurgical, mining, chemical, industrial, electrical, mechanical and civil. Some overseas personnel are being called home, but may continue to work on foreign operations from a U.S. base.

The mining industry is expanding its domestic holdings, and research and development will be a key pursuit for years to come. Their single largest problem is the seeking of a breakthrough in extraction of mineral commodities now too costly to exploit.

A spokesman for one giant petroleum company believes 'we are sitting on the edge of a great boom market for earth scientists', as exploration for all minerals is pressed. It may take 15 to 25 years to solve our country's energy problems, as the curve of energy consumption keeps climbing out of sight. All kinds of geoscientists will be needed, all kinds of mineral and earth-resource people, as well as people to deal with environmental impact.

Another large oil company sent recruiters to 55 colleges and universities last fall, and found the demand for good students to be phenomenal. This company is hiring all the geologists it can get with master's and PhD degrees, all the geophysicists available at any degree level, and all the petroleum engineers it can find. The competition for these geoscientists is fierce, with top students said to be receiving 8 to 10 offers each. A petroleum engineer, aged 22, will graduate this spring with a BS and a new job with a starting salary as high as $1,250 per month.

The largest single employer of geoscientists, the U.S. Geological Survey, is still restrained by budget limits and ceilings on hiring. Anticipating legislation and funds for extensive research and development toward making the U.S. self-sufficient in energy sources by the year 2000, the Survey is exploring manpower supply as projected for the next few years.

New doors are opening fast for women in geoscience (even the chairman of the Atomic Energy Commission is a woman). All spokesmen interviewed say they are hiring many more women geologists and engineers, not just because it has been mandated, but because they want to. Women being hired now are not so likely to be stuck in sedentary jobs, but are moving into more physical aspects of geology: well-sitting, exploration, and exploration for minerals. One company even has a woman roughneck.

When the last National Register of Scientific & Technical Personnel was made in 1970, women constituted only 3.5% of earth scientists (see September 1972 *Geotimes*). No recent reliable figures exist to describe characteristics of the current geoscience population. But AGI's last student enrollment survey shows that women constitute 15% of all undergraduate majors, 13% of master's candidates, and 8% of doctoral candidates in this field.

AGI now has a Committee on Women in Geoscience, whose immediate goal is to prepare a roster of professional women and obtain data about their employment and status. Then it will work to encourage greater participation of women in geoscience and to increase professional recognition of women.

Minority manpower in geoscience is so scarce that getting jobs is easy. ('Minorities' here indicates Americans who may have suffered economically or educationally because they are blacks, or American Indians, or have Spanish surnames. Women do not fit that definition although they are under-represented as to numbers.)

The long arm of the Office of Equal Opportunity rests on all kinds of employers, who must attempt to meet quotas; however, a genuine willingness to hire fairly from all groups is now widespread. The main problem now is to recruit minority students into geoscience and demonstrate that it can be a rewarding career.

AGI's Minority Participation Program is moving in a modest way to organize and administer activities to this end. (See September 1973 *Geotimes*.)

Students enrolled in degree programs are the feedstock of manpower supply. The number of freshmen and sophomore geology majors declined a little last year, but at all other levels increased. Geophysicists in doctoral programs increased 15%. Enrollment was up in geological engineering, nearly doubling at graduate levels. Oceanography lost at all levels, adjusting downward from an apparent over-supply of degree students in the last few years. (If the expected NOAA Coastal Zone is established this year, it will absorb many geological, chemical, and physical oceanographers.)

Bonnie C. Henderson
American Geological Institute
Washington, D.C.

Mineral Science and Engineering Graduates 1969-1974
from
Several Representative Universities*

Discipline	Universities	Approx. % of total U.S.	B.S. 1969	B.S. 1974	M.S. 1969	M.S. 1974	Ph.D. 1969	Ph.D. 1974
Ceramics	2, 4, 5*	20	25	38	11	11	9	9
Geological Eng.	1, 2, 4	20	17	25	16	15	3	7
Metallurgy and Mineral Processing	1,2,3,4,5	20	90	87	33	37	19	20
Mineral Economics	3,5	100	21	9	2	13	3	2
Mining Eng.	1,2,3,4,5	40	80	100	16	23	8	7
Petroleum Eng.	2,3,4,5	16	46	65	14	16	6	7
Totals			279	324	92	115	48	52

*Universities: 1) Univ. of Arizona; 2) Univ. of California (Berkeley); 3) Colorado School of Mines; 4) Univ. of Missouri - Rolla; 5) The Pennsylvania State University.

COLLEGE OF EARTH AND MINERAL SCIENCES

THE PENNSYLVANIA STATE UNIVERSITY

DISCIPLINE	NUMBER OF GRADUATES									SCHOLARSHIPS & FELLOWSHIPS				STAFF NEEDS	
	B.S.			M.S.			Ph.D.			Available		Needed			Additional
	64	69	74	64	69	74	64	69	74	U.G.	Grad.	U.G.	Grad.	Now	to 1980
Ceramics	18	12	27	3	6	6	3	5	3	14	5	+8	+10	1	2
Metallurgy	22	10	16	7	7	9	2	3	6	6	2	+15	5	1	2
Mineral Beneficiation	3	5	2	3	1	3	0	2	2	0	0	0	5	1	2
Mineral Economics	6	21	9	5	2	8	2	3	2	0	2	+15	5	2	2
Mining Engineering	4	12	23	4	2	9	0	3	0	11	0	+15	6	6	16
Petroleum & Natural Gas Engineering	7	7	15	12	3	4	2	4	4	16	2	+20	+4	2	3
TOTAL	60	67	92	34	21	39	9	20	17	47	11	73	35	13	27

April 23, 1974

THE UNIVERSITY OF ARIZONA

Discipline	No. of Graduates								
	B.S.			M.S.			Ph.D.		
	'64	'69	'74	'64	'69	'74	'64	'69	'74
Geol. Eng.	6	14	11	0	6	4	0	1	3
Met. Eng.	10	12	10	3	4	8	2	4	2
Min. Eng.	15	12	18	2	4	0	0	0	0
TOTAL	31	38	39	5	14	12	2	5	5

Discipline	Scholarships & Fellowships									
	Available Now				Needed				Staff	
	U'Grad		Grad		U'Grad		Grad		Now	Future
	#	$	#	$	#	$	#	$		
Geol. Eng.	10	9,350	9	16,900	20	20,000	15	60,000	2 1/2	4
Met. Eng.	14	13,660	10	37,020	20	20,000	15	60,000	7 1/3	9
Min. Eng.	25	22,710	5	12,200	50	50,000	10	10,000	5 1/2	7
TOTAL	49	45,720	22	61,920	90	90,000	40	130,000	14 1/3	20

April 23, 1974

THE UNIVERSITY OF ARIZONA

Year	No. of Graduates								
	Geol. Eng.			Met. Eng.			Min. Eng.		
	B.S.	M.S.	Ph.D.	B.S.	M.S.	Ph.D.	B.S.	M.S.	Ph.D.
1964	6	0	0	10	3	2	15	2	0
1969	14	6	1	12	4	4	12	4	0
1970	7	2	0	6	4	1	10	0	0
1971	8	8	4	7	2	1	9	1	0
1972	11	6	6	7	4	1	17	3	2
1973	7	3	1	11	3	2	13	1	0
1974	11	4	3	10	8	2	18	0	0

772

COLLEGE OF ENGINEERING

UNIVERSITY OF CALIFORNIA, BERKELEY

DISCIPLINE	NUMBER OF GRADUATES									SCHOLARSHIPS & FELLOWSHIPS		STAFF NEEDS*	
	B.S.			M.S.			Ph.D.			Available	Needed		Additional
	64	69	74	64	69	74	64	69	74	Graduate	Graduate	Now	to 1980
Mining/Eng. Geo.	1	0	1	3	2	3	0	4	3	2	4	1	-
Extractive Met.	1	1	0	0	1	1	2	1	1	4	8	-	1
Ceramic Eng.	7	3	0	3	4	1	3	3	3	1	4	-	1
Mineral Proc.	1	0	0	4	4	3	1	1	3	4	8	1	-
Petroleum Eng.	3	1	3	7	3	3	0	0	1	2	4	-	-
Geol. Eng.	0	0	2	0	7	5	0	2	1	3	6	-	-
TOTAL	13	5	6	17	21	16	6	11	12	16	34	2	2

*As the situation exists in the University of California, the University is in a steady-state. Thus, expansion on state money is about nil.

THE COLORADO SCHOOL OF MINES

DISCIPLINE	NUMBER OF GRADUATES												STAFF NEEDS
	B.S.				M.S.				Ph.D.				Additional to 1980
	64	69	73	79	64	69	73	79	67	69	73	79	
Metallurgical Engineering	50	40	39	50	2	8	5	15	2	5	2	5	8
Mineral Economics							5	15				5	5
Mining Engineering	35	48	38	50	2	2	7	5	1	1	1	2	9
Petroleum Engineering	22	27	23	30	1	5	4	5	–	–	–	2	9
TOTAL	107	115	100	130	5	15	21	40	3	6	3	14	31

SCHOOL OF MINES AND METALLURGY
UNIVERSITY OF MISSOURI AT ROLLA

DISCIPLINE					NUMBER OF GRADUATES						FELLOWSHIPS						STAFF NEEDS	
Ceramic Engrg.	Metal-lurgical Engrg.	Geological Engrg.	Mining Engrg.	Petroleum Engrg.	69	70	71	72	73	74	Fall 1973 Enrollment	Fall 1974 Enrollment	Avail. U.G.s	Avail. G.s	Needed U.G.s**	Needed G.s***	Now Now	Estimate for Future	Replace-Replacements****
B.S.					10	10	8	5	7	11	36	42	13	--	25	--			
M.S.					1	4	5	6	3	4	9	11	--	7	--	15	6	7	1
Ph.D.					1	0	5	2	1	3	8	8	--	8	--	12			
	B.S.				22	19	15	23	16	20	53	65	15	--	30	--			
	M.S.				8	7	24	15	7	8	24	18	--	19	--	26	10	12	2
	Ph.D.				3	4	4	4	2	4	3	7	--	3	--	13			
		B.S.			3	5	6	10	8	12	60	60	11	--	28	--			
		M.S.			3	1	7	2	7	6	16	24	--	13	--	35	4	6	0
		Ph.D.*			0	0	0	0	1	3	6	5	--	6	--	12			
			B.S.		8	12	7	18	19	20	69	75	16	--	35	--			
			M.S.		6	2	4	3	2	4	5	8	--	4	--	15	7	8	1
			Ph.D.		0	2	2	1	1	3	4	6	--	4	--	10			
				B.S.	11	12	10	11	22	24	72	80	18	--	40	--			
				M.S.	3	8	12	1	3	5	5	8	--	5	--	18	4	5	0
				Ph.D.	2	1	0	0	3	2	3	5	--	3	--	9			

* Program initiated in 1970.

** Based on number of out-of-state students indicating a need in their applications for admission for financial assistance to defray out-of-state tuition.

*** Based on the number of applicants to-date for whom stipends are not available.

**** For faculty reaching retirement in next three years.

Mr. FLOOD. Thank you very much.

STATEMENT OF DR. E. F. OSBORN

Dr. OSBORN. If I may make a quick point, the funding we are referring to has to do with graduate and research work in the mineral technology field.

Many of us, and you certainly are one, are acquainted with the sorry state of research and development. You recall in the subsidence problems in the Wilkes-Barre and Scranton area, where we had a field trip one day, putting out fires and so on. We are just now beginning to learn how to do this.

You might say this is up to industry, this is up to Government, but research in this country is tripartite. We have to have, and we are established to, more basic research in the universities, and then we have the industry and then the Bureau of Mines.

Since the war the mineral resources field, that is, mineral engineering field, has just gotten the support, and it is hard to understand.

Mr. FLOOD. I think we have an audience. We have been trying to tell them for a long time, unfortunately, but we have an audience, I hope, and so do you.

Thank you very much.

TUESDAY, MAY 14, 1974.

OFFICE OF EDUCATION SPECIAL FOREIGN CURRENCY PROGRAM

WITNESSES

WARD MOREHOUSE, DIRECTOR, CENTER FOR INTERNATIONAL PROGRAMS AND COMPARATIVE STUDIES, UNIVERSITY OF STATE OF NEW YORK

PROF. WALTER HAUSER, CHAIRMAN, SOUTH ASIA COMMITTEE OF THE UNIVERSITY OF VIRGINIA, AND MEMBER OF THE EXECUTIVE COMMITTEE, AMERICAN INSTITUTE OF INDIAN STUDIES

Mr. FLOOD. Mr. Ward Morehouse, director for Center for International Programs and Comparative Studies, University of State of New York, and Prof. Walter Hauser, chairman, South Asia Committee of the University of Virginia, testifying on Office of Education special foreign currency program.

STATEMENT OF WARD MOREHOUSE

Mr. MOREHOUSE. I am Ward Morehouse and Professor Hauser will join us momentarily.

We do have a joint statement which, with your permission, we would like to have placed in the record and I will briefly summarize my part of it and then ask Professor Hauser if he would speak to his in turn.

We would like to urge the consideration by you and your colleagues on the subcommittee for an increase in the Office of Education special foreign currency program from the $2 million which the administration has requested to $3.5 million for several reasons.

We believe most importantly this program is meeting significant educational needs in the United States both for highly trained specialists for work in government, journalism, business, education, and other fields, with critical skills in some of the world's major languages and because that program contributes to strengthening understanding of major world regions at all levels and in all regions of our country's educational system.

We request your consideration of this increase not to support an expanded scope of activity, but rather to maintain the existing level at the previous $3 million appropriation figure.

Last year this appropriation was reduced by your committee to $2 million and by the Senate to $1 million for a number of reasons on which I would like to comment in a moment. But our belief is that by increasing this appropriation to $3.5 million we will only be able to maintain the existing level of activities, because in the interim the carryover funds—this is a no-year appropriation—have been used up, and as is true of many areas of Government activity, this program is heavily hit by inflation.

In asking for this increase, I would like to emphasize that this program has the unusual virtue, because it involves excess foreign currencies owned by the U.S. Government abroad, of not adding an additional burden to the already overburdened taxpayer, does not involve an increase in the Federal Government's budget deficit, and indeed failure to use these moneys constructively involves outright loss to the American taxpayer because these funds are continually eroded by inflation.

Mr. FLOOD. Will you send in what we are holding in zlotys and rupees and several others,

Mr. MOREHOUSE. We will do that. They are very substantial sums and their value is becoming continually eroded because of inflation and international monetary fluctuations and the like.

[The information follows:]

ADDENDUM TO TESTIMONY OF PROF. WALTER HAUSER, UNIVERSITY OF VIRGINIA

During my testimony Congressman Flood asked if we could provide a full statement on the amount of excess currency available for use under special foreign currency programs. I subsequently spoke with Mr. Russell Whitener who is the State Department coordinator with Treasury and got the following figures for June 30, 1973. These are the most recent published figures and represent the cash balances available for U.S. agency uses as of June 30, 1973:

	Millions		*Millions*
India	$911	Yugoslavia	$33
Poland	319	Tunisia	19
Egypt	236	Burma	11
Pakistan	138	Guinea	6

These figures are stated as dollar amounts of excess foreign currency. In other words, for Indian, the excess currency balance on June 30, 1973, was $911 million of Indian currency, that is, $911 million worth of rupees, et cetera. For Yugoslavia it should be noted Yugoslavia will be dropped from the excess foreign currency list on June 30, 1974.

Mr. MOREHOUSE. We are mindful of the concerns of this subcommittee in past years with these requests that are made by several agencies within your jurisdiction for excess foreign currency. We do believe that whatever may be the characteristics of other special for-

eign currency requests that come before you, the Office of Education special foreign currency program is a carefully planned, competitively screened, effectively monitored program that involves productive use of public funds and not wasteful use of public funds.

We have two specific examples of how these funds are used. One involves the American Institute of Indian Studies program of advanced language training in India, and to that my colleague, Professor Hauser, will address himself.

The other example is one with which I am personally concerned, the New York State Education Department's Educational Resources Center in India, the purpose of which is to provide assistance to American students and teachers throughout the country and at all levels of education in enlarging their understanding of the world's second largest country and on many of the problems that are so essential to mankind everywhere and certainly affect a country like India very dramatically.

The impact of the appropriation reduction in the current fiscal year has been especially severe on both of these programs. In our own case it has resulted in a reduction of 40 percent in our budget and accordingly reduction in services to teachers in the United States. We believe, therefore, that the kind of increase which we have requested will meet an important national need with, as I have suggested, the unusual quality of not adding further to the burdens of the U.S. taxpayers.

This view of Professor Hauser and myself is shared by a number of other leading educational institutions and educational organizations in our country, including the American Council on Education which has submitted a letter to you in support of this increase which I hope can be included in the record of this hearing.

[The information follows:]

MAY 3, 1974.

HON. DANIEL FLOOD,
Chairman, House Appropriations Committee,
Rayburn Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: The ability of educators to provide quality instruction about the peoples and cultures of this interdependent world is clearly enhanced by overseas experiences. These are critical components of any vital domestic program for international/intercultural education. In order to maintain previous levels of activity we urge the Congress to increase the appropriation requested by the administration for fiscal year 1975 for the U.S. Office of Education special foreign currency program of $2 million to $3.5 million. The reasons are several:

(a) These funds enable American educators to obtain support for the reinforcement of international dimensions of their own professional skills. Other sources of funding are often unavailable to them. Many domestic agencies and foundations do not consider proposals which involve overseas experiences.

(b) Whatever the patterns of other agency use may be, those projects undertaken by the Office of Education special foreign currency program are carefully monitored, competitively screened, and educationally valid.

(c) The increase to $3.5 million does not represent any net expansion of the program. On the contrary, inflationary pressures and international currency fluctuations have so particularly affected international programs that the increase will barely maintain existing levels of program activity.

(d) The Federal Government budget will not be increased nor will the taxpayer be expected to meet additional costs as a result of this increase. These nonconvertible currencies are not included in agency dollar ceilings by the

Office of Management and Budget. Furthermore, inflation constantly erodes the true value of these currencies as each day goes by.

Your careful consideration and support of an increased appropriation for the U.S. special foreign currency program will do much to enhance the quality and scope of this country's international programs.

Nothing less than this Nation's continued strength and viability in an interdependent world is at issue. Our international human resources must be maintained and enriched if we hope to meet this future world order creatively and effectively.

Thank you for your kind attention.

Sincerely,

STEPHEN K. BAILEY.

[The statement follows:]

STRENGTHENING AMERICAN KNOWLEDGE ABOUT INDIA THROUGH USE OF EXCESS FOREIGN CURRENCIES

A JOINT STATEMENT SUPPORTING AN INCREASE IN THE U.S. OFFICE OF EDUCATION SPECIAL FOREIGN CURRENCY PROGRAM BY WALTER HAUSER, AMERICAN INSTITUTE OF INDIAN STUDIES, AND WARD MOREHOUSE, NEW YORK STATE EDUCATION DEPARTMENT

We urge the Congress to increase the appropriation requested by the administration for fiscal year 1975 for the U.S. Office of Education special foreign currency program of $2 million to $3.5 million for the following reasons:

1. Whatever may be the character of other agency programs to use excess foreign currencies, the Office of Education special foreign currency program involves the support of carefully planned, competitively screened, educationally sound projects of substantial benefit to American education.

2. The increase which we ask you to consider is essential simply to maintain the same level of program activity for two reasons. Carryover funds, which cushioned the reduction in funds in the current fiscal year, have now been used up. While all Government programs are affected by rising costs, this one is particularly hard hit by inflation. (International travel costs, a significant component, have risen by 25 percent in the last 6 months; inflationary pressures in some overseas countries such as India are even greater than in the United States.)

3. This increase involves no additional cost to the taxpayer. It will not increase the deficit in the Federal Government budget since excess foreign currencies are not included in agency dollar ceilings by the Office of Management and Budget. Indeed, failure to use these nonconvertible foreign currencies owned by the U.S. Government will result in outright loss to the taxpayer as their value is eroded year after year through continuing inflation and international currency adjustments.

The Appropriations Committees in both houses expressed concern last year over projects of marginal value. The two illustrations which follow of how Office of Education excess foreign currencies are actually being used provide concrete evidence of the way in which this program pays off to American educational institutions and the future generations of adult citizens who are today's students.

One example, involving the language training programs in India of the American Institute of Indian Studies, an organization composed of more than 25 of our leading colleges and universities in all parts of the country, demonstrates how use of excess foreign currencies contributes to improvement of the quality of American language skills in India vital to national concerns in government, education, journalism, and other fields.

The second illustration deals with the work of the Educational Resources Center of New York State Education Department which seeks to improve the quality of teaching about India, and thereby to increase the level of general knowledge and understanding of India in schools and colleges not only in New York State but throughout the country.

Both of these examples concern India because we understand that roughly two-thirds of the Office of Education special foreign currency program is related to that country. Excess foreign currencies are also used by the Office of Education in several other countries of vital importance to the United States, including Egypt, Poland, and Pakistan. Programs dealing with these countries which are comparable in quality and impact to the two examples in this joint statement

will, we are convinced, pay similar dividends in enlarging American knowledge of and capacity for dealing with these countries and the regions of which they are a part in the complex interdependent world of today.

Mr. FLOOD. Professor Hauser.

Mr. ROBINSON. If the chairman will yield for a moment, Dr. Hauser represents one of the distinguished faculties of an institution of learning in my district, the University of Virginia, and I would like to welcome him here this afternoon. We had some people from Virginia here this morning not from my district, but Dr. Hauser is. We are glad to have you before us.

STATEMENT OF WALTER HAUSER

Dr. HAUSER. Thank you, Mr. Robinson. It is a pleasure to be here. Mr. Chairman, with your permission, I would like to have placed in the record a copy of a letter from Edgar F. Shannon, Jr., president of the University of Virginia, to Mr. Robinson, supporting two of the programs we are discussing today.

[The letter follows:]

UNIVERSITY OF VIRGINIA,
OFFICE OF THE PRESIDENT,
May 10, 1974.

Hon. J. KENNETH ROBINSON,
House of Representatives, Congress of the United States,
Washington, D.C.

DEAR CONGRESSMAN ROBINSON: I am writing to seek your support for the $18 million proposed funding for the NDEA title VI programs for the 1975 fiscal year. The trend in decreasing appropriations for this vital program should be reversed, and I assure you that many programs important to the Nation's role in international relations would be endangered if the administration's proposed appropriation of only $10 million is approved.

The University of Virginia is particularly interested in view of our strong programs in Russion, Latin American, East Asian, South Asian, and Middle Eastern studies. It is ironic that, in a time of increasing importance of these areas of the world, American universities should receive less and less support for programs to spread understanding of international culture.

The issue is important not only for the University of Virginia but also for the Nation. While I appreciate concerns for economy, the benefits to the Nation of the title VI program in training qualified specialists to represent American national interests abroad far outweigh the modest cost to the taxpayer. President Nixon's initiatives at détente are beginning to achieve solid economic and political results, and continuation of this important program in American higher education is particularly critical.

The university's experience has been that special area programs benefit students not only on the doctoral level but also in the community colleges and in adult education. The area studies divisions here work closely with the school of continuing education and the consortium for continuing education in northern Virginia to offer courses, and the school of education cooperates to offer various pragrams, enabling present and future school teachers to communicate understanding of other cultures.

I know that Prof. Walter Hauser of the department of history has been in touch with you and Chris Mathison in some detail on the importance of increasing the funding for this program as well as for a $3.5 million appropriation for the U.S. Office of Education's special foreign currency program. If you should need any additional information or have questions, I hope your office will call upon me or Professor Hausel. It is my sincere hope that you can support these increases which are designed to sustain support for training language and area specialists in Virginia and the Nation.

Sincerely yours,

EDGAR F. SHANNON, Jr., *President.*

Mr. HAUSER. My name is Walter Hauser. I am chairman of the South Asia Committee of the University of Virginia, and a member of the executive committee of the American Institute of Indian Studies.

I am here to make a plea for increased funding in the U.S. Office of Education special foreign currency program, from $2 million of foreign currency to $3.5 million of foreign currency for fiscal year 1975. I do so with enormous confidence in the programs these moneys have funded in the past to the benefit of American education, with the awareness that we live in an inflationary world and that costs have increased substantially; and finally, with the conviction that by increasing this appropriation we will be effectively utilizing American-owned foreign currencies to serve American interests. To repeat the point made in our introductory statement, this foreign currency appropriation is not included in the agency dollar ceiling by the Office of Management and Budget. It will therefore involve no additional costs to the American taxpayer. By appropriating these funds, we will, in a very real sense, be utilizing already available American-owned foreign currencies to support and sustain a series of strong educational programs, specifically designed to meet a pressing national need.

For 1973–74, the special foreign currency program supported American educational activities in all countries where U.S.-owned foreign currencies were available, particularly in the Middle East and South Asia. For example, these activities included an intensive Arabic language training program in Cairo, sponsored by the Center for Arabic Study Abroad at Berkeley; and the advanced language instruction program in Hindi, Urdu, and Tamil in India, sponsored by the American Institute of Indian Studies.

There were a number of other similar language programs and a wide range of projects in foreign currency countries for American public-school teachers, junior and community college teachers, college and university teachers, specialists in teacher education, and school administrators. These programs are sponsored by schools and colleges across the country and by various educational associations that are broadly representative of American education. It is also important to note that many of the seminars and institutes during the summer months are designed specifically as inservice programs to broaden the cultural perceptions of teachers already in the Nation's schools.

Mr. FLOOD. When you say Indian studies, you are not talking about North American Indians?

Dr. HAUSER. I am not. I am talking about the people of India, the Indians of South Asia; though, that mistake is sometimes made.

My point here is to emphasize the fact that the special foreign currency program is being used not only to train specialists and technicians to provide the Nation a pool of experts for work in Government, business, and education; it is also creating a broader awareness of today's interdependent world at all levels of American education. This kind of educational diffusion comes specifically at the concerns of the Congress in recent years, that federally funded educational programs should reach out into all levels and areas of American life.

Mr. Morehouse's statement on the Educational Resources Center speaks to the activities of this broad range of inservice training pro-

grams and to the role of the ERC in particular. My comments will be confined to describing the advanced language instruction program of the American Institute of Indian Studies. I should make clear at the outset that while the American Institute of Indian Studies program in Hindi, Urdu, and Tamil is designed primarily for advanced students in the social sciences and humanities specializing in the study of South Asia, who have a substantial language background in their American universities, nevertheless, we also accept qualified undergraduates, and our students come from a very broad constituency of American educational institutions. The 94 participants in the AIIS language program in India since 1969 have come from 31 institutions in 19 States. I think it is fair to say that no major American academic funding agency taps a greater variety of schools or has an educational outreach that is broader than the AIIS.

Mr. FLOOD. Do you cross the border into Pakistan?

Dr. HAUSER. No, the American Institute of Indian Studies does not. However, there is a language program in Pakistan funded under the Office of Education special foreign currency program. It is administered by the University of California at Berkeley.

Mr. FLOOD. Bangladesh?

Dr. HAUSER. Not to my knowledge.

The American Institute of Indian Studies is a cooperative, nonprofit organization composed of 28 of the leading colleges and universities in the United States. For example, among supporting institutions, there are many from regions of the country represented by members of this subcommittee, including the University of Pennsylvania, Temple University, the College of Wooster, the University of Northern Iowa, the University of Missouri, Syracuse University, the University of Texas, Rutgers, Wisconsin, Illinois, Chicago, Kansas State, and my own institution, the University of Virginia. These and other member institutions, individually and through the American Institute of Indian Studies, have a special interest in the study of India and developing a more sophisticated understanding of Indian society and culture. This is done through a variety of academic programs, including predoctoral and postdoctoral research fellowship awards, library service fellowships, professional development awards, and particularly through our 9-month and summer advanced language fellowship programs.

It is this category of advanced language fellowship programs in India, supported primarily through the Office of Education special foreign currency program, with which we are concerned this afternoon.

In 1958, through the National Defense Education Act, the Congress made a clear statement about the importance of languages in providing for the education of future citizens and specialists trained to know something about other parts of the world. In 1974, the networks of our relationships with other nations are infinitely more complex than they were in 1958, both in hard political and economic terms and in the broad range of cultural contacts, and other interactions having to do with the environment, health, space, science and technology, et cetera. The fact is, we will continue to have to make judgments about the Middle East, Africa, South Asia, East Asia, the Soviet Union, and Latin America involving our specific national interest and the well-

being of the larger community of nations. Through programs like NDEA and the special foreign currency program, we have begun developing in the United States an educational capability in our colleges and universities to meet this responsibility effectively. The AIIS language program, designed to improve the quality of American skills in the languages of India, is an important part of this effort.

The American Institute of Indian Studies established its advanced language programs in India in 1969 with the idea of providing a highly intensive training program in the cultural context where the learned language was also the spoken language. Presumably the student would learn more effectively and more rapidly, and thereby achieve control of the language for research and communication in a shorter time. We estimate that a student's program of graduate study can be cut by as much as 1½ years through doing 1 year and 2 summers, or 2 years and a summer, of intensive advanced work in India. Our experience is that competence and fluency are both enhanced by this intensive immersion in the language. An increasing number of undergraduates in our programs are in the enviable position of often being able to use the language in the second year and sometimes the first year of graduate work. Obviously, the quality of specialized teaching in the social sciences and humanities is also enhanced as vernacular language materials become the basis of seminar discourse and substantive research in the training of graduate students.

Let me emphasize that this program is carefully planned and regularly evaluated by language specialists of the American Institute of Indian Studies and that students are screened on the basis of a substantial commitment based on a minimum of 2 years, or the equivalent, of prior language work in their American universities.

From the beginning of the advanced language program in India, the AIIS in consultation with appropriate agencies in India, decided to concentrate initially on Hindi, Urdu, and Tamil. With 178 million speakers, Hindi is the major language of the subcontinent. Hindi and Urdu—41,500,000 speakers—together represent the dominant language group among the north Indian languages, just as Tamil with 42 million speakers is one of the dominant languages in South India. (These figures totaling 261.5 million, are based on 1971 projected population totals and include mother tongue and second language speakers.) Concentration on these languages was also based on the fact that these are the languages where we had the largest number of students. There are, however, other important languages in India, and as facilities for teaching them to foreign students are made available, the institute feels a responsibility to support training in additional major languages. For example, in the current 1974 program we hope to send students to the University of Poona for the first time to study Marathi, an important language of western India. Expanded opportunities for language training in India depend directly on the availability of foreign currency funding.

Apart from the intrinsic importance of our learning the languages of one of the world's major cultural traditions, it seems to me that in 1974 there are other good reasons for maintaining and strengthening this program through an increased appropriation for the Office of Education special foreign currency program. As external funding has been cut back to support American academic programs at home, the ability of our universities to offer intensive summer language pro-

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grams in the United States has been weakened. In addition the general financial crunch in American higher education has inevitably limited some of our language courses in regular academic year programs.

Under these circumstances the AIIS sees a responsibility for maintaining and indeed expanding language training in India. I would argue that Federal funding through the special foreign currency program is absolutely crucial, particularly at a time of retrenchment in other parts of the academic economy. In this climate the Federal Government must continue to play an important role together with the foundations, universities, and private agencies if the job is to get done.

The effects of reduced funding in the Office of Education special foreign currency program can be seen in the current year's group of AIIS students. Whereas we had anticipated 25 students in the 1974 summer language program, and 25 students in the 1974–75 academic year program in India, the reduced funding for fiscal year 1974 means that we will receive funds from the Office of Education to support potentially 18 students during the summer program and 9 during the 9-month program. Qualified students who would have studied under this program in a normal funding year will now have to be dropped. I urge the members of this subcommittee to support an appropriation of $3.5 million in the special foreign currency program to permit us to restore the ground lost this year and to maintain and strengthen this important program of language training.

I have suggested here that there is a national need for Americans to be trained in a range of critical world languages. I have suggested that these language skills are important not only in the context of the educational institutions where they are taught but that they have importance to a range of national interests in and out of government. I have further suggested that the advanced intensive language program of the AIIS contributes to this national need by providing improved American skills in the critical languages of India. The AIIS program has benefited a substantial number of students from all parts of the United States and it has contributed substantially to the field of South Asian studies in this country. I will be happy to put in the record or to respond to your questions about specific results and benefits of these programs to students in my own institution and in other American universities.

In urging support for the Office of Education special foreign currency program let me conclude with two points. Increasingly, the American Institute of Indian Studies has become the primary source of fellowship funding for study in and about India. In order to maintain a strong American competence in this area it is essential that the funding source of foreign currency support be maintained and expanded. Second, it is useful to reflect on the fact that in the case of India, the advanced language program of the AIIS continued to function at full effectiveness despite the strained relations between Washington and New Delhi in the period immediately following the Bangla Desh crisis. This was also true with the Arabic program in Cairo during a period of difficult diplomatic relations with Egypt. This point of cultural and educational contact is an important one between nations and we urge that it be strengthened.

The appropriation of $3.5 million of foreign currency for the Office of Education special foreign currency program would contribute to

maintaining and strengthening important educational contacts and language programs. We urge such an appropriation for fiscal year 1975. Thank you.

[The attachment follows:]

IMPROVING THE QUALITY OF TEACHING ABOUT INDIA IN AMERICAN SCHOOLS AND COLLEGES

(By Ward Morehouse, Director, Center for International Programs and Comparative Studies New York State Education Department)

The Education Resources Center was established in 1966 with the basic objective of strengthening American knowledge and understanding of the World's second largest country, India, about which we have long been ignorant and sometimes misinformed. TRC's work is also directed toward developing study materials on the Indian experience as it relates to common worldwide problems which confront all countries today, including our own, such as the quality of the environment, urban growth, rapid population change, and the impact of new technologies on society. ERC is especially concerned with reaching teachers and students in elementary and secondary schools, community colleges, and undergraduate institutions who are not likely to become academic or government specialists on India (although some do) but who need a basic undertsanding of the world's largest democracy and one of the leading nations of the third world in order to understand better the contemporary world and how what happens in other countries affects our own society and way of life.

The Educational Resources Center is a project office of the New York State Education Department's Center for International Programs and Comparative Studies. It serves students, teachers, and education institutions throughout the country and not just in New York State. Support for its activities in India is derived primarily, although not exclusively, from an annual grant from the Office of Education special foreign currency program. This grant is based upon a proposal submitted each year in the annual competition for support under this program and is competitively screened along with other proposals for curriculum development, inservice teacher training, and the like by educational agencies and institutions throughout the country. The screening process involves a panel of evaluators from outside the Office of Education.

Since the establishment of the Educational Resources Center in 1966, some 350 teachers, curriculum specialists, and scholars have participated in ERC-related programs of inservice teacher education and curriculum development in India. Over 100,000 items of educational materials developed by ERC or produced by ERC consultants have been disseminated to schools, colleges, universities in State education departments in more that 45 States throughout the country. Our evaluation of these activities reveals a substantial improvement in the quality of teaching about India in our schools and colleges, although we are also aware that there is far greater room for further improvement. Notwithstanding the numbers of teachers and others who have participated in ERC's work and who in turn have had an impact on hundreds of thousands, if not millions, of American students, we have been able to reach only a small proportion of all those who should have access of better study materials on India and the opportunity to strengthen their own knowledge about India.

In 1972–73, the Educational Resources Center, with support from the Office of Education special foreign currency program, completed six major guides to study materials on India, a series of 10 films on the history of India through its cities, a basic study unit for community colleges on ecology in India, a series of filmstrips on urban occupations, and a documentary film on family life in urban Delhi. In addition, a basic introduction to India for secondary schoolteachers was published as the first in a series of basic study units on different aspects of modern Indian society. Approximately 8,000 copies of the publications mentioned above and others developed by ERC were disseminated to school and college teachers and curriculum specialists all over the United States.

ERC also organized inservice teacher education programs for three summer institutes organized by universities in California, Pennsylvania, and New York and involving about 75 teachers. Specific sessions on curriculum development in teaching materials were organized for three more groups of school and college teachers from Georgia and the Middle West as well as special programs for a group of black college students from Maryland and of high school students visiting India under the people-to-people ambassador program.

This level of activity was maintained in spite of the political tensions which existed at that time between the United States and India, tensions which were greatly increased by U.S. South Asian policy throughout 1971, culminating in the independence of Bangladesh in December of that year. It is a tribute to both governments that, notwithstanding these political difficulties, the long-term importance of an undertaking like the Educational Resources Center in furthering increased knowledge and realistic understanding about India in the United States was perceived, and ERC's work was allowed to continue—with support from the U.S. Government and with the cooperation of the Indian Government.

For the Educational Resources Center to maintain this level of service to American students, teachers, and educational institutions in the future, however, will require a significant increase in the level of funding of the Office of Education special foreign currency program. ERC's budget has been especially hard hit by inflation in India, now running at an annual rate of around 15 percent, as well as in the rapid increase in international air fares (some 25 percent in the last 6 months). I strongly recommend, therefore, that Congress increase the Office of Education special foreign currency appropriation for fiscal year 1975 from $2 million to $3.5 million.

TUESDAY, MAY 14, 1974.

CHILD ABUSE

WITNESS

HON. PATRICIA SCHROEDER, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF COLORADO

Mr. FLOOD. We now have the honor and privilege of hearing from the Honorable Patricia Schroeder from the great State of Colorado, Member of the House, who will speak on child abuse.

Mrs. SCHROEDER. It is a very appropriate topic, I suppose right after Mother's Day.

Mr. FLOOD. Very timely.

Mrs. SCHROEDER. Thank you, Mr. Chairman, and I am delighted to have the opportunity to come over and talk about the importance of funding the Child Abuse Prevention and Treatment Act of 1973.

As you know, this law was signed by the President on January 31 of this year and passed the House 354 to 36 and the Senate by 57 to 7, and I was amazed to see the administration in appearing in front of this committee last Thursday did not ask for any funds for it again. The funds are not phenomenal that anybody wants.

I have prepared a lot of testimony here but since I know everybody here can read I think it is almost redundant to read it to you. I found Helen Hayes is the only person that reads very well.

In essence, we followed this bill very closely. We found community after community after community testifying that there was a great need for services to serve families that were having child abuse problems; that these problems are not isolated in any one economic strata or any one racial strata but seem to cut through all lines. If you are wealthy you have as much problem with child abuse as the poor. It seems to be something that comes up in your upbringing. You need to be almost retrained to break out of the pattern. The beauty is in about 90 percent of the cases they can retrain parents to deal with this problem so that you don't have this repetition of abuse.

We had in my own home State since the beginning of this year two children that have been killed in child abuse where the authorities

knew there was a danger that the child was being abused and could be potentially harmed but the services were just not adequate and available to go forward. So my community along with many other communities are trying to put forth multidisciplinary programs where once they spot a potential child abuser they can get them into the program and hopefully within 6 months or so—

Mr. FLOOD. How do you spot a child abuser?

Mrs. SCHROEDER. You can spot them any number of ways. and a doctor is better at testifying about this than I am. But teachers have been able to pick it up. The emergency wards in hospitals can do it with X-rays because they have a different kind of a break than just a tumble. There have been many books written on it, and Dr. Kempe and some doctors in New York have been really able to do this.

What we really need are some funds to get started. As you know the administration did not ask for funds for this in the supplemental appropriation either. However, the House did put in $4.5 million to get it started. So what we need to do is collect the information where it has been successful so people can find out in these different areas and get these service centers set up and going.

The beauty of this is it is not to fund research and development and studies and papers, it is to really get some services going. I think that is why really these funds need to be moved and moved right away.

I will be glad to answer any questions. As I say, I did write out a statement in much more detail which I will put in the record.

Mr. FLOOD. We will do that.

[The statement follows:]

STATEMENT BY HON. PATRICIA SCHROEDER

Mr. Chairman, I appreciate the opportunity to come before you to discuss the importance of funding for the Child Abuse Prevention and Treatment Act of 1973, signed into law by President Nixon on January 31 of this year. As you know, the bill was passed with overwhelming support by both Houses of Congress: 354 to 36 in the House and 57 to 7 in the Senate.

I am dismayed that the administration, in its appearance before you last Thursday, has again failed to request funding for this important legislation. Although it had also refused to ask for supplemental funding to begin implementation. Although it had also refused to ask for supplemental funding to begin implementation of the act, both the House and the Senate have provided $4.5 million for the remainder of this fiscal year in the 1974 supplemental appropriations bill. The administration's rationale for the delay is not clear. It seems that they have not yet had a chance to develop regulations and plans for the implementation of the program. But according to their own testimony they have been working for the past year in developing and assessing new approaches to solving the problems of child abuse. It certainly seems that they have had enough time to get started. Perhaps if they had the needed funds this process could be speeded and Congress' will be carried out.

There is no question about the need for the programs authorized by the child abuse bill. Extensive hearings were held by the House Select Education Committee and the Senate Children and Youth Subcommittee both here in Washington and in various regions of the country. In addition to taking testimony, the subcommittees made visits to hospital centers where child abuse prevention and treatment programs are actually in progress. I shared the privilege—and the agony—of visiting centers in New York City and in my own home city of Denver, where the grim reality of child abuse was brought home to us all.

During the hearings, witness after witness told us that child abuse cuts across all levels of society—from laborers to professionals—from partial grade school education to advanced degrees—from low IQ levels to superior ones—through every ethnic, religious, and racial group. It is found in the suburbs and rural areas—in cities and small towns.

Witness after witness also told us of their futile efforts to find help before they seriously injured their children. In the past year there have been two separate cases in Denver where a young child, known by the authorities to be in danger from abusing parents, was returned to a lethal home environment because of inadequate child abuse procedures. As a result of these two tragedies, the city of Denver has come up with a comprehensive, citywide, interagency plan for a system of child protection. The city is putting a great deal of its resources into this project, and is also seeking Federal funds. Hundreds of groups throughout the country are trying to set up similar projects, but are continually running up against the wall of inadequate funding. As we learned in our hearings, many agencies and groups have been able to undertake planned programs because of a lack of resources.

The child abuse bill was enacted for just this purpose: to provide a Federal initiative and focus for the developent of comprehensive programs to prevent, identify, and treat child abuse. The act authorizes $20 million to be expended in fiscal year 1975. This money is vitally needed for the support of public and private agencies, hospitals, parent organizations, and other groups and individuals who are working in this area, and to provide technical assistance to the States for the development of their own programs.

At my request the Administrator of the widely acclaimed National Center for the Prevention of Child Abuse and Neglect, which developed the kind of multidisciplinary, family centered treatment program which others are trying to replicate, prepared an estimate of the costs to fund a minimal number of child abuse projects for the country. For 100 hospital-based centers and 20 regional training centers, the total national costs would be at least $24 million for 1 year.

The $20 million authorized for next year would certainly not go unused. The Department of Health, Education, and Welfare in October of last year, before the child abuse bill was enacted, set aside $4 million under existing authorities to fund child abuse projects. A request for proposals was issued, and the response has been overwhelming. Over 150 applications were submitted, from which 11 grants have been made. I understand that another round of grants is now being considered. Inquiries and applications about funding under the new law have been pouring into congressional and agency offices.

Mr. Chairman, the reality of child abuse has only recently become apparent to legislators and to the American public in general, although the seriousness of the problem has been recognized by workers in the field for years. One hundred years ago the first reported case of child abuse was pursued by the Society for the Prevention of Cruelty to Animals; there were no protective services for children. One hundred years later, we still do not know with any certainty the number of children who are abused, although we do know that the number is in the tens of thousands and that the number of cases reported continues to represent only a fraction of the undetected, unreported instances of abuse. And we do know that successful methods are being developed to deal with the problem. Curernt State procedures are dismally inadequate, with services for the most part being limited to crisis intervention. As the two recent tragedies in Denver demonstrate, crisis intervention is too late and is not accompanied by adequate followthrough. There is almost no preventive or educational work being done, work which could reach the child and its parents before crippling physical and psychological damage has been done. Almost no work is being done which focuses on the strengthening and preservation of the family unit as a mode of treatment, although the Denver center, with its advanced multidisciplinary program, has been able to return 80 percent of the children they treat to their natural parents within 8 months with no repetition of abuse. With adequate Federal financial support, these and other developments could be used by local agencies and groups and the States to bring under control this tragic problem that afflicts more children than any other childhood disease.

I respectfully request that the committee include in the 1975 appropriations bill the full $20 million authorized for the implementation of Public Law 93-247.

Mrs. SCHROEDER. As I say, the bill that was passed and signed by the President authorized $20 million to get started. So I would certainly hope this committee would take that into account and will consider very seriously putting something in even though HEW did not request it.

Mr. FLOOD. Have you any idea what they are doing with the money proposed in the supplemental even before we go to conference?

Mrs. SCHROEDER. They are putting it out in demonstration conferences.

Mr. FLOOD. Are they?

Mrs. SCHROEDER. I hope they are. They had many grants that came in and are supposed to designate some.

Thank you very much.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 14, 1974.

FOREIGN LANGUAGE AND AREA STUDIES

WITNESSES

DR. RAYMOND L. CRAVENS, VICE PRESIDENT FOR ACADEMIC AFFAIRS, WESTERN KENTUCKY UNIVERSITY, AND CHAIRMAN OF THE KENTUCKY COMMITTEE ON INTERNATIONAL EDUCATION
DR. J. HARRY SMITH, PRESIDENT, ESSEX COUNTY COLLEGE
DR. THOMAS E. SKIDMORE, PROFESSOR OF HISTORY, AND CHAIRMAN, COMMITTEE ON IBERO-AMERICAN STUDIES, UNIVERSITY OF WISCONSIN-MADISON, AND FORMER PRESIDENT, LATIN-AMERICAN STUDIES ASSOCIATION

Mr. FLOOD. Now we have the International Education project, American Council on Education. Dr. Raymond Cravens, vice president for academic affairs, Western Kentucky University and chairman of the Kentucky Committee on International Education; Dr. Harry Smith, president, Essex County College; and Dr. Thomas Skidmore, professor of history and chairman, Committee on Ibero-American Studies, University of Wisconsin-Madison and former president, Latin American Studies Association.

Dr. Skidmore, I have been commissioned by the distinguished member of our subcommittee Mr. Obey, to assure you that he would have been here and said some nice things about you and the university, except he is appearing himself before another committee as a witness.

Dr. SKIDMORE. Thank you very much.

Mr. PATTEN. If I may, Mr. Chairman, I would like to acknowledge the president of the Essex County College, Dr. Smith, out of our State. We are glad to have you here, Doctor.

Dr. SMITH. Thank you very much.

STATEMENT OF DR. THOMAS E. SKIDMORE

Dr. SKIDMORE. I want to thank you and the committee for the opportunity to testify. I would like to insert a fact sheet and the statement in the record.

[The information follows:]

WHY IS FEDERAL SUPPORT VITAL FOR FOREIGN AREA STUDIES?

(By Dr. Thomas E. Skidmore)

Americans have long believed in education and we have spent vast sums to back up that belief. Within education few subjects are more important than foreign area studies. Without a well-founded knowledge of other cultures and societies America would find itself dangerously unprepared to play its role as a world power. But if this knowledge is to make a difference, it must prevail throughout our system learning-in elementary and secondary schools, and the institutions of continuing education, as well as in university research centers.

Through its NDEA VI program the Federal government has played a crucial role in the training of our significant corps of foreign area specialists in such diverse subjects as the ideological background of modern Chinese politics and the economics of land reform in Venezuela. With their language skills and interdisciplinary training these specialists are an invaluable national resource wherever they are found-in colleges, universities, government, business, private foundations and journalism.

The NDEA VI program was born in the wake of Sputnik. In response to the Soviet challenge, Congress wisely decided that our country urgently needed many more and better trained foreign area specialists. The NDEA VI program has served the nation well by adding a relatively small but extremely effective source of financing for area studies. These funds have been an essential supplement to non-Federal sources which otherwise would never have covered the extraordinarily high costs (in time, and therefore in money) required for language training in such difficult tongues as Mandarin Chinese or Arabic. The funds have gone for vital needs such as graduate fellowships, partial funding of course offerings and library acquisitions.

Having created a base of foreign area expertise, we are now entering a new phase. On the one hand, we must maintain a steady flow of new specialists in order to satisfy the continuing personnel needs of colleges, universities, government, business and foundations. Without the NDEA VI fellowships the nation would lack the continuous flow of fresh ideas and energy which only successive new generations can provide. Any phase-out of Federal fellowships would also mean that such graduate training in foreign area studies would become the province of the rich, since only they would be able to bear its high cost. That shift would hardly be in line with America's growing commitment to insuring access by merit, rather than wealth, to such a vital field of knowledge.

Yet in our new phase we must do more than simply continue the fellowships program. Although the demand for new specialists is lower than when NDEA VI began in 1958, there is now a far greater potential for diffusing our understanding of foreign areas. This year NDEA centers at universities around the country have greatly expanded their contacts with colleges, school systems and community organizations. It is the first step in the new phase of making available the foreign area expertise which has been built up thanks in large part to Federal support.

That is why the return to the $18 million funding level which existed in fiscal year 1969 is so essential. We are now on the verge of gaining the benefits which the spread of well planned and staffed methods of foreign area study can provide. But this diffusion requires staff and resources which colleges and universities cannot realistically be expected to provide in these days of reduced budgets and heavy claims for domestically oriented programs such as ethnic studies and ecology.

What kind of increased diffusion would the $18 million funding make possible? It would mean continuous help for elementary and secondary school teachers and curriculum planners who are eager for advice and resource materials. At the University of Wisconsin-Madison this year our three NDEA centers—African, South Asia, and Latin America—all held 1-day workshop conferences for teachers from throughout the State. Similar activities began or were expanded at other NDEA university centers all over the country. At Wisconsin, as elsewhere, we are hoping to increase this "outreach" effort significantly next year, but the additional staff costs could only be covered from NDEA funds. Indeed, the Office of Education's requirement of increased outreach has helped many university-based foreign area specialists to appreciate how they need to share their knowledge and educational know-how with a wider public.

The time has come for us to realize the dividends from the past Federal investment in area studies. We are ready to widen and deepen the understand-

ing of foreign areas in constituencies previously uninvolved or inadequately aided, such as professional schools, community colleges, interdisciplinary research institutes and programs of continuing education. It would be a national loss if America were to fail to provide for a continually renewed and ever-widening knowledge of the rest of the world. This year a wide spectrum of scholars and institutions has agreed on a carefully designed program for the next phase of foreign studies development. It offers a practical and effective design for the strengthening of a vitally important national resource. Can we really afford to run the risk of leaving ourselves uninformed about the world in which we live? That is an alternative for which we have already paid a tragically high cost.

Fact Sheet on NDEA Title VI

WHAT THE PROGRAM SUPPORTS

NDEA VI programs include foreign language and area studies, fellowships, research, summer intensive language programs, and undergraduate and graduate programs in innovative and outreach areas of international education. Fulbright-Hays 102(b)(6) supports teacher exchange and curriculum development.

DESIRED LEVEL OF SUPPORT

For fiscal year 1975 the administration has requested $8.64 million for NDEA title VI, and $1.36 million for Fulbright-Hays 102(b)(6). This figure, a total of $10 million, represents a decrease of $1.3 million from the fiscal year 1974 appropriation level, of $3.94 million from the fiscal year 1973 appropriation level, and of $8 million from the fiscal year 1969 level of $18 million. The higher education community is united in the belief that the fiscal year 1975 appropriation level should be returned to an $18 million level of support.

[In millions of dollars]

How the budget would be allocated	Fiscal year— 1974	1975
Graduate centers: To train language and area studies specialists; intercultural specialists; to permit increased diffusion efforts	[1] $4.5	[2] $5.5
Undergraduate centers and programs: At middle- and small-sized institutions (excluded from funding competition in fiscal year 1974)	0	[3] 1.5
Strengthening dimensions program: Short-term, seed money assistance at undergraduate/graduate level for diffusion/outreach activities	1.4	2.5
Fellowships: For advanced students to pursue training at high-quality program in institution best suited; to permit continued effort to reach previously uninvolved constituencies, e.g., women and minorities	3.7	5.0
Research and development: To fill unmet gaps in previous categories; to permit pointed, short-term studies	.85	1.0
Special instructional language programs: New category to provide special intensive instruction in such critical languages as Chinese, Japanese, Arabic, and Russian	0	.5
Fulbright-Hays 102(b)(6): To permit variety of teacher educatian and curriculum development efforts	1.36	2.0

[1] 50 centers.
[2] 45 centers.
[3] 30 centers and programs.

Title VI of the National Defense Education Act of 1958 is the only major funded piece of legislation in international education. Throughout recent years in which our country's interaction and involvement with other nations has increased so markedly and dramatically, support for NDEA title VI has diminished in a disruptive and vacillating fashion.

The $8.64 million which the administration has requested for NDEA title VI and the $1.36 million for Fulbright-Hays 102(b)(6) will endanger the academic community's ability to create and sustain an educated and internationally sophisticated citizenry so that national policy does not outdistance the capability of this citizenry to understand and further our global missions.

The $18 million appropriaion level represents a return to the level of funding actually appropriated in fiscal year 1969. Given the rising costs and the inflation which has occurred in this 6-year period, a return to this level of funding does not even equal the status quo ante but we judge that it will provide a lean but effective core program.

A list of major points to consider in support of credible levels of funding for NDEA title VI, cryptically stated, follows for your consideration:

NDEA VI is a educational program uniquely in the national interest, and should be Federal as well as State responsibility;

State, private foundation moneys for international education waning—making Federal funds ever more critical;

International education community unified in both $18 million and distribution;

Not a true increase, but restoration to fiscal year 1969 appropriation;

Past cutbacks not a congressional nor an administrative policy decision but across-the-board discretionary cuts in response to fiscal year 1970 OE appropriation bill veto;

Rising costs and inflation necessitate return to $18 million merely to maintain minimal capabilities;

Though Federal funding supplies only 10 to 15 percent of institutional commitment to international education, that 10 percent may support 60 percent of some vital components of program, that is, library resources;

NDEA VI has been transmuted so that with return to the $18 million level of fiscal year 1969, programs will be altered to reopen competition to broader range of institutions and programs—which will permit more centers, it will enable more diffusion and outreach efforts which will touch persons as varied in their occupations as primary school teachers, public health students, and multinational corporate executives;

Though Federal funding supplies only to to 15 percent of institutional commitment to international education, that 10 percent may support 60 percent of some vital components of program, that is, library resources.

Ninety percent institutional commitment, given pressing university budget strictures, indicative of institutional interest;

Given trend for more institutional aid and direct student aid, decrease in categorical NDEA fellowship support has discouraged application of low-income students from these expensive programs;

National needs served—Language and area specialists; generalists who can help create educated citizenry; professional and disciplinary experts with global insights; vehicles to obtain output of best world thinking on common concerns;

While universities provide faculty salaries and other expensive program components, Federal funds are particulary key to outreach and community components;

Title VI programs provide vital expertise for foreign policy initiatives, that is, détente, new resource and energy dependence;

International interdependencies require more, not less, transnational cooperation and research, more information, not less;

Administration commitment made in 1970 to support title VI until establishment of National Foundation for Higher Education; and

Fund for the improvement of postsecondary education is no substitute for a National Foundation for Higher Education, inadequately funded, and only minimal international orientation.

Dr. SKIDMORE. I am sure none of you need very much testimony about what this program has done in the past. I have only 3 minutes so I thought I might try to explain where we might go from here and what changes might be made if it were possible to raise the appropriation from $10 to $18 million, which is what is being requested by all of the area associations and colleges and university groups.

What we have really done in the last 17 years is build up a pool of expertise in foreign area studies. This committee and the chairman have been instrumental in making sure that has happened. It means we have been able to attract top quality students, not just because they are rich, which used to be the situation, but because we have fellowship money to allow them to go through this expensive program of training in foreign areas.

With that pool of expertise we have been able to develop a number of centers of graduate training and research around the country and the NDEA title VI program as requested would continue that. It

would mean, for example, I could look forward in my seminar at Wisconsin to having a foreign service officer or Army officer doing a year's training in the university along with returned Peace Corps volunteers or graduate students, giving a very important mix of opinions and experience I think. And if we didn't have the NDEA program we wouldn't have been able to develop the area study centers that provide that kind of service and opportunity for Federal Government officials.

I would also add we have just begun to develop programs at the college level and at community colleges, institutes of continuing education, and Dr. Cravens of Western Kentucky University will speak to that as well as President Smith of Essex County College.

I think I would conclude by emphasizing now we have an opportunity to tap this pool of expertise which has been built up. The people who have studied the ideological background of Chinese politics or economics of land reform in Venezuela. We have a large group of people like that and we need to keep on renewing that which the fellowship program would help us to do, but now we can help to share this knowledge on a wider level. In other words, to get it out to make a difference in schools and community institutions. I think that is what Dr. Cravens will be able to explain to you.

Thank you very much.

STATEMENT OF DR. RAYMOND L. CRAVENS

Dr. CRAVENS. I am Raymond Cravens from Western Kentucky University, Bowling Green, Ky. I want to assure the committee that institutions like our own are vitally interested in adequate funding of the international education budget.

As Dr. Skidmore reported to you, the proposed funding of the new undergraduate centers and programs would provide to our institutions and other colleges and universities an opportunity to participate in the center program we have previously been unable to participate in.

Also I would like to say that regional universities, such as the one I represent, realize it isn't a program to provide direct international educational experiences involving travel and study to more than a small fraction of students enrolled in our institutions. It is therefore through the strenghening of the dimensions of the undergraduate curriculum we feel the principal impact upon the intellectual development of the vast majority of college students must be accomplished.

In my statement I have outlined the type of project our institution presently has under the dimensions section of the present bill.

We are getting a lot of excitement on our campus. We are making an impact on hundreds of students by strengthening the content of undergraduate courses, not just history and social sciences but other courses where we are injecting an international component.

We are also interested in Kentucky in this bill because it would provide opportunities for consortia efforts such as the one of the Kentucky Committee on International Education, which I Chair, to present proposals for possible funding, thereby through cooperative efforts giving all of the institutions in our State an opportunity to share resources that we might be able to acquire through this means.

In conclusion I would like to say we feel this is a critical time, that perhaps there is no other more propitious time for emphasis on international education in our curriculums to be expanded.

Thank you very much.

[The statement follows:]

STATEMENT BY DR. RAYMOND L. CRAVENS

Many educators accept the theses that the level of international leadership available to the United States in the year 2000 is being determined by the curricular emphasis on international affairs in the colleges and universities of the 1970's. At a time when career and vocational education are in vogue at all levels of education including higher education, emphasis in the area of international education is likely to receive lower priority and less emphasis than the demands for future leadership in international affairs urgently dictate.

Regional universities such as the one I represent readily recognize that it is not practical to provide direct international education experiences involving travel and study to more than a small fraction of the students enrolled. It is, therefore, through the strengthening of the dimensions of the undergraduate curriculum that the impact upon the intellectual development of the vast majority of college students must be accomplished.

This international emphasis is often limited to courses in the social sciences, history, and the geosciences. But it need not be so. Many other disciplines can inject an emphasis on world awareness into their courses. Moreover, colleges and universities can sponsor lectureships, conferences, faculty seminars, and international student retreats as a means of furthering the international component of the total university experience.

In the case of Western Kentucky University, the funded project to strengthen international dimensions of undergraduate education which was begun in the middle of the 1973 fall semester is such an attempt to modify the undergraduate curriculum of a major regional university. Enthusiasm for this project on the Western campus has grown rapidly, and many participating faculty members have given voluntarily of their time without receiving any special compensation or load reduction in order to make this project a success.

Individual faculty participants have already made significant progress in the development of international components for experimental sections of various general education courses which they teach. New course syllabuses have been developed for experimental course sections which will incorporate the new international and intercultural components. After experience with these courses, further refinement will be made, and by the end of the initial period of the grant, the knowledge gained from these experimental courses will be ready for difussion to other faculty members and related courses. Thus, a broad impact upon the entire university is envisioned from the activities which have been stimulated and assisted as a result of the present grant funds.

A second area which is worthy of special note since it may possibly benefit from future funding under the international education budget is the activity of the Kentucky Committee on International Education. While this committee has been in existence scarcely 18 months, it has already moved the State institutions of higher education in Kentucky to new and significant levels of cooperation in the field of international education.

This committee was formed for the purpose of coordinating and promoting international education programs among public institutions of higher education in the State of Kentucky. In a spirit of cooperation, the committee has sought to promote joint efforts in international education programs while avoiding duplication of effort. Through its efforts, the committee has already been able to increase international education opportunities for Kentucky college students.

The Kentucky Committee on International Education is currently engaged in the drafting of a consortium agreement which it is hoped will be implemented during the fall of 1974. Growing out of this projected consortium could come proposals for funding for coordinated and cooperative international education efforts among all of the public institutions of higher education in the State. The future funding of projects on a statewide or regional basis through consortia of institutions should be specifically encouraged by the Congress.

There may well have been no time in the recent past nor may well be any more propitious time in the immediate future for the Congress to encourage institutions of higher education to emphasize international education as a means of insuring that our Nation's future leaders will be knowledgeable and dedicated internationalists.

Mr. FLOOD. Thank you.

Dr. Smith.

STATEMENT OF DR. J. HARRY SMITH

Dr. SMITH. I am J. Harry Smith, of Essex County College, Newark, N.J.

If I may, I would like to speak extraneously and include some part of my prepared text.

I think our most central concern is that we as a 2-year college do not want to be placed in an unnecessary role as regards a 4-year institution trying to seek redress from the same source. With the advent of 2-year colleges moving under the rubric of higher education, and with the failure of an extension or an expansion of the capabilities of NDEA title VI, it means that now we are going to diminish the impact that was previously there if we spread thin what we have had prior to this.

This being our concern and knowing that a sizable number of freshmen are now part of the 2-year structure as opposed to the 4-year structure, as well as sophomores, means we will either have to be left aside or some effort should be made to expand the capability of the present funding capacity for that purpose. I think I mentioned in part of my prepared text that perhaps the funding that is requested, the $18 million, might bring about some degree of resolution, though, by the same token it will not approach in totality the need that is out there and must be met.

If we think of a comparative perspective on human problems, I think it is quite critical especially to the less privileged of our Nation who have previously been living these problems daily but excluded from international exposure by virtue of the economic or social deprivation. I say this not in the context of black or white but thinking basically of people who have been locked in, and the problems of urban life are not unique to the United States and we have much to gain from the knowledge and experience of others.

I say this basically as head of an institution located in the heart of a city, Newark, N.J., that came off a rather devastating racial strife in 1967 that brought about 26 deaths and the significant show of racial polarization. I say we have to cut through this and perhaps that we can't find resolution within our own structure in our own construct that we find much being brought to us by people from distant lands, other communities, other cultures, and other heritages, that can help us raise the level of aspiration of our own by having them find a young person who is not familiar with the language and not familiar with the surroundings capable of maintaining the form they found difficult to grapple with.

All of this brings us to the points where Head Start and other programs have had a very good beginning for young people that we get away from giving counterfeit certificates to people in large urban centers indicating they are capable of fourth-grade performance, read-

ing on fifth- and sixth- and eighth-grade levels, and asking them to participate.

I say that international exposure has given us, an urban institution, great advantages as a consequence of people coming in, Spanish-speaking, African people, and given our students an opportunity to go out and view, and the best way to cut through much of the polarization you have within your large urban centers is by way of exposure.

[The statement follows:]

STATEMENT OF DR. J. HARRY SMITH ON THE IMPORTANCE OF FEDERAL SUPPORT FOR INTERNATIONAL EDUCATION

Gentlemen, I'll not focus on the good generated by the specifics of title VI. This has or will be attested to by others. Effort will be directed toward the institutional impact manifested by individual growth that is all too apparent yet not easily measurable. Urban provinciality is more formidable, least spoken to and by far most lethal. Psuedo sophistication permeates the institution called metropolis, most significantly within the ranks of the young who by their being, neglect, inability and beliefs begin to sense a need to compensate. Though artificiality is evidenced one can readily recognize that there is some basis in fact for the sense of need.

A comparative prespective on human problems is critical, especially to less privileged of our Nation previously living these problems daily but excluded from international exposure by virtue of economic and social deprivation. Problems of urban life are not unique to the United States and we have much to gain from the knowledge and experience of others. Essex County College, located in the heart of Newark, N.J., has profited immensely from the aforementioned interaction. Black and white students have been able to find reference in their peer group in the presence of a foreign student who embraces a serious mission and purpose and who with limitations of language and unfamiliar surroundings is able to perform well above the norm.

Essex is a 2-year college; therefore, we represent a problem, and a sizable one at that, when you take all 2-year institutions nationwide and place them under the umbrella of NDEA title VI. The analogy that immediately comes to mind is that of Minerva springing from the head of Jupiter fully grown and in a full suit of armor. If nothing is added, if there is no expansion to accommodate said addition, the capability is less. Two-year colleges are deserving of opportunity for participation; however, it should not be at the expense of a 4-year institution. Given the expanded purposes of NDEA title VI, expanded funding is critical or else one activity can only proceed at the expense of another, equally critical one. Expanded funding represents a return to the 1969 level and reopens competition so that the range of areas and institutions served is broadened overall, as well it should be.

To approach seriatum the growth of our institution, one which opened its doors for the first time in September of 1968, the summer after a very devastating racial conflict that caused 26 deaths and millions in damage and billions in lost revenue since then. The scars are today visible. Worse than the physical destruction is that damage shown on the citizenry and in particular the young. Diminishing returns is impacted for the young; they are given counterfeit diplomas at the time of graduation from high school. Much of our resources is used to engage in human repair to enhance the basic skills such as reading, writing, mathematics, and sciences. That which is taking place in our urban centers does little to address the impact of deprivation; moreover, by their insouciance, they inadvertently complement misfortune. The preponderance of blame is hard to place; however, it does appear that much must be attributed to the system. Being an open-door institution highlights for us the need for a more efficient system from Head Start to and through college. A natural extension of Head Start and Upward Bound which are designed to enrich development of youth and help these individuals to relate more effectively to a wider community and more global perspectives and values.

Détente and interdependence only serve to heighten the need for an internationally sophisticated citizenry, and community colleges are uniquely able to reach hitherto uninvolved constituencies whose own socioeconomic backgrounds have excluded them from more active participation in and awareness

of international events. The need is there, but what have we in the metropolitan area all too frequently? Sometimes both teacher and student are provincial, a provincialism not limited to those in a small town or rural area. Teacher and student have come to manifest a superficial understanding of the United States and the rest of the world. Their experiences are limited to a segment of a small geographical metropolitan area. This metropolitan area possesses all of the constructions attendant to urban living which of late has had an almost total closure on nighttime activity. The infusion of new people for a long or short period bring enormus dividends by way of comparison, and this infusion most frequently elevates the aspiration level of local inhabitants.

Bilingual education takes on a dimension somewhat adequately approached by NDEA title VI. This was most dramatically brought into focus a year ago when a young man, Jose Ortiz, president of the Puerto Rican Student Congress, was presiding at a session held for the president and dean of a Puerto Rican college. After opening remarks, everything was spoken in Spanish. Jose apologized to the gathering since he could not speak the language that is his by heritage. This indelible experience reverberated in my way through the institution and kindled desires from almost every quarter to possess the ability to speak a language other than English.

Permit me, in closing, to mention a project that had its origin with GT–70, a consortium of community colleges. Through excess currency funds—Public Law 480—of the Division of International Education, 12 institutions will send faculty to Poland to construct 8 modules for instructional purposes. They will center upon art, music, literature, and history. We're mindful of the fact that an addressing of international education cannot be myopic unless from the onset it is to be self-serving. Funding at the $18 million level does nothing more than get us out of the starting gate in fair position; it will not help us to make up lost ground nor will it touch those passed by prior to this occasion. The magnitude of the necessary effort far exceeds capability as embraced in our projected desired level of support of $18 million.

Mr. FLOOD. Thank you very much.

Mr. PATTEN. Mr. Chairman, I am having trouble with the new rule made that our foreign students can't go to work. We had 17,000 get some work last summer. The colleges would take care of it. They changed the rules so they have to go to the Federal Immigration Office to get permission to work this summer if they are students, say, from the Ivory Coast at your school. I didn't know whether you were feeling that. I am hearing about it from Rutgers and Princeton.

Dr. SMITH. We feel the crunch very bad.

Mr. PATTEN. I am asking them to put it off for a year, so if they are coming here, they will know what the rules are. Sometimes they are caught in the middle—they can't afford to go back, and they can't afford to stay here. Thank you.

Mr. FLOOD. Thank you very much.

TUESDAY, MAY 14, 1974.

FOREIGN LANGUAGE AND AREA STUDIES

WITNESS

HAROLD A. GOULD, ASSOCIATE DIRECTOR, CENTER FOR ASIAN STUDIES, UNIVERSITY OF ILLINOIS

Mr. FLOOD. Mr. Harold Gould, Center for Asian Studies, University of Illinois.

Mr. GOULD. My name is Harold A. Gould. I am director of the program in South, West and Inner West Asian Studies and associate director of the Center for Asian Studies at the University of Illinois at Urbana-Champaign. At the same time, I am chairman of the South Asia Regional Council which represents the interests of those mem-

bers of the Association for Asian Studies who specialize in that portion of Asia which embraces India, Bangladesh, Pakistan, Sri Lanka (Ceylon), Nepal, Afghanistan, Bhutan and Sikkim.

The purpose of my testimony before the Labor, Health, Education, and Welfare Subcommittee of the House Appropriations Committee is, as was the case last year (see hearings, 1974, pt. 8, pp. 676–78), to help persuade Congress to support an increase in the level of funding for NDEA title VI and a change in the phase II guidelines—for allocating such funds as are appropriated—that were implemented by the Office of Education in fiscal year 1973. The language and area studies community has, after much soul-searching and agonizing debate, been able to agree that $18 million is the sum currently required if it is to do its job effectively. Present administration budget requests of $10.3 million for title VI are woefully inadequate to facilitate the tasks of building and sutaining language and area studies programs around the country able to provide the kinds of understanding and expertise concerning the non-Western world which this country's extensive and constantly growing international responsibilities demand of its citizens. The guidelines currently used by the Office of Education resulted in funds being cut off to more than 50 area studies centers laboriously created over the past decade and a half with the help of NDEA title VI funding at the very time when their contributions to new thrusts in international education were desperately needed. Thirty-eight institutions of higher learning found themselves totally deprived of further Office of Education assistance to their language and area studies programs, for example. These institutions have total enrollments of nearly 600,000 students and are dispersed over 25 States.

What went wrong and what must be done to reverse the present, ruinous trends? Clearly there were misconceptions at the policymaking levels of the Office of Education concerning the full range of accomplishments and educational potentialities of language and area studies programs within the corpus of higher education. There were almost as many misconceptions on this score among several of the leaders in the profession who gave advice to the Office of Education at critical points in the reevaluation process which took place prior to the enunciation of the phase II guidelines. The essence of these misconceptions were the beliefs that language and area studies programs had as their main task everywhere the production of Ph. D.'s who would take their place in a national pool of experts on the non-Western world and that only those programs which could perform this single task on a massive scale deserved continued Federal support. A study commissioned by the Office of Education, known as the Lambert report, purported to provide empirical legitimation for these views. Like most such sociological studies, however, the data actually permit a wide range of conclusions to be drawn about the nature of the subject studied. It is as easy to employ Lambert's data to make a case for expanding the scope of the economic commitment to language and area studies as to make one for reducing and consolidating the Federal commitment.

Looking back to the origin of NDEA title VI, it is fair to say that it was a typical child of the post-Sputnik era. It did arise from fears that Soviet Russia had taken a quantum leap ahead of the United

States in virtually every phase of technology, including the technology of dealing with the underdeveloped world. To counter their capacity to gain heavy advantages in the war for the minds and hearts of the world's as yet uncommitted peoples, it was said we needed to arm ourselves intellectually just as firmly as we needed to arm ourseleves militarily. The way to do it was to subsidize the capacity of several American universities to train experts in the languages, cultures, economies, histories, et cetera, of the non-Western worlds where the great ideological battles would be joined—in Africa, the Middle East, South Asia, East Asia, and Latin America.

The decision to reduce the Federal commitment to NDEA title VI arose from a conclusion that this goal had been reached and that consolidation of the commitment to produce language and area experts could be safely undertaken. What was missed in this decision were two facts: (1) The world, and the nature of America's world involvements, had radically changed in the 15 years since NDEA title VI's inception, and (2) the role of language and area studies in the context of American higher education had taken on far wider dimensions in response to these changes in the world picture and America's relationship to the world.

Due to the country's disillusionment with massive military interventions in underdeveloped regions of the world in the aftermath of the Vietnam experience, and due to the success President Nixon and Secretary Kissinger have had in achieving relative détente with the world's major Communist powers, America's relationship to the world has begun a major shift toward emphasis on peaceful modes of contact and competition. There is no reason to believe that future administrations will be inclined to alter these trends. Rather the future seems to portend a long period in which the superpowers and the emerging new nations will root their relations in massive, complex patterns of international trade, in extensive programs of exchange of technical, scientific and cultural specialists and their ideas, and in programs of tourism designed to enable ordinary citizens to gain greater familiarity with their neighbors in a shrinking and ever more interrelated world.

Such a shift demands that programs dealing with the internationality of the world have got to be from now on more than a one-shot course in the peoples and cultures of the world at the local high school, junior college or State university. Americans have got to be trained to deal with the world in much more sophisticated terms than this from now on. They have got to have opportunities to know Asian, African or Latin American languages, histories, economies, and cultures well enough to conduct serious business with their businessmen and governments, to develop enduring, mature relationships with their citizens both when the latter are studying or transacting business here, and when more and more of us are studying or transacting business there. Business firms are more international than ever before and are destined to become even more so. The range of government personnel who must have knowledge of and linguistic capabilities in foreign cultures is greater than ever before and destined to become even more so. Ignorance of the outside world is the luxury this country can no longer afford rather than vice versa as was perhaps the case until a decade ago.

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The foundations for the type of programs capable of providing this kind of public and specialized education are already in place. They are the more than 100 language and area studies programs distributed on more than 60 campuses across the United States, created through a partnership between the Federal Government—under the rubric of NDEA title VI—State-supported and private higher education, and the great charitable foundations, over the past 15 years. Yet more than half of these have lost their Federal subsidies under the phase II guidelines and are now lying virtually dead in the water at the very moment when their capabilities and experience are precisely what must be tapped and built upon in order to integrate international education into the normal curriculum of higher education. Most of them will soon pass into oblivion unless the American Council on Education's recommendations for an increase in title VI funding to $18 million and a modification in the phase II guidelines—expanding the number and type of language and area studies programs supportable—are adopted by Congress and urged upon the Office of Education.

It is true that the phase I period in the development of language and area studies had exhausted its value. More than 100 centers had been established by the end of the sixties and these had taken on mixed characteristics—reflecting the regional and campus settings in which they found themselves—and manifested mixed quality. A process of reevaluation of functions and purposes was clearly in order by 1970. Some center operations had clearly not justified their existence in terms of educational results. Other programs had come into existence and had achieved excellent results and patently deserved to be let into the system as far as Federal subsidization was concerned. The emergent need for greater amounts and variety of international educational outreach activities had become everywhere apparent. The experience various programs had had in their efforts to meet and cope with these new outreach needs had to be studied, rationalized, and fed back into language and area studies as cost-effective educational policy.

Such a rethinking and reorientation of international education could have eventuated in a sound new package of recommendations to the Congress and the administration had the process of rethinking and reevaluation of NDEA title VI been begun several years earlier than it was and had it systematically developed input from the entire profession through conferences, meetings, and other input-governing devices. But neither of these things happened. The call for rethinking and reevaluation did not really go out to the profession until the present phase II guidelines had already been formulated and ordained somewhere in the recesses of the Federal bureaucracy. The field was presented with a fait accompli. Then efforts to save the situation had to be generated on a crisis basis, with most effort being expended on a frantic year-to-year attempt to save NDEA title VI in almost any form that could be managed.

If there has been an advantage to this crisis situation it has been that in the end it has compelled the language and area studies profession to debate its accomplishments and appropriate future role in American education. However painfully, it has come to a consensus about where language and area studies are today and what it requires by way of Federal and local support if it is to do the educational job

it must do over the next decades. The ACE recommendations implicitly recognize that America needs both language and area studies programs that emphasize advanced training leading to Ph. D.'s in internationally relevant competencies and others that—while they may also offer a certain amount of advanced training—emphasize more undergraduate and community outreach modes of training. The ACE recommendations recognize that not only must smaller colleges, community colleges, and even secondary educational institutions participate in educating Americans about the world in which they must live and in which they must increasingly participate—which, after all, phase II guidelines also recognize—but that organic linkages must be developed and sustained between the larger, more experienced, and better staffed area studies centers and these smaller institutions. A junior college or a 4-year-degree college in a little Midwestern town cannot be expected to develop and maintain a large faculty in Indian studies or Chinese studies, but it can hope to participate meaningfully in a language and area studies program of education if it can draw upon the resources and participate in the educational activities of a comprehensive program existing viably at a nearby State university.

The language and area studies profession has reached a stage of maturity about its goals and accomplishments which has earned for it the right to continued public support and the right to have its budgetary recommendations taken seriously. The $18 million figure represents a realistic reappraisal of the profession's needs and perceived purposes. The $18 million figure is a statement that the profession believes it can do a far more comprehensive and challenging educational job for less money than it thought it could a few years ago when the Federal component of its budget was last at $18 million—because $18 million requested at today's prices is an implicit statement that language and area studies believes it can do a better and bigger job at less cost to the taxpayers.

There is one final point. At the April 5 hearing of the HLEW Subcommittee, Representative Obey expressed dismay over the failure of the American educational system to educate, and the apparent failure of the Office of Education's programs to rectify this condition. Language and area studies is one of the most modestly priced educational programs funded by the Federal Government. It has had its failings, to be sure, and everyone has been quick to point them out. But it has responded admirably to changing educational needs in American society also. It has responded to the realization that American youth are woefully uninformed about the world they live in and tragically unprepared to speak the languages and command the facts needed to achieve respectful, enlightened, and practically useful interactions with the people of the world. It has responded to the realization that business and Government require much more sophisticated international skills if they are to compete successfully for markets and political influence. It has generated, in its efforts to do this job, many educational dollars from local institutional sources and the private foundations for every dollar it has received from the Federal Government. Most of the language and area studies programs which lost their contracts under the phase II Office of Education guidelines had been receiving less than $50,000 per year. Yet with this modest, but crucial, sum they had been able to persuade their host institutions

to assemble faculties and supportive resources worth several hundred thousand dollars per year. The University of Illinois' annual contribution to Asian studies alone has been on the order of $2 million compared to between $50,000 to $70,000 of help received from the Office of Education until it lost its contract this fiscal year under the new dispensation. Illinois and similar institutions have been negatively rewarded for the tremendous commitment they made to language and area studies over the past decade and a half. And at the very moment when all these efforts were destined to pay big dividends in educational outreach, the changed OE support guidelines, coupled with budgetary crises in universities emanating from many sources, have arrested the further growth and perfection of international education.

Mr. Obey decries the boredom and unimaginativeness of much that passes for teaching in American education. Language and area studies programs consciously address themselves to these problems every day and have moved heaven and Earth to innovate ways to make the subject matter of international education vital and simultaneously interesting to students. Enrollments have remained high in most non-Western language and area courses at those universities and colleges where the basic challenge has been undergraduate teaching and adult education—because gifted teaching and imaginatively structured courses are the two most important answers to student boredom and indifference. These are not easily attained goals. Often the assumption is made that the mere expenditure of large quantities of money provides the desired end. It usually does not. NDEA VI programs have been vehicles through which faculty members could be yanked out of their conventional, departmentalized academic molds and induced to bring a variety of disciplines and pedagogical techniques to bear on the problem of imbuing students with real linguistic facility in Chinese or Japanese, a genuine feel for the religious values of Hinduism, and a profound appreciation of what it means to have to make do on an income of $300 a year in a North Indian village.

These accomplishments are as important to an understanding of the meaning of language and area studies as are statistics on the number of Ph. D.'s that have been produced. Yet for some reason it has been the latter figure that has been used as the yardstick of both the successes and failures of NDEA VI. This seems especially idle now when it is obvious that the job of international education demands programs capable of graduate and undergraduate training, adult education, special educational offerings to the business and professional communities, and elaborate linkages with small and community colleges. Restoration of a broader mandate to language and area studies, and sufficient funds to carry out that mandate, as the American Council on Education recommends on behalf of this profession, must become the national directive emanating from Congress at this time.

Thank you.

Mr. Flood. Thank you very much.

TUESDAY, MAY 14, 1974.

NATIONAL INSTITUTE OF EDUCATION

WITNESSES

ROBERT G. SCANLON, EXECUTIVE DIRECTOR, RESEARCH FOR BETTER SCHOOLS, INC.
RICHARD A. ROSSMILLER, DIRECTOR, WISCONSIN RESEARCH & DEVELOPMENT CENTER FOR COGNITIVE LEARNING

Mr. FLOOD. Now we have two groups appearing together. Research for Better Schools, Inc., Mr. Robert G. Scallon, executive director, also Wisconsin Research & Development Center for Cognitive Learning, Richard A. Rossmiller, director.

STATEMENT OF ROBERT G. SCANLON

Mr. SCANLON. My name is Bob Scanlon. I represent Research for Better Schools, Inc., in Philadelphia. I would like to introduce Mr. Rossmiller. He and I will try to share our 10 minutes and conserve time. In fact we have three messages, I suspect, today.

The first is that we would urge your continuation and continued support for the research and development by approving the $130 million that NIE has requested in their budget; and, secondly, we would like to ask the committee to consider the dollar items that have been appropriated or that the administration has requested; that is, there is one particular items that deals with dissemination in that budget we do not believe is high enough.

The National Institute has requested some $12 million for dissemination activities. We think that ought to be in the neighborhood of $30 million for dissemination activities, and that is the Institute ought to spend some of its time and resources on preparing schools and State departments and local districts for using the kind of products that are being developed in institutional research outfits such as my own.

Therefore, we would suggest that a much higher level than $30 million be established for dissemination activity and the remaining $100 million be spent on continuation of research and development activities NIE has begun.

Consequently, we propose a dissemination-utilization line item be funded over and above NIE's current contractual obligations. The House-Senate conferees, when they created NIE, intended "that dissemination activities be a separate line item in the Institute's budget in order to protect against future encroachment of educational R. & D. funds." Although generally we do not support line item appropriations, the urgency of delivering our products into the classroom demands a dissemination capacity backed by firm financial commitment.

In essence our budget suggests they have about $84 million worth of contractual obligations they ought to honor and continue to honor. They need $10 or $12 million to maintain their own staff and any funds above that should be earmarked for dissemination activities to be used through State departments and local school districts themselves.

My colleague, Mr. Rossmiller, will speak to some possible ways in which those funds could be used.

[Mr. Scanlon's statement follows:]

A Statement in Behalf of the National Institute of Education

(Presented by Robert G. Scanlon)

Mr. Chairman, distinguished members of the House Appropriations Committee, I am speaking to you today as Director of an educational laboratory. I am also chairman of the Council for Educational Development and Research.

INTRODUCTION

Research for Better Schools, Inc., of Philadelphia is one of 20 regional educational laboratories and university-based centers conducting large-scale-programmatic research and development in the field of education. Strong Federal support for the laboratories and centers has made it possible for us to build an effective research and development system and to put it to use in improving the quality of education offered in American schools. We urge you to continue your support for educational research and development by approving the request of the National Institute of Education for $130 million in fiscal year 1975.

It is our conviction that this figure should be much higher. However, based on the funding history of NIE, we endorse it as requested. We also wish to express our belief that $30 million be spent for dissemination/utilization activities.

FEDERAL ROLE IN EDUCATION

The Federal Government first emerged as a strong supporter of educational research and development two decades ago. The Cooperative Research Act passed by the 83d Congress in 1954 authorized the use of public funds for a series of educational research, demonstration, and survey grants. In 1964, a network of university-based research and development centers was established to conduct programmatic research into the problems of American education. Then, in the following year, the Elementary and Secondary Education Act of 1965 vastly enlarged the Federal role in education. ESEA's enabling legislation grew out of a recognized need to coordinate educational research and development and to bridge the gap between research and practice. Title IV of ESEA authorized the U.S. Office of Education to establish a nationwide program of research and development centers and regional laboratories with the primary purpose of speeding up the flow of R. & D. applications to the schools.

Further evaluation of the national R. & D. effort led to bold new legislation 2 years ago. The Education Amendments of 1972 created the National Institute of Education, a separate agency within the Department of Health, Education, and Welfare. NIE was given the primary responsibility of carrying out the Federal Government's role in providing "leadership in the conduct and support of scientific inquiry into the educational process." Among NIE's assignments were: (1) to help solve or alleviate the problems of and to achieve the objectives of American education; (2) to advance the practice of education, as an art, science, and profession; (3) to strengthen the scientific and technological foundations of education; and (4) to build an affective educational research and development system. The research and development centers and regional educational laboratories were transferred to NIE to help accomplish these goals.

A national focus on the problems of education is needed to avoid unnecessary duplication, to make the most of scarce resources, and to spread the results of educational R. & D. to potential users. Public frustration over the low productivity of our schools is at an alltime high. We are faced with a climbing dropout rate, poor attendance, and low academic achievement. These symptoms can be directly traced to a much larger problem—the lack of appropriate and adequate instruction. In addition to finding new and better methods for teaching our children basic skills such as the three R's, we must also find new ways to teach them to cope with the social pressures exerted by modern society.

INSTITUTIONAL RESEARCH AND DEVELOPMENT

When the laboratories and centers were established, their specific charge was to—

1. Conduct educational research;
2. Provide facilities and equipment for research;
3. Carry out the training of individuals for leadership in such activities;
4. Translate the findings of research into feasible educational practice and programs; and

5. Assist in the implementation of productive change by disseminating innovative programs and practices into the classroom.

The laboratories and centers have put effort into remedying some of today's educational ills, and those who had the foresight to acknowledge the value of working toward a long-term payoff have succeeded. Step by step, they carried out needs assessments, analyzed objectives, developed alternatives, installed and tested their products, evaluated them, and finally, refined them for widespread dissemination. Others, who were not able to come to grips with the painstaking reality that educational R. & D. demands a cohesive process, fell by the wayside and eventually closed. When the laboratories and centers were transferred to the NIE, only 20 of the original 30 were still in operation.

Those of us who remain have covered a range of problems and, at the same time, limited our efforts to what can reasonably be done. We firmly believe that the products coming out of the laboratories and centers are more effective in teaching children than the majority of classroom programs in use today. For example, research for better schools and the R. & D. center at the University of Pittsburgh have made individualized instruction an actuality instead of merely an empty slogan. When the IPI (individually prescribed instruction) mathematics program was first itroduced in six regional demonstration schools in 1966, it attracted nationwide attention to the theme of individualization.

Today, the program has spread to schools in 45 States. Additional programs of individualized instruction have been developed in the areas of science, spelling, and reading. Improved teacher education programs developed by the laboratory in San Francisco are being used steadily in enlarging numbers of preservice and continuing education programs. The laboratory in Austin, Tex., has developed a bilingual early childhood program specifically geared to the needs of Mexican Americans. Other important contributions in early childhood education are being made by the educational laboratories in St. Louis and in Charleston, W. Va. In addition, an esthetic education program giving elementary school students esthetic experiences as part of their general education, has reached 165,000 students in 38 States.

One of the better known products in the area of educational organization and administration is the multiunit school designed by the R. & D. center in Wisconsin. Schools numbering 1,700 in Wisconsin and elsewhere have adopted this form of organization. Combined, the laboratories and centers have published and distributed, by themselves or through commercial publishers, over 200 products for actual classroom use. The rate at which new products, now in various stages of development, complete the R. & D. cycle is expected to accelerate even more rapidly as past experiences are put to use.

CONTINUED FINANCIAL COMMITMENT

Mr. Chairman, there is no reason why schools cannot provide the edcuation our students need. But improved education demands a continuing building effort.

In its budget request, NIE proposes to support five priority areas: (1) Providing of essential skills to all citizens; (2) improving productivity in the education system; (3) understanding and improving the relationship of education and work; (4) developing a problem-solving capability in education systems at the State and local level; and (5) understanding and developing means of accommodating the diverse educational needs and preferences of various groups and individual children.

Although we realize that these areas are crucial to the improvement of our schools, one of our major concerns is that the effectiveness of educational R. & D. may be endangered by investing scarce resources in too wide a range of activities. The laboratories and centers, along with several other programs transferred to NIE from other HEW agencies, have contractual arrangements totaling $84,600,000. We believe that NIE has a legal and moral obligation to honor these contracts and to continue the promising work already in progress, up to and through widespread dissemination, before it begins new program initiatives which have delayed or uncertain returns.

Previous educational expenditures in research and development are already showing a healthy return, but research and development of an innovation does not lead to automatic adoption. The potential user must be made aware of its availability. Then he must be able to see the innovation in operation so that he can make a sound professional judgment about the innovation's potential effectiveness in his own school or district. As much systematic effort is required to disseminate an innovation to schools, as the innovation required in its initial development.

The National Institute of Education has budgeted $12,850,000 for dissemination in fiscal year 1975. We believe that a much higher level, that of $30 million, should be established for dissemination activities. The remaining $100 million should be spent on continuing research and development activities. Consequently, we propose that a dissemination/utilization line item be funded over and above NIE's current contractual obligations.

The House-Senate conferees, when they created NIE, intended "that dissemination activities be a separate line item in the institute budget in order to protest against future encroachment of educational R. & D. funds." Although generally we do not support line item appropriations, the urgency of delivering our products into the classroom demands a dissemination capacity backed by firm financial commitment.

With these dissemination/utilization funds, NIE would conduct a program with State departments of education to: (1) Identify validated research and development products that the States choose to sponsor for full implementation; (2) conduct large-scale demonstrations of the effectiveness of these products; (3) sponsor training for teachers and administrators who choose to use the products; and (4) provide implementation support to schools that adopt validated innovations. No less than 20 percent of this effort should be spent through State education agencies in the support of implementation in large city schools. In addition, NIE would contract with one or more contractors to provide technical assistance and cost-benefit evaluation to the total effort.

Furthermore, in cooperation with State departments of education, representatives from large-city school districts, teachers' associations, school board members, and school administrators, NIE would conduct a large-scale search to identify and validate school practices that demonstrably lead to improved learning on the part of students. Reports of the findings can be prepared and widely disseminated. Also, conferences can be held, through funding to State education agencies, to disseminate the results of this search. Then, selected innovations will be prepared for widespread use in other locations.

Although we fully realize that a lot of money will not insure good education, we firmly believe that good education cannot evolve without financial commitment. Should that commitment not be forthcoming, much of the present promise of educational research and development will not be fulfilled. Eventually, we would like to see a dollar-for-dollar appropriation for research and development on one hand, and for dissemination/utilization on the other. Only after the products of educational R. & D. have become part of a school system rather than mere trial innovations, can we say that we have met our responsibilities of creating an improved system of education for the children of this country.

Statement of Richard A. Rossmiller

Mr. Rossmiller. Mr. Chairman, I would submit my statement for the record.

[The statement follows:]

Statement by Richard A. Rossmiller, Director, Research and Development Center for Cognitive Learning

Bibliographical sketch

Witness: Richard A. Rossmiller.

Position: Director, Research and Development Center for Cognitive Learning.

Experience

1950–52, 1954–57: Teacher and Superintendent, Racine County (Wisconsin) Agricultural School.

1957–60: Project Assistant and Instructor, University of Wisconsin.

1960–61: Principal, Evanston (Illinois) Township High School.

1961–62: Superintendent, Muskego (Wisconsin) Consolidated Schools.

1962–: Professor of Educational Administration, University of Wisconsin-Madison.

1973–: Director, Research and Development Center for Cognitive Learning, University of Wisconsin-Madison.

Related

Director or principal investigator for research or training projects; fact finder, Wisconsin Employment Relations Commission; visiting professor, University of Florida, 1968–69; finance specialist, National Educational Finance project; consultant, the President's Commission on School Finance; advisor, Governor's task force on educational financing and property tax relief.

Education

1950: B.S. (Agriculture and Education) University of Wisconsin-Madison.
1958: M.S. (Educational Administration) University of Wisconsin-Madison.
1960: Ph. D. (Educational Administration) University of Wisconsin.

Publications

"Dimensions of Educational Need," Gainesville, Fla., National Educational Finance Report, 1969.

"The Law and Public School Operation," New York: Harper and Row, 1969. Author or coauthor of over 50 other books, monographs and articles.

Mr. Chairman and distinguished members of the committee, I am happy to appear here today with Dr. Scanlon. While I am testifying today as director of the University of Wisconsin's Research and Development Center for Cognitive Learning, my statements also reflect my years of experience as a teacher, principal and superintendent as well as my experiences as a member of the board of trustees of the council for educational development and research (CEDaR). In considering the question of Federal appropriations for NIE, it is difficult to separate the general concerns of all R. & D. centers. In each instance the decision to support the continuation and strengthening of NIE comes down to two major considerations: (1) is programmatic, institutional research and development in education necessary and worthwhile and (2) is it the responsibility of NIE and, in turn of R. & D. centers and laboratories, to assure that the results of educational R. & D. are effectively applied to educational practice? I believe that the answer to both questions is an emphatic "yes!"

The first question really reflects two separate, but related, issues: the merit of programmatic educational research and development and the functions of institutional R. & D. as represented by the centers and laboratories. As you know, the perceived need for carrying out a systematic R. & D. program in education provided the impetus for the creation of NIE. In fact, the mandate issued to NIE by the Congress in 1972 stated that a major purpose of NIE is "building an effective educational research and development system." The benefits of systematic R. and D. in education are not so different from those in other fields.

If R. & D. effort is coordinated by a central agency such as NIE, resources can be applied to accomplish long-range objectives in areas of defined needs. Careful analysis of problems, definition of goals, and formulation of strategies to attain goals allow us to attack major educational problems on a systematic, rather than a piecemeal, basis. The notion of research and development implies that discovery of knowledge is not pursued as an end in itself, but as a step to solving practical problems. While unsolicited efforts of independent, creative researchers are essential for advancing the art and science of education, investigations of this type simply cannot fill the same needs as a systematic program of research and development. A good analogy can be found in the space industry. Certainly the results of research conducted by independent researchers made valuable contributions to solving problems associated with putting a man on the moon, but it was a planned systematic R. & D. effort that got him there.

Given the need for NIE to identify needs and to systematically apply resources to fill those needs, who will carry out the necessary research and development activities? Some activities can best be carried out by individual researchers, or teams of researchers, at colleges and universities and some by State education agencies and local school districts. However, I submit that not only programmatic, but institutional R. & D. is necessary if pressing problems in education are to be solved. The R. & D. centers and laboratories have unique capabilities which equip them to most effectively carry out particular portions of R. & D. activity. I will briefly touch on three aspects of these capabilities.

First, these institutions have organized interdisciplinary teams of specialists with complementary competencies—researchers, developers, evaluators, statisticians, media experts teacher trainers—who work together to accomplish specific objectives in a setting which rewards both productivity and quality control. Per-

sons in those institutions have during the past 10 years, learned a good deal about how research and development should be carried out to effect significant change in education. Thus, the R. & D. centers and laboratories represent a critical mass of people who are, in effect, resident experts on the R. & D. process.

Second, each of these institutions has concentrated its efforts on a defined area of education such as early childhood, bilingual, or higher education; or on a particular process such as teacher training or individualization of instruction. For example, the R. & D. Center at the University of Oregon focuses on "the organizational and administrative implications of instructional change." The Wisconsin R. & D. Center has to direct its efforts toward developing a complete system for individualizing instruction. By focusing activities around discretely-defined objectives or a set of objectives, duplication of effort among institutions can be reduced. Also, the energies of trained R. & D. personnel can be systematically directed toward accomplishing long-range missions or goals.

This brings me to perhaps the most crucial contribution of institutional R. & D.—the capacity to conduct long-term programmatic efforts, to bring research and development functions together to create processes and products which result in improved educational practice. Qualitative, long-lasting effects are achieved over time through systematically analyzing needs, defining objectives, developing procedures and materials to meet these objectives, testing them in real life situations to determine effectiveness, and continuing the evaluation and refinement until desired effects are achieved. In this regard, educational R. & D. is not so different from R. & D. in other fields—instant solutions are seldom obtainable and short-term measures are stop-gap at best (cancer research, or development of an alternative to the internal combustion engine, are only two of a host of possible examples). The R. & D. centers and laboratories, along with a few nonprofit educational corporations, are the only institutions in our society which have the commitment and expertise necessary to systematically assess and recycle educational processes and materials until intended effects are attained.

The fact that during the last 3 years there has been a marked increase in completed products available from R. & D. centers and laboratories attests both to their capacity to develop such products and to the length of time required. To demonstrate how R. & D. functions in an institutional setting, I will present a brief history of the development of the multiunit elementary school, a new pattern for school organization devised at the Wisconsin R. & D. Center. Although similar examples could be cited from other centers and labs, I chose the multiunit school because I am familiar with it and because it is one of the few educational R. & D. products which has received Federal support for dissemination and implementation.

The first year the Wisconsin R. & D. Center was functioning—1964–65—a group of Center staff members met with representatives of 13 Wisconsin school districts and the Wisconsin Department of Public Instruction to discuss how research could be carried out in schools in order to improve instruction and to generate new knowledge about how children learn. From this initial interchange between educational researchers and practitioners came what is today known as the multiunit school—an organization which facilitates the process of individualizing instruction for children and increases staff participation in making decisions about the school's programs.

In a multiunit school, children are not segregated into separate classrooms on the basis of age or grade. Instead, a mutliunit school might consist of four units, each with 90–120 children, one lead teacher and three or four other teachers. Pupils within a unit usually have a 3-year age span. The unit staff members cooperatively plan, implement, and evaluate an individualized instructional program based on assessed needs of each pupil in the unit. Instruction within units most often is carried out with small groups of children who have similar needs. Groups are reformed every 2–3 weeks as children's needs change. Learning activities include one-to-one, peer, and large-group instruction as well as independent activity. Teachers share in decisions about instruction in their units; in addition, lead teachers from each unit meet with the principal on a weekly basis to plan the instructional program for the entire building.

What evidence do we have that multiunit schools improve learning for children? Let me cite just a few examples. A recent study comparing 13 multiunit schools with 12 traditionally organized schools revealed that children in multiunit schools displayed more positive attitudes toward fellow students, their school and their instruction. Another study showed that teachers in multiunit schools expressed higher satisfaction with regard to their achievement of per-

sonal goals, their relationship with colleagues and their professional accomplishment than did teachers in conventional schools. A third study revealed that scores on the Iowa Tests of Basic Skills were higher from pupils in multiunit schools than from pupils enrolled in the same schools before the multiunit organization was adopted. In another study, Metropolitan Achievement Test scores on second and sixth graders favored multiunit school pupils over nonmultiunit school pupils on every subscale except sixth grade spelling; the differences ranged from one to 11 percentile points.

Switching from a traditionally organized school to a multiunit school involves complex changes in the roles and responsibilities of teachers and principals. Yet, in the 1973–74 school year more than 1,700 elementary schools in 37 states are organized according to the multiunit plan. How did this complete plan for school change grow out of those initial discussions in 1964 and how has widespread use been effected?

Roles and functions of school staff began to be defined during 1965 and in the second semester of 1965–66, the first 13 units were started in four Wisconsin school districts. Center staff members closely monitored activities in these units to determine if objectives were being met. Problems were identified and plans were revised accordingly. In 1966–67, the number of functioning units was increased to 19, and again monitoring and revisions occurred. In 1967–68 seven elementary schools were, for the first time, completely organized into units and the term multiunit school was coined. Monitoring and refinement continued. In the summer of 1968 a handbook and a series of videotapes were developed for training the staff of a school which wished to change to the multiunit organization. The Wisconsin Department of Public Instruction selected the multiunit school for statewide demonstration in 1968–69, and, in cooperation with the R. & D. Center and four teacher education institutions, started eight new multiunit schools, bringing the total to 15. By 1969–70, that number jumped to 50, and in the following year 99 Wisconsin schools and 65 in eight other States were organized as multiunit schools. During this year the Kettering Foundation's Institute for Development of Educational Activities became involved and developed materials to help implement new schools.

A significant forward thrust came when the Department of Health, Education, and Welfare selected the multiunit school for nationwide installation in the 1971–72 school year and funded the Wisconsin R. & D. Center to begin the effort. The availability of these funds enabled the Center to establish working relationships with State education agencies, teacher education institutions, and several large school districts in 13 States. The idea was to train State or district coordinators who would, in turn, train school personnel in multiunit practices. Funds were also used to develop additional inservice materials for use with teachers, principals and parents. USOE funding was continued through 1972–73 and in the summer of 1973, NIE awarded a small contract to the Center to support a limited 3 year implemenatation effort and a project funded by the Sears Foundation also provides some support. As a result, there were 500 multiunit schools in 1971–72, more than 1,000 in 1972–73 and about 1,700 today. Most of these schools are concentrated in the 14 States where a network which includes State education agencies, teacher education institutions, and local school districts is operating to install, maintain, and refine multiunit school practices. Research and development to incorporate new knowledge gained through experience continues.

As the example shows, the road from research to development to installation in schools is a long one. Our experience with the multiunit school demonstrates the long-range commitment that is necessary for testing processes and materials with potential users until desired effects are attained. I could have just as easily used Wisconsin's reading or math programs, or programs from other R. & D. centers and laboratories to illustrate this point. The one thing that differentiates the multiunit school from most other R. & D. products, however, is the Federal support received for implementation. It is my opinion, and that of my colleagues at other centers and laboratories, that it does not make economic sense to spend millions of Federal dollars on research and development and then fail to allocate funds to assure that the results of those R. & D. efforts are effectively applied to educational practice. We have a situation analogous to that which would have existed had the original developers of hybrid seed corn merely thrown the seed out of the laboratory window and hoped that it would grow.

I believe that systematic, institutional R. & D. in education is essential for improving educational practice. Such efforts require long-range, coordinated

planning; therefore, I support the continuation and strengthening of the National Institute of Education. The R. & D. centers and laboratories which have survived the shakeout of the past 10 years represent virtually the only institutions in this Nation that are capable of effectively conducting long-term programmatic educational R. & D. efforts. They represent a significant national resource which must not be allowed to wither and die. Consequently, I strongly support an appropriation of at least $100 million in order to sustain research and development efforts. I further urge that steps be taken to insure that new project efforts from which tomorrow's improved products and processes will come are begun only after the ongoing projects have been adequately funded.

Furthermore, I firmly believe that if NIE is to fully carry out its legislative mandate to promote the reform and renewal of American education it must take steps to assure that all members of the education community have equal access to R. & D. products. Therefore, I support a line item of $30 million in the NIE budget that is earmarked for dissemination and implementation. It is not enough to use those funds simply to train individual users of specific products. Instead, a delivery and support system that links R. & D. institutions with State education agencies, teacher education institutions and local school districts must be built to foster continuing innovation and self-renewal in education. The State networks established to install multiunit schools have proven effective for distributing a variety of individualized instructional materials developed not only at the Wisconsin R. & D. Center, but at other R. & D. centers and laboratories as well. I am confident that such a network can be built nationwide, not only to make R. & D. products available to potential users, but to provide continuing assistance in solving problems as they arise. Such a network would provide valuable feedback to NIE and other decisionmakers and would continue to make R. & D. institutions responsive to the real needs of the educational community. Only in this way can NIE meet the mandate given it by the Congress in 1972.

Mr. ROSSMILLER. I would like to call your attention to the portion of the testimony that deals with the experience of my center in making available an innovative as we call the multiunit school, which is an alternative way for organizing elementary schools that will make it easier for teachers, that will actually individualize instructional programs for children, and also increase the participation in decisionmaking about educational programs on the part of parents, children, teachers, the community as well as principals.

First I would like to point out the time involved in an innovation of this type. We started working at this in 1964–65 immediately after the establishment of the Wisconsin R. & D. Center. It wasn't until 1970 that we had reached the point where we felt that this innovation was sufficiently developed for broad scale use in schools. It is one of the few innovations that has had a large amount of Federal support for implementation activities.

In 1971–72, the Office of Education provided funds to the Center to work with States, with teacher education institutions, and with local school districts in 10 States to make available to them the multiunit school.

As a result of this effort, we have now 1,700 elementary schools in this country that are operating as multiunit schools. The number was 500 in 1971–72, it increased to about 1,000 in 1972–73, and is 1,700 today out of approximately 80,000 elementary schools in the Nation.

This has been a program that schools have elected to enter, but the implementation support has made it possible to enable them to get help and support to implement this process the way it was designed to be used.

We find that school districts that are very wealthy and school districts that have large amounts of title I money have been able to purchase the implementation service from the Center, and we make this available at cost. However, we find that the great middle range of

schools have a very difficult time coming up with money for this type of activity. Their budgets are very tight. And we have found that by working with State education agencies and with teacher education institutions and with local school districts we have been able to establish a delivery network which works not only for the multiunit school but for a number of other products that have been developed by my center, by the Center that Dr. Scanlon represents and by other R. & D. centers.

To summarize, then, I think this case study I have detailed in my written testimony indicates the length of time that is involved in many educational innovations from the time the idea is conceived until it is developed and ready for wide scale use. It also indicates the importance of helping those local agencies who wish to use new products and new processes to adopt and practice them in the way they were intended for use.

Mr. PATTEN. Mr. Chairman, do you think we ought to tell the gentleman $25 million has been cut out of the supplemental appropriations for NIE?

Mr. ROSSMILLER. I am aware of that.

Mr. FLOOD. Thank you very much.

Mr. OBEY. Mr. Chairman, if I could interrupt, I apologize for coming in late. I was at another hearing where I was testifying on a bill of my own.

I did want to say for the record that I know of Mr. Rossmiller's operation at the university. He is doing very imaginative work, and I am very appreciative of the fact he is there and I am happy to have him testify before this committee.

TUESDAY, MAY 14, 1974.

STATE POSTSECONDARY EDUCATED COMMISSIONS

WITNESS

DR. JOHN E. TIRRELL, VICE PRESIDENT, GOVERNMENTAL AFFAIRS, AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES

Mr. FLOOD. The American Association of Community and Junior Colleges, Dr. John E. Tirrell, vice president, Governmental Affairs, on 1202 Commissions and Planning for Community Colleges.

Dr. TIRRELL. Mr. Chairman and members of the committee. My name is John Tirrell, vice president of Governmental affairs of the American Association of Community and Junior Colleges.

When we asked for time before your committee we were the only group requesting the funding of 1202 Commissions, although we were a partner in the American Council of Education statement presented this morning by President Martha Peterson of Barnard College..

While we have a statement for the record I can be very brief.

Yesterday Chairman Perkins requested funding of the 1202 Commissions and this morning your distinguished colleague, John Dellenback, made a similar request.

I would only say that since 47 States have indicated to the Commissioner of Education they are designating 1202 Commissions, funding seem imperative, at least at a $3 million level.

I believe that Mr. Dellenback suggested good reasons for $4 or $5 million and Dr. Dungan from New Jersey suggested possibly as high as $10 million.

But beyond the desired planing for postsecondary education elaborated in our statement, as you know the 1202 Commissions are needed for the funding of title X, both parts A and B. We are requesting a $15.7 million appropriation to start title X A and $200 million for part B, occupational education.

We have directed to you, Mr. Chairman, and each member of the committee some detailed information in this regard, so I would like to close, and on behalf of the 3 million students in our 1,000 institutions to thank you for your consideration.

[The statement follows:]

STATEMENT BY DR. JOHN E. TIRRELL

Mr. Chairman and members of the subcommittee: My name is Jack Tirrell, vice president for governmental affairs of the American Association of Community and Junior Colleges. I want to thank you for giving me the opportunity to make a brief statement on behalf of our almost 3 million students in 1,000 institutions.

I say brief for Chairman Perkins of the House Education and Labor Committee yesterday and president Martha Peterson this morning for the American Council on Education, which includes AACJC, covered most of our concerns detailed on the attached pages. However, there is one area that I would like to provide some additional comment.

Section 1202 of the Higher Education Act, as amended in 1972, calls for the States to establish or designate State postsecondary education commissions, "broadly and equitably" representative of postsecondary education and the general public, which will undertake statewide planning for postsecondary education. Such commissions must be in place in order for a State to participate in programs authorized by title X of that act, and requires statewide planning activities to have been carried out by the "1202" commissions before Federal support can be given for the programs authorized under title X.

As Chairman Perkins has done, AACJC urges your committee to appropriate $3.3 million in fiscal 1975 to support the planning activities of these State postsecondary education commissions. As the committee knows, implementation of section 1202, as well as of title X, has been delayed, and was not recommended by the administration in the January budget message. Just a short while ago, however, the Office of Education did make $1 million available for the State postsecondary education commissions, and invited State Governors to establish or designate such commissions, meeting the requirements of the law but without benefit of Federal guidelines. I believe that 47 States have informed the Commissioner that they intend to accept this invitation. I think this is an indication of widespread interest in statewide planning for postsecondary education; surely, such a small amount of funding could not of itself be an incentive for the Governors' actions. The administration has requested no fiscal 1975 funds for these commissions; we believe an appropriation of $3.3 million would give the States material help in starting thorough and comprehensive planning for postsecondary education.

There are two reasons for our support for funding for the 1202 commissions. First, from our point of view, we strongly favor the funding of title X, part A at $15.7 million and part B at $200 million, to support community colleges and postsecondary occupational education. As arguments in favor of title X are included in the American Council on Education's testimony. I will not repeat it here. However, title X cannot be implemented unless the State has had adequate planning done by a 1202 commission.

A second, broader, and much more important reason is that State planning for postsecondary education is very much needed. In order to realize equal access to postsecondary education for all Americans, a goal which I believe we all share, at least in theory, many planning activities are necessary. The States must take stock of the students, actual and potential, who seek or would seek

postsecondary education, the kinds of programs which these students need, the kinds of institutions needed to offer these programs, and the geographic locations of these institutions, so that the potential students can have not only theoretical but actual access to the programs they wish to pursue. Planning activities to gather this information will reveal gaps in services—areas or population groups which are not served, programs which are not available; they will also reveal instances where there is unnecessary and costly duplication of services, places where institutions could well be encouraged to specialize in some programs while refraining from duplicating programs available in nearby institutions. Through such planning postsecondary educational costs can be minimized while the opportunities are actually being increased.

Thank you for your attention to these remarks. I would be happy to answer any questions you may have.

American Association of Community and Junior Colleges

APRIL 15, 1974

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AACJC PRIORITIES FOR APPROPRIATIONS - FISCAL 1975

Five of Highest Priority

STATE POSTSECONDARY EDUCATION (1202) COMMISSIONS

Title X of the Education Amendments of 1972 requires that states desiring to participate in Title X support must set up "broadly and equitably representatives" postsecondary education commissions to plan for community colleges development and postsecondary occupational education programming. Funds were recently made available to permit the states to get started with the establishment or designation of "1202" commissions, and funds are needed in fiscal 1975 to carry on with this task.

We recommend:
(1) 3.3 MILLION FOR STATE POSTSECONDARY EDUCATION (1202) COMMISSIONS.

TITLE X: COMMUNITY COLLEGES AND POSTSECONDARY OCCUPATIONAL EDUCATION

Authorized by the Education Amendments of 1972 but not funded to date, Title X is designed to contribute to equal access to postsecondary education and to enrich the variety and quality of educational options for the postsecondary student.

We recommend:
(2) $15.7 MILLION FOR PART A, COMMUNITY COLLEGES, AND
(3) $200 MILLION FOR PART B, OCCUPATIONAL EDUCATION.

Funds under Part A, community colleges, will assist the states in assessing their needs for community colleges in order to provide free-access colleges conveniently located to serve all areas in the state, with a variety of program options including occupational programs as well as the first two years of the baccalaureate degree. Title X Part A funds will then help the states establish new colleges where they are needed, expand existing colleges and improve program offerings in all colleges. As a complement to this, Part B of Title X will provide funds for the improvement of postsecondary occupational education programs.

Our society is increasingly demanding well-trained, technologically competent workers whose skills are of a high level and yet flexible enough to adapt to techniques and processes possibly yet undreamed of. This is becoming fully as important a responsibility of postsecondary education as liberal arts education or

professional-level training. Occupational programs are generally more costly than general education programs, and Part B funds will provide needed support to the development of high-quality programs.

COST OF EDUCATION - TITLE IV - SUBPART 5

The Education Amendments of 1972 authorized cost of education allowances to institutions, based 45% on the number of BEOG students, 45% on the dollars in the three college programs (NDSL. SEOG. & CWS) and 10% for graduate students.

This program has not yet been funded, and funding is not requested by the Administration.

We recommend:

(4) $200 MILLION FOR TITLE IV - SUBPART 5, TO MAKE THIS VERY IMPORTANT PROGRAM A REALITY.

Student aid programs are designed to equalize opportunity in education-to bring more students to the campus, and of a different kind. In many cases these new students will have special educational needs which must be served if their educational experience is to be a meaningful one. The cost of education allowances are needed to enable the institutions to offer effective educational opportunity.

EDUCATION PROFESSIONS DEVELOPMENT - EPDA - PART E

Part E of the Education Professions Development Act assists in the training of current teachers, counselors, and administrators who serve in higher education. This program has been a vital part of the thrust for equal access in higher education, since the programs have been geared toward persons who will serve "new" students -- minorities and disadvantaged, and the institutions which serve them in large proportions, including black colleges and community colleges. It is important to bear in mind that EPDA-E Institutes and Short Term Training Programs are primarily directed toward existing teachers and personnel, are not designed to prepare new teachers, and are thus not contributing to an oversupply of teachers. Rather, they attempt to improve the effectiveness of existing personnel, and in that sense help to give substance to the concept of equal postsecondary education opportunity.

We recommend:

(5) $5.8 MILLION OF INSTITUTES AND SHORT TERM TRAINING PROGRAMS OF PART E OF EPDA.

AACJC PRIORITIES FOR FY '75 APPROPRIATIONS - NEXT FIVE OF HIGH PRIORITY

STUDENT AID

The Administration's budget request for Basic Educational Opportunity Grants (BEOG) is $1.3 billion. At the same time, the Administration would withdraw all fundings from Supplemental Education Opportunity SEOG and would hold the College Work Study Program (CWS) at $250 million. The administrative arrangements for the BEOG program have not yet matured to the point where the system works smoothly and is able to reach all students potentially eligible for the program. Further, BEOG can give only half the needed aid; the other half must come from other sources. It is too early to tell whether the enormous difficulties encountered in administering first year of BEOG will have been solved during the second year's experience with the program. On the other hand, the college-based programs, SEOG, NDSL, and CWS, are old and tested, and experience has shown that they overwhelmingly reach the students for whom they were designed. Additionally, the law which established the BEOG program, the Education Amendments of 1972, required a "floor" of fundings for the college-based programs before the BEOGs could be funded. This law is still in effect.

Thus, we recommend:

(1) $650 MILLION FOR BASIC EDUCATIONAL OPPORTUNITY GRANTS (BEOG)
(2) $230 MILLION FOR SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (SEOG)
(3) $400 MILLION FOR NATIONAL DIRECT STUDENT LOANS (NDSL)
(4) $420 MILLION FOR COLLEGE WORK-STUDY (CWS).

At $650 million, it would be possible to add third-year students to the BEOG program, giving a logical progression as program administration develops into a smoothly operated, efficient system.

VETERANS COST OF INSTRUCTION

We recommend:

(5) $100 MILLION FOR THIS PROGRAM.

This level of funding is necessary to help draw the large numbers of discharged Vietnam-era veterans into postsecondary education. Vietnam veterans have not been utilizing their education benefits to a satisfactory degree, partly because of the fact that Vietnam-era draftees disproportionately were drawn from the lower socioeconomic quartiles of American society. As a result these veterans need the kinds of help that the VCOI program can give, in attracting them to college through recruitment and orientation activities, and giving the academic and personal guidance they need to find their way in college and complete a program. The lack of substantive concern this nation has shown to our current veterans have been drawing a considerable amount of attention of late; The Veterans Cost of Instruction program, together with increases in education benefits, can help demonstrate a solid concern.

TUESDAY, MAY 14, 1974.

EDUCATION PROFESSIONS DEVELOPMENT

WITNESS

JOSEPH YOUNG, EXECUTIVE DIRECTOR, NATIONAL ADVISORY COUNCIL ON EDUCATION PROFESSIONS DEVELOPMENT

Mr. FLOOD. Now we have the National Advisory Council on Education Professions Development. Mr. Joseph Young is the Executive Director.

Mr. YOUNG. The National Advisory Council on Education Professions Development was established by Congress (Public Law 90–35) to review and evaluate the Education Professions Development Act and all other programs of the Federal Government having to do with the training and development of educational personnel. The Council is further charged to make recommendations with respect to changes in legislation affecting these activities.

The Council is composed of 15 members with its head Dr. Larry Black, who is president of the Flat Head Valley Community College in Kalispell, Mont. I would like to enter in the record the members of the committee afterward.

The Council has asked me to set forth certain recommendations of the Council with respect to appropriations for the Education Professions Development Act in fiscal year 1975. These recommendations are based on a review of the proposed fiscal year 1975 budget for the EPDA; a review of the existing and past activities carried out under the EPDA; and a consideration of the need for current Federal action to bring about improvements in the quality of training of educational personnel in elementary and secondary schools and in institutions of higher education.

Recommendations of this Council with reference to appropriations for the EPDA follow:

(1) The Council supports provisions of the President's budget with respect to EPDA: $37.5 million for the Teacher Corps and $8.1 million for completing activities that have been carried out under the career opportunities program and the urban rural program over the last several years.

(2) The Council urges that, in addition, the Congress appropriate funds for other parts of the EPDA, as follows:

(a) For part F, $11.9 million. Part F authorizes programs to provide training for leadership personnel in vocational education.

(b) For part E, $10 million. Part E authorizes programs to provide training for personnel in higher education, with particular emphasis on personnel in the community and junior colleges. Support for both fellowship and institute programs should be provided.

(c) For parts C and D, a substantial amount to continue support of training of other categories of personnel authorized in the EPDA.

With reference to recommendations (a) and (b) above, I should note that this Council has submitted in-depth reports to the President and Congress outlining the nature and extent of the need for training of the categories of personnel covered by parts E and F of the EPDA. In 1972 the Council submitted a report entitled "People for the People's Col-

lege" which identified the special character of the community college and the special kind of training needed for staff of these colleges if they are to provide the quality of education needed by the students enrolled in these colleges.

I might mention in this connection, as I understand it, as of a couple of years ago over 50 percent of the initial enrollment of institutions of higher education were institutions of that character, the community and junior colleges, which is a sort of startling fact.

In 1973 the Council provided evidence for the need for leadership training for personnel in the field of vocational education in a report entitled "Vocational Education: Staff Development Priorities for the 1970's."

In recommendation (c) above, the Council has taken cognizance of the crucial role that must be played by leadership personnel in the elementary and secondary schools. Here we include principals, team leaders, department heads in the high school, and others who are in a special position to translate the goals of improvement and reform into a reality. There is an increasing realization that unless the personnel in these critical positions are able to operate at a higher level of effectiveness, the Federal investment in equal opportunity, higher levels of achievement in reading, and a higher quality of education for all groups of students will be jeopardized. It is therefore crucial that opportunities for training be available so that a new level of effectiveness may be attained by those particular persons in these positions in leadership.

It should be emphasized that the recommendations outlined above are directed at improving the quality of training available to educational personnel now staffing the schools. Hence, it is intended that the focus be on in-service training.

The Council hopes these observations and recommendations may be helpful to your Committee as it considers appropriations for the Education Professions Development Act for fiscal year 1975.

I would like to make one other comment, Mr. Chairman, and members of the committee. That is to make reference to a brief report of a group called, "The Commission on Public School Personnel Policies in the State of Ohio" which was in existence for a couple of years. This was underwritten by various small foundations. Their culminating report was about four pages, which seems packed with more common sense than I have seen in reports of this kind, including ones that I have had authoriship for and responsibility for.

The direction of their report in this connection is in connection with intellectual leadership needed in the elementary and secondary schools.

I would like to read a couple of paragraphs to make something more real in connection with what I am talking about, leadership. Selectively I will read several paragraphs from this Commission, which incidentally is a very interesting group in that they are not people who are teachers from the unions or school boards or anything, but they are people who are members of various boards of trustees of institutions of higher education and school boards who went about the task of looking at what the personnel policies should be for the State of Ohio.

Mr. FLOOD. Suppose you just read one paragraph.

Mr. YOUNG. All right.

As we went about our work, we were frequently reminded of the influence that home and background have on students' ability to learn and were urged not to judge the schools too harshly. We recognize the limits and actions of schools to educate students, but we believe schools should be judged on the basis of what they do with whom they receive.

All of our work strengthens the conviction that the most important element in the success of schools is the professional competence and performance of teachers.

They go on to say in a culminating paragraph—mind you, the chairman of this is the president of a large corporation—

Cost must be controlled, but the overriding consideration in spending money for school leadership should be the realization that it is spent essentially to enlarge the return on the 65 percent of school dollars that are now spent on teachers' salaries and benefits.

This was a point that was made in one of the reports of this Council several years ago about the overall national situation where there is something like $60 million expenses, of which $29 million is spent for teachers' salaries in the elementary and secondary schools and higher education.

So the recommendations of this Council are to give a special mission to the Education Professions Development Act in the coming years directed at pilot efforts and improvements in the quality of the training in the schools and colleges for personnel that will be staffing the schools and colleges.

Mr. FLOOD. Thank you very much.

Mr. YOUNG. Thank you.

TUESDAY, MAY 14, 1974.

NATIONAL ADVISORY COUNCIL ON VOCATIONAL EDUCATION

WITNESSES

DAVID VAN ALSTYNE, JR., MEMBER
CALVIN DELLEFIELD, EXECUTIVE DIRECTOR

Mr. FLOOD. Now the National Advisory Council on Vocational Education, David Van Alstyne, Jr.

Mr. VAN ALSTYNE. Mr. Chairman, my friend, Congressman Patten.

Mr. DELLEFIELD. I am the executive director of the National Advisory Council on Vocational Education. You will certainly remember Mr. David Van Alstyne. He appeared before you for the last 3 years representing our national council. He is chairman of our appropriations committee and, as you know, he was formerly chairman of the appropriations committee for the New Jersey Senate and was a senator there for many years. Of course, he is president of the Van Alstyne, Noel & Co., investment bankers, of New York City.

As you know, the national council is made up of lay people, nonvocational educators, primarily people like Mr. Van Alstyne, who have an objective, unbiased point of view who serve the executive branch and the Congress as advisers and are here to express their opinions to you.

Mr. FLOOD. Yes.

Mr. VAN ALSTYNE. Mr. Chairman, and members of the committee, I have my report there for you to read. I will not read it.

[The statement follows:]

TESTIMONY BY DAVID VAN ALSTYNE, JR., NATIONAL ADVISORY COUNCIL ON VOCATIONAL EDUCATION

Mr. Chairman and members of the subcommittee: I am David Van Alstyne, Jr., chairman of the budget committee of the National Advisory Council on Vocational Education, and senior partner of Van Alstyne, Noel & Co., investment bankers, of New York City.

I hope to make my statement today as short and concise as possible. I am not here to represent any vested vocational education interest, but to express to you the views of a group of dedicated lay citizens from all walks of life, which is authorized by Congress to conduct independent evaluations of vocational education programs, and the administration of those programs. Most of our work is done in cooperation with the allied State advisory councils on vocational education, appointed by the Governors of each State. The members of these councils are also lay people broadly representative of their communities. Our common concern is in the development of quality vocational education programs of sufficient scope to meet the needs of our Nation's young people and the communities in which they live.

The purpose of the Vocational Education Amendments of 1968 is to provide Federal grants to assist them in providing programs "so that persons of all ages in all communities of the State . . . will have ready access to vocational training or retraining which is of high quality . . ." The law was intended to encourage the increased investment of State and local dollars in this field. The success of the 1968 amendments has been impressive. Yet vast unmet needs remain. The youth unemployment rate is triple the general rate. Vocational education courses in schools across the country have long waiting lists of students anxious to learn skills but unable to get in. The law requires that State and local sources match the Federal contribution at least 1 to 1. In fact, the ratio today is closer to 5 to 1. Despite this fact, and despite the undeniably impressive leadership in Congress in support of vocational education, we are not near to fulfilling the purposes of the act.

The Council is pleased that the administration's budget of $550 million for vocational education represents an increase over its requests of prior years, when the budget request had remained relatively static. However, the administration request for fiscal year 1975 is only a very slight increase over the figure actually appropriated by Congress for 1974, and is actually less than what Congress approved and the President vetoed for fiscal year 1973.

Vocational education has felt a dampening influence from operating for 2 years under a continuing resolution at a constant rate. This was happening at the same time that interest in, and demands for, vocational education were rapidly increasing.

Two years ago, before this committee, I urged that you appropriate the amount certified by the U.S. Office of Education as needed to fund the State plans for vocational education. That was $743,197,000. That is the amount which was required 2 years ago.

In the meantime, the demands for vocational education have increased throughout the country as the highly touted career education concept gains greater acceptance. I would like to stress the point that career education and vocational education are not synonymous. Career education is a concept and vocational education is a program. The former simply increases the awareness of and the demand for the latter.

In that matter, the Council welcomes and supports the administration's request for a separate $10 million appropriation for career education research and planning. Vocational education, already sorely strapped, cannot continue to support the bulk of career education funding, as it has done in the past.

The National and State advisory councils on vocational education have spent nearly a year in evaluating the impact of the Vocational Eduction Amendments of 1968. This ws done in preparation of the oversight hearings on vocational education currently being conducted by the House Education and Labor Committee. The State councils were asked to estimate by what date they might actually be able to meet the needs of "all persons in all communities of the State," to satisfy the purpose of the law. Some said as early as 1980, but the vast majority estimated that at the present rate, needs could not be met until 1990 or beyond. One Sate which developed a detailed model based on the present level of funding, population growth and percentage of the population needing vocational education estimated the target could not be met until the year 2165. The consensus was that if the intent of the law is to be met in a reasonable time, funding must be expanded and accelerated.

I wish to include for the record a copy of this report, "The Impact of the Vocational Education Amendments of 1968."

In assessing the impact of the 1968 amendments, we cannot avoid looking at the levels of Federal funding, which have always been only about half of the amounts authorized by the act. The successes of the programs, and they have been impressive, are in spite of the low level of funding.

Next year, Congress will write new and hopefully improved vocational education legislation. In the meanwhile, we must continue the thrust of the current programs through more adequate funding. They are good programs, and will serve as the basis for any changes and refinements to be considered in new legislation. Whether the new legislation embodies the concept of consolidation or adds even new categorical grants, the success of vocational education programs in meeting the stated purposes of the act will be tied directly to the level of funding provided.

I urge the committee to appropriate $743 million for vocational education programs, which was the amount needed 2 years ago. Even that is not based on current needs, but it would help renew the vitality of vocational education programs and help shorten the lines outside our vocational classes.

Another area I would like to cover is funding for part F of the Education Professions Development Act. The administration has requested no funds for EPDA in fiscal year 1975 on the grounds that there is a glut of general education teachers on the market. They state in testimony that there are areas of special needs where professional development programs are needed, but that these areas can be funded under other statutes. The council believes that vocational education is one of those areas of special needs. There is a continuing need for professional development of vocational administrators, teachers, and guidance counselors, and that need is not addressed by the present Vocational Education Act. The draft proposals by the U.S. Office of Education for new vocational education legislation transfers part F of EPDA to the Vocational Education Act. This is recognition of the needs of vocational education in this area of teacher training. However, even if this proposal for transferring EPDA functions to the Vocational Education Act is approved, it will not be accomplished for at least another year. In the meantime, this important component of the vocational education program would lapse if Congress did not provide fiscal year 1975 funds under the authority of the Education Professions Development Act. We urge the committee to continue funding the program, and suggest that it might be useful to consider the possibility of directing that EPDA funds be used primarily to meet those areas of special needs, such as vocational education and career education.

We urge that sufficient funds be appropriated to provide each State advisory council on vocational education with the authorized minimum operating budget of $50,000. Thirty States and territories now receive less than the $50,000 minimum. Congress last year increased the line item appropriation for State advisory councils from $2.69 to $3.2 million. This was not a sufficient increase to bring the smaller States up to the $50,000 minimum, according to the formula used by the Office of Education to distribute the funds. The approach of the Office of Education in distribution of funds under section 104(c) of the Vocational Education Act has been first to calculate the amount of funds needed to assure each State advisory council 1 percent of the State's allotment under section 103, as required by statute, subject to the statutory proviso that such amount for each State shall neither exceed $150,000 nor be less than $50,000, and then to make proportionate reduction of such sums to come within appropriations, which have not been large enough to fully meet the statutory requirements. The State of Arkansas brought suit earlier this year in Federal court to challenge the USOE distribution formula, contending that the statute requires that each State receive at least $50,000. The court upheld the U.S. Office of Education stating that the problem lies not with the formula employed, but with the fact that appropriations have not been sufficient to allow compliance with the statutory provisions. We therefore recommend that the committee either (1) provide a line item appropriation for State advisory councils equal to 1 percent of the total amount appropriated for part B grants to States, or (2) include language directing that a different formula be utilized which would provide a flat minimum of $50,000 for each State advisory council, and then provide sufficient funds to assure that no State would suffer a reduction from its previous year's funds.

Once again, we request an increase in operating funds for the National Advisory Council on Vocational Education, from $330,000 to $396,000. The National Advisory Council is now in its sixth year of operation, and has received a constant

annual appropriation of $330,000. During this period, Council responsibilities and activities have increased, but there has never been an increase in its operating budget. The requested increase of $66,000 for fiscal year 1975 would allow the Council a little greater leeway in planning its operations for the coming year, and would somewhat ease the inflationary pressures which have been felt over the past couple of years.

With respect to the National Advisory Council, I would like to inform the members of the committee of a proposal by the U.S. Office of Education which could substantially alter the status of the Advisory Council. Based on a GAO decision dealing with limitations on pay, the USOE proposal would make all Advisory Council staff Federal employees filling appropriated slots. We do not know, at this point, exactly how this would be accomplished, whether we would fill USOE slots, or if there would be specific slots allocated to the Advisory Council. Whatever the outcome of these decisions may be, we are concerned that they could seriously affect the independence and autonomy of the Advisory Council. The Council was established to be an independent evaluator of vocational and occupational education programs, and of the administration of those programs. We see a clear threat to that purpose, and to congressional intent, by placing Council employees in Federal slots which are subject to manipulation by officials who might object to the Council's evaluations and findings. We have no quarrel whatsoever with any provisions designed for the purpose of complying with Federal pay guidelines and limitations. In fact, the Council is already subject to such provisions under the Federal Advisory Committee Act, and welcomes an audit of its books at any time to show its compliance. We are concerned, however, that the current USOE proposal, as outlined in the attached letter from Commissioner Ottina, goes far beyond this purpose. It is this concern that we wish to make known to the committee. Also attached is the GAO decision, and a letter to Commissioner Ottina from Chairman Perkins of the House Education and Labor Committee on the subject of congressional intent. It is my understanding that the ranking minority member of that committee, Congressman Quie, has relayed to Mr. Ottina his full support of Chairman Perkins' position.

COMPTROLLER GENERAL OF THE UNITED STATES,
Washington, D.C., January 31, 1974.

B–179188

The Honorable The SECRETARY OF HEALTH, EDUCATION, AND WELFARE.

DEAR MR. SECRETARY: Reference is made to a letter dated July 12, 1973, from the Assistant Secretary for Administration and Management, Department of Health, Education, and Welfare, requesting our decision as to whether under the requirements of the Federal Advisory Committee Act, 5 U.S.C. app. 1, section 1 et seq., the salary of the Executive Director of the National Advisory Council on Vocational Education must be reduced.

It appears that the Council hired its present Executive Director under the provisions of section 104(a)(4) of the Vocational Education Amendments of 1968, Public Law 90-576, October 16, 1968, 82 Stat. 1064, 1067, 20 U.S.C. 1244 (a)(4) which authorize the Council to engage such technical assistance as may be required without regard to the civil service laws. When the present Executive Director was hired, the Council apparently negotiated with him the salary he was to receive. The Council apparently does not consider the Executive Director to be eligible for civil service retirement or other Federal employee benefits and presently he receives an annual salary of $36,000 plus payments toward retirement amounting to $6,833 per year. Thus, the total compensation of the Executive Director amounts to $42,888 per year.

Since the payments to the Executive Director exceed $36,000 per year—the compensation authorized for employees in grade GS–18—the Assistant Secretary for Administration and Management has questioned whether section 7(d)(1)(A) of the Federal Advisory Committee Act, 5 U.S.C. app. 1, 7(d)(1)(A) (supp. II), which provides that no member of any advisory committee or its staff shall receive compensation at a rate in excess of that specified for GS–18 of the General Schedule under 5 U.S.C. 5332 is applicable to the Executive Director's position. If that restriction is applicable the Assistant Secretary requests our decision as to the effect of its application on the Executive Director's compensation.

Before considering the effect of the Federal Advisory Committee Act on the compensation of the Executive Director we must examine the basic authorities

for appointment in the civil service and the provision under which he was appointed. Unless otherwise expected, the provisions of the Classification Act of 1949, 63 Stat. 954, as amended, now codified generally in chapters 51 and 53, title 5, United States Code, apply to all civilian positions and employees in or under an agency. See 5 U.S.C. 5102 and 5331. In this regard 5 U.S.C. 5102(a) defines "employee" as an individual employed in or under an agency and the definition of an "agency" under this section includes an executive agency which is defined in 5 U.S.C. 105 to include "an executive department, a Government corporation and an independent establishment."

Accordingly, it appears that personnel employed by the Council are civilian employees in or under an agency and are subject to the provisions of chapter 51 and subchapter III (General Schedule pay rates) of chapter 53 of title 5, United States Code, unless otherwise excepted.

Section 1244(a)(4) of title 20, United States Code, authorizes the Council to engage technical assistance as follows:

"The Council is authorized without regard to the civil service laws, to engage technical assistance as may be required to carry out its functions * * *."

Our Office has held that the civil service laws and regulations, having to do with appointments, and the provisions of the Classification Acts of 1923 and 1949, having to do with the fixing of salary rates, are separate and distinct statutes with entirely different scopes and purposes. 17 Comp. Gen. 578 (1938) and 31 Comp. Gen. 314 (1952). Although those provisions and the Classification Act were incorporated in the codification of title 5, United States Code, we do not believe that the wording of the 1968 act may be viewed as being broader in scope than was previously the case by virtue of that codification. Since 20 U.S.C. 1244(a)(4) only authorizes the Council to engage technical assistance without regard to civil service laws and does not specifically exempt any personnel so appointed from the provisions of the Classification Act or the provisions of title 5, United States Code, dealing with compensation, it appears that the Executive Director employed by the Council is subject to the salary fixing provisions of subchapter III of chapter 53 of title 5, United States Code.

Since it appears that the Executive Director of the Council is subject to the provisions of chapter 51 and subchapter III of chapter 51 of title 5, United States Code, and the maximum salary payable under these provisions is $36,000, it is not necessary to consider the applicability of section 7(d)(1)(A) of the Federal Advisory Committee Act to the Executive Director's position at this time. However, 5 U.S.C. 5103 vests in the Civil Service Commission the jurisdiction to determine finally the applicability of the classification provisions to specific positions and employees. We therefore suggest that an authoritative ruling be obtained from the Commission on this matter as well as on the question whether he is subject to the civil service retirement provisions.

After the proper rate of pay for the Executive Director has been established and the amount of the Director's indebtedness has been determined, such indebtedness may be considered for waiver in accordance with 5 U.S.C. 5584 and subchapter G of chapter I of title 4, Code of Federal Regulations.

Sincerely yours,

ROBERT F. KELLER,
Deputy Comptroller General of the United States.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF EDUCATION,
Washington, D.C., April 23, 1974.

HON. JAMES A. RHODES,
Chairman, National Advisory Council on Vocational Education,
Columbus, Ohio

DEAR GOVERNOR RHODES: This will confirm our conversation in which I advised you of actions which the Department must take regarding the staffing of Presidential advisory councils.

As I stated, the Department received a decision from the Comptroller General dealing with the applicability of Federal pay limitations to the compensation of staff employed by advisory councils. The decision raised issues relating to the basic employment status of advisory council staffs by questioning whether council employees should be regarded as civilian employees of the Department. As a result of this decision and subsequent meetings and discussions between repre-

sentatives of our Office of General Counsel and personnel staffs as well as the Office of General Counsel of the Civil Service Commission and the General Accounting Office, it was determined that the statutory authority which permits advisory councils to hire staff has been misinterpreted. We are advised that this authority permits appointments without regard to laws governing competitive selection, but does not exclude the personnel from the Federal appointment process, laws governing position classification and pay, or employee benefits.

Accordingly it will be necessary for the Office of Education to take action to appoint council staff as Federal employees. This will require that the position of each employee be classified and the employee appointed at the rate appropriate for the position and the employee's total service. In the event pay adjustments are necessary they will be handled on an individual basis and, if necessary, waiver of past overpayments will be sought from the General Accounting Office. Staff will be appointed and positions classified on the basis of the duties which are now being assigned and performed. At a later date, a position and manpower review will be scheduled.

In the meantime, you should take immediate action to insure that the total compensation of any employee does not exceed $36,000. Where salary and benefits exceed this amount, adjustment in either salary or benefit payments must be made. This should be accomplished as quickly as administratively feasible, but no later than the end of your current pay cycle. I would appreciate it if you would quickly designate an individual who will be available to work with OE staff on accomplishing the necessary personnel and administrative actions. You may inform Ms. Ann Bailey, acting committee management officer, of this designation. Her telephone number is 245–7960.

I realize the anxiety and workload this action will cause the Council and members of the staff. Let me assure you that all of us in the Office of Education will do everything in our power to see that the transition is accomplished with the minimum of disruption. I know we can count on your cooperation in carrying out our responsibilities.

Sincerely,

JOHN OTTINA,
U.S. Commissioner of Education.

APRIL 24, 1974.

Hon. JOHN OTTINA,
U.S. Commissioner of Education, Department of Health, Education, and Welfare, Washington, D.C.

DEAR COMMISSIONER OTTINA: I have just learned that the Office of Education is moving to make the positions of all executive directors of statutorily required education advisory councils civil service positions.

The immediate effect of this move, as I understand it, is that the employment of such directors will be brought within the salary limitations of the civil service. With this I have no quarrel.

I have very serious concerns, however, as to whether this action will jeopardize the independence of advisory councils generally. By making executive directors civil servants, it seems to me their allegiance will be primarily to the Office of Education and not to the statutorily established advisory councils.

These advisory councils were set up as independent evaluators of Federal education programs, and I believe that they cannot perform that function unless their staffs have a high degree of autonomy. Any action which would bring them within the bureaucratic framework of the Office of Education would, in my judgment, clearly be in conflict with congressional intent.

I would very much like to have your comments on this matter. Particularly, I should like to know what steps, if any, you plan to take to continue their independence.

Sincerely,

CARL D. PERKINS,
Chairman.

Mr. VAN ALSTYNE. I will very briefly look you in the eye and tell you of the few points in my statement.

I would like to take a minute to review where the vocational program started from and where it is today. In 1968, Congress passed a very remarkable series of amendments to the original bill of 1972. That started an impetus in vocational education which has been quite

remarkable. In 1968, there were 7½ million people in the vocational program of all the States. That year Congress appropriated $262 million. The States appropriated $930 million.

The original amendment specified that the States would have to put up at least $1 for every dollar that the Federal Government put up. That particular year they put up about $3.50 for every dollar that the Federal Government put up. Four years later, it's interesting to note, the number of people in the vocational program of the entire United States went from 7½ million to 10 million. That was from 1968 to 1972. That figure is now up over 11 million. It's a program that seems to be going up at the rate of 500,000 to 700,000 a year. There is such a demand.

In the year 1972, the Federal Government increased its appropriation from $262 million to $464 million, but the States increased the amount of money they put up from $930 million to $2.180 billion. So that the ratio has now become not 1 to 1 but $1 for the Federal Government for each $5 that the States put up.

At the time when I first appeared before you, sir, the amount of money that was recomended by the administration was someplace around $460 million and the amount of money that was desperately needed to fund the whole of this program, not to match what the States were putting up but to give it impetus, was $743 million. That is what I asked you for at that time. You haven't given me what I have asked for, but you have been generous. In the years that have gone by, you have increased the amount of money that has been appropriated.

What I am saying now is this: I had a very interesting afternoon with the Commissioner of Education about 2 months ago. I pointed out to him,

> You know, I can't understand to save my neck, will you tell me why, when the applications for students to get into institutions of higher learning is definitely on the decrease and has been steadily on the decrease, that you appropriate constantly more money for higher education? And when there is this fantastic demand for vocational education, the amount of money you increase it by is negligible. I don't understand it.

I got no answer.

What I am saying is this: I don't know of any program more useful. I have discussed this with many people and I have nothing to gain for myself, I am just down here as private, stupid citizen No. 1. I think the most dynamic, most fulfilling program that this country has is vocational education. Just think of what it means when these millions and millions of young people go into a vocational school and come out with the training to get a job right away, instead of being on the town.

I plead with you, I plead with you to give us another—let's see, the administration in this bill has recommended $550 million. This year it is estimated the States are going to spend just under $3 billion. I think it's absolutely incredible that for this great country of ours, for this wonderful program that has proved itself over the years as being so productive and so useful, we can't contribute at least $200 million more to come even. If we come up from $550 million to, say, $750 million as against what the States are going to produce, we will be about 1 : 4.

It looks as if, from the estimate, that in the year 1974 there will be around 12 million people in the vocational programs of this country. I don't know of any program that the country has that is doing more good.

I would like to mention one thing. The amount of money that has been appropriated for the National Advisory Council from the beginning has been $330,000. We have been constantly asked to do more and more work. We have been asked by the Office of Education; we have been asked by the chairman of the Education Committee, Mr. Perkins; we have been asked by the State advisory councils. There are 50 State advisory councils and 6 territorial advisory councils who are constantly coming to us for help and assistance. We really should have more money on the line items. We are not asking for a tremendous amount. We are suggesting that the item be increased from $330,000 to $396,000.

The next point I would like to make is that, in the law of 1968, it is set forth that the Advisory Councils of each of the smaller States would get less than $50,000 and the big States never more than $150,000. But the appropriations have been such that the smaller States don't get anywhere near $50,000. They do so much good, and it is so much needed that I would plead with you to also have a line item that the State advisory councils could get the amount of money that was set forth in the bill of 1968.

Just one other point. That is, we are somewhat concerned because we have been informed by the Office of Education that our staff will be put under civil service and therefore it would tend to make us subservient to the Office of Education. That is not what the bill of 1968 intended. Congress specifically put in the bill that the National Advisory Council would be a completely free and independent agency and that its staff would be completely free and independent.

We fear that it is vitally important for the success of this Council that we can be free and independent and express our opinion without any bias or without there being any rule from anybody. I would like to call that to your attention, sir, that maybe that might be put in the bill.

In closing, with all the heart I can put into it, I know of no program that I think is more vital, that does more good, that creates more jobs, than the vocational program of this country. I plead with you for another $200 million. I have finished.

Mr. FLOOD. Thank you very much.

Mr. VAN ALSTYNE. No questions?

Mr. FLOOD. No. You know the old expression in the theater, "When the curtain goes down, don't ever spoil an act."

Mr. PATTEN. Mr. Chairman, when Dave was chairman of the Appropriations Committee, he used to sit there with a big pair of scissors in the Statehouse. I can well remember that.

Mr. FLOOD. Appropriations people often do.

Thank you, Mr. Van Alstyne.

Mr. VAN ALSTYNE. Thank you, Mr. Chairman.

TUESDAY, MAY 14, 1974.

PUBLIC BROADCASTING

WITNESS

MATTHEW B. COFFEY, PRESIDENT, ASSOCIATION OF PUBLIC RADIO STATIONS

Mr. FLOOD. Now we have the Association of Public Radio Stations. Mr. Matthew Coffey, president.

Mr. COFFEY. Thank you, Mr. Chairman, and members of the committee.

Mr. Chairman and members of the committee, on behalf of the Nation's public radio stations, I want to thank you for the opportunity to appear here today to comment on two portions of the HEW-Labor appropriations bill.

1. The appropriation for the Corporation for Public Broadcasting.
2. The appropriation for the educational broadcasting facilities programs of the Department of Health, Education, and Welfare.

The public radio stations appreciate the strong support this committee and you, Mr. Chairman, has given the Corporation for Public Broadcasting.

The corporation has been central to the development of the public radio system thus far. It will be particularly important in the next few years in expanding the system from 60 percent coverage of the population to 90 percent coverage.

In 1969 this committee made its first appropriation to the Corporation for Public Broadcasting. The first effort of the corporation in the radio area was to obtain precise information about the existing radio stations. The corporation found 450 licensed stations but less than 75 of them had 3 full-time staff. The average staff and operating budget was less than $10,000 a year. The corporation took the first steps 4 years ago to turn this extremely weak medium into a viable system.

One of the goals established by the corporation was to develop a system that would reach 90 percent of the population by 1976. Today the 151 CPB qualified noncommercial public radio stations reach 60 percent of the population. To this day, 35 major markets have no public radio stations.

Despite that gloomy picture this is a big step forward since 1969, which would not have happened without your prior support. We urge full funding of the Corporation for Public Broadcasting so that we might take one more step toward reaching 90 percent of the population.

The Corporation for Public Broadcasting's investment in radio has been very small but it has been judiciously increasing each year as the system grows in its ability to efficiently use Federal funds. With this committee's continued support, we are hopeful of building a first-rate noncommercial radio service.

Many of you in the past 3 years have become familiar with the name National Public Radio. This organization, created by the stations and funded largely by the Corporation for Public Broadcasting, is establishing itself as the voice of Government at work. In its 3 years it has provided the noncommercial public radio stations with 700 hours of live congressional hearings.

In addition, National Public Radio has provided a nightly news magazine program of 90 minutes duration titled "All Things Considered." The program certainly lives up to its name. It has also won a Peabody Award for Journalism.

National Public Radio is now at the point where a significant expansion of its program service is needed by the stations. This can only be accomplished if the corporation receives the full $65 million authorized.

Public radio in 1974 is about where public television was in 1967. It needs your support of the Corporation for Public Broadcasting in order to continue to develop its service to the public.

Mr. Chairman, the Department of Health, Education, and Welfare has, since 1962, run the educational broadcasting facilities program. In 1967, the authorizing committees of the Congress opened up the program to noncommercial radio stations. About 20 percent of last year's appropriation or $3 million will go into radio facilities this year.

This $3 million will provide almost 40 grants for new or improved stations. Fiscal year 1974 set an alltime record for public radio participation, but fiscal year 1975 will bring even more applications to establish excellent noncommercial radio stations.

The availability of facilities matching money ties directly to the radio goal of 90 percent coverage of the population. If your committee makes sufficient funds available, it will spur local efforts to raise the matching funds to establish new stations.

Above all else, public radio stations are local stations. Sixty percent of their broadcast schedule is produced locally. Twenty-five to thirty percent of their schedule is local coverage of a public affairs variety. Increasingly they are adding coverage of the U.S. Congress at work. They are becoming a valuable source of information for the public just as public confidence in institutions is at a low ebb.

But 40 percent of the American public has no access to the service. Only with a strong educational broadcasting facilities program, funded adequately for at least the next 5 years, will we be able to overcome the noncommercial radio blackout.

Mr. Chairman, the Association of Public Radio Stations strongly supports the funding of the educational broadcasting facilities program at the $30 million level.

Mr. Chairman, in addition I have provided a listing of the average public radio stations in fiscal year 1973, which I think makes the point of how far we have come since 1969, and a listing of the major radio markets that are still unserved.

[The information follows:]

THE AVERAGE PUBLIC RADIO STATION IN FISCAL YEAR 1973

Operated 1.1 transmitters; provided a signal to 970,000 people; produced 3,037 hours of original programs; each of his transmitters broadcast about 109 hours per week, all year long.

Of these hours: 72 were produced by the local station; 9 were provided by NPR interconnection; 28 were purchased or acquired from other sources.

Average income was $128,000; $12,000 from the Federal Government; $16,000 from within the public broadcasting industry; $76,000 from State and local governments; $3,000 from foundations and philanthropies; $21,000 from public subscription, business, and industry, and other fundraising efforts by the local station.

Of this income, about $109,000 was required to operate the station during the year; about $19,000 was used for the purchase of new equipment.

At the end of the year, about $164,000 had been invested in the production and broadcasting facilities of the station.

A staff of eight full-time and eight part-time personnel was employed by the station.

Radio major markets still unserved: Providence, R.I., San Antonio, Tex., Newark, N.J., Sacramento, Calif., Brimingham, Ala., Dayton, Ohio, Oklahoma City, Okla., Toledo, Ohio, Hartford, Conn., Honolulu, Hawaii, Bridgeport, Conn., Tulsa, Okla., Wilmington, Del., Allentown, Pa., New Haven, Conn., Orlando, Fla., Albuquerque, N. Mex., South Bend, Ind., Charlotte, N.C., Trenton, N.J., Fresno, Calif., Mobile, Ala., Baton Rouge, La., Peoria, Ill., Oxnard-Ventura-Thousand Oaks, Calif., Columbia, S.C., Las Vegas, Nev., Shreveport, La., Aurora-Elgin, Ill., Spokane, Wash., Fort Wayne, Ind., Little Rock, Ark., Corpus Christi, Tex., Columbus, Ga., Miami, Fla.

Mr. FLOOD. Thank you very much.

Mr. COFFEY. Thank you, sir.

TUESDAY, MAY 14, 1974.

CAREER EDUCATION

WITNESSES

EUGENE B. SYDNOR, JR., CHAIRMAN, EDUCATION COMMITTEE, U.S. CHAMBER OF COMMERCE

THOMAS P. WALSH, STAFF EXECUTIVE, EDUCATION AND MANPOWER DEVELOPMENT COMMITTEE, U.S. CHAMBER OF COMMERCE

Mr. FLOOD. Now the U.S. Chamber of Commerce, Eugene Sydnor, Jr., chairman of the Educational Committee. The distinguished gentleman from Virginia, a member of this committee for some time, Mr. Robinson, has assured the committee, Mr. Sydnor, of your distinction as an outstanding businessman of the great Commonwealth. That won't hurt you.

Mr. SYDNOR. Thank you.

My name is Eugene B. Sydnor, Jr. I am president of Southern Department Stores, headquartered in Richmond, Va. I am here today as a vice president and director the the Chamber of Commerce of the United States and as chairman of its Education and Manpower Development Committee. With me is the staff executive of that committee, Thomas P. Walsh. Tom will participate in responding to your questions.

The national chamber's membership embraces more than 44,000 business firms, and 3,600 chambers of commerce and trade and professional associations. This federation has supported Federal efforts to improve the Nation's education system, consistent with the principle of maintaining within local and State governments the primary responsibility for education policy and finance.

We appreciate this opportunity to express support for the administration's request of Federal assistance for career education. My remarks center on the following aspects of this subject.

After listening to a few of the earlier speakers, I believe we must be playing penny ante poker. The amount of the appropriation requested for career education is a little over $10 million—a miniscule sum compared with the hundreds of millions and even billions requested for other programs. A year ago when a similar item was in the budget, we assumed that everybody was for it, and we didn't come down to acquaint you with our interest in it. I am afraid it must have slid on by in the demand for other appropriations. We decided this year we would not make this mistake.

THE NEED FOR REFORM THROUGH CAREER EDUCATION

Two years ago, our Education Committee examined the performance of our public schools. The committee findings were both complimentary and critical: complimentary because we learned that the schools are doing a better job than ever before; critical because that job still isn't good enough when measured against today's rising expectations and needs.

Though the dropout rate has declined by almost half in the past 20 years, some 900,000 students still leave school every year before earning a high school diploma. Another 900,000 graduate from the general high school curriculum, many ill prepared for employment or advanced training or study.

It's also interesting to hear the gentleman from the National Advisory Council on Vocational Education make that same point. Every year it becomes more difficult to find jobs for many of these young people.

In 1930, approximately 30 percent of all jobs were unskilled or required few qualifications other than a willingness to work and do as one was told. Today, such jobs number 4 percent or less of our national job market. The bottom rungs have been chopped off the job ladder. This is a major reason unemployment from 1967 to 1973 for youth 16–20 years old averaged 14 percent—up 40 percent over a similar period just 20 years earlier. And thousands of young people who do find jobs must undergo instruction in elementary computation and cummunication skills.

These factors explain some of the reasons why business joins in the call for reform through career education. We are convinced the barriers must be removed that impede closer cooperation among education, business, and labor on behalf of our children. In our view, effective education cannot take place solely within the four walls of any school. Simply consider these facts:

(1) Today there are 23,000 different types of jobs.

(2) By 1980, there will be 30,000 different types of jobs. The number of new jobs will, of course, be much greater than the 7,000 indicated by these figures because many of today's jobs will have little significance in the labor market at even the end of this decade.

(3) In fact, of the millions of youngsters who started kindergarten and first grade last fall, 2 out of every 3 will, when they enter the labor market, take jobs that don't exist today!

How can the schools effectively prepare their students for this ever-changing job market?

Obviously, school administrators and teachers can't do it alone. It's a rare school administrator or guidance counselor or teacher who has ever been other than an educator. This comment is not intended to be criticism. It is intended to make the point that educators' knowledge of what employers want and need must come from the employers themselves. Businessmen and labor spokesmen and educators must get together on a continuing basis to plan and update curriculums in light of actual job demands, and consider changes necessary to help our young people make successfully the critical transition from the world of education to the world of work.

Career education offers the best promise of achieving this collaborative effort.

THE CAREER EDUCATION CONCEPT

Career education is a concept that aims to infuse an emphasis on preparation for work throughout all American education.

If career education is to affect all American education, it must embrace academic education as well as vocational education, and the lower elementary grades as well as postgraduate work—indeed, all education from preschool to postretirement education.

In relating education to work, career education responds to a call for education reform. This call comes from parents, from students, from employers—and perhaps most of all, it comes from educators. It is our impression that the severest critics of today's education are often our professional classroom teachers, counselors, and school administrators.

A central weakness cited by these critics is that too much of what happens in the classroom has little to do with what is happening outside the classroom. In many respects, we seem to be attempting to prepare our young people to take their places in the community by isolating them from the community. If a student is indifferent to spelling or writing or geometry, too often he is told that these subjects must be learned in order to advance to the next grade. To the already bored student, the rationale of education is more education! But a subject such as geometry might take on new meaning and purpose if a carpenter showed how he used the principles of geometry in designating a flight of stairs, or an engineer in designing a bridge, or an architect in designing a high-rise apartment or office building.

Thus, we see career education as reinforcing academic education; there is no conflict between the two. We also see career education as serving all students, since most of them must go to work at some point—whether they drop out of school at age 16 or graduate from the Nation's most prestigious medical or law college at age 30. And career education should especially serve listless students who lack goals by bringing to life seemingly irrelevant subjects in the thousands of satisfying ways people earn their living and spend a major part of their lives.

Though career education emphasizes the preparation of young people for their life's work, it recognizes that there are other important objectives of our education system. These include education for leisure, for citizenship, for culture, and for mental and physical health. The pursuit of these interests, however, generally presupposes earning power and economic independence. This is why we believe every school

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should have as its primary goal the preparation of students either for advanced study or for placement in a type of job selected by the student, following his understanding of that job's opportunities and limitations.

Since we heard just briefly from the advocates of vocational education, I would like to point out some distinctions between career education and vocational education.

DISTINCTION BETWEEN CAREER EDUCATION AND VOCATIONAL EDUCATION

Vocational education is characterized by training for specific skills, and is therefore an essential component of career education. Vocational education is basically completed at the high school level or in a post high school technical institution or community college. A baccalaureate degree is not required for entry to a "vocational or technical education" job.

I had the privilege of serving as chairman of the State Board for Community Colleges of Virginia for years. One of our largest areas of interest turned out to be police science. In today's need for more sophisticated law enforcement, we had literally hundreds of police officers come and learn the ways they could become better policemen.

Examples of other vocational education jobs are found in health services, sales, building trades, computer operations, and mechanical and printing trades, and many other business and paraprofessional occupations.

It is important to remember that only between 20 and 25 percent of all secondary school students have today the important advantage of any type of vocational training. The great majority have little career awareness and less training for the almost unlimited career choices and opportunities which a 20th century student should have.

Career education, on the other hand, is all-encompassing. It links learning activities with jobs along the entire range of skills—from the subtechnical to the professional career. It therefore is concerned with the preparation of students who seek jobs requiring less than a B.A., as well as those who seek jobs requiring study beyond the B.A.

Although job-entry requirements with respect to baccalaureate credentials may remain rather fixed, the students may shift from one category to another. The vocational student learning to be a medical technician may, after a period of work, return as a baccalaureate student seeking training as a doctor or other advanced level of the medical profession. The vocational degree provides the academic prerequisite for a work experience that will determine further specialization or advancement.

WHY FEDERAL ASSISTANCE IS NECESSARY

Career education is a response to a broad call for educational reform. It centers on relationships between education and work in a rapidly changing society. It seeks to change and improve the American educational system—at all levels and in all segments.

Our committee at the end of January went out to Mesa, Ariz., where we think there is an excellent start in implementing career education.

Our education system embodies 60 milliion students, a teaching and administration staff of 3 million persons, and involves an annual expenditure of over $90 billion.

Effecting change in this system requires a massive effort. Fortunately, aspects of career education are well underway. Indeed, vocational education, work study, and cooperative education programs go back many decades. And there are many instances—most of them developed during the past few years—of close business/school programs extending through a large part of the school year. The barriers are breaking down. The schools are being brought into the community and the community into the schools.

But when viewed against our extensive educational system, progress is isolated and fragmentary. Many States have no more than three or four individual schools significantly affected by the career-education concept. Many want to get started, but they need help in developing a program. The Federal Government should provide the leadership and assistance necessary to stimulate the development of these programs at the local and State levels.

Teachers and administrators must receive training in the career-education concept. Classroom materials and curriculums must be developed. Informed guidance personnel are vital. They must become as familiar with the job requirements of employers as they are with the entrance requirements of universities.

Grants should therefore be made available to local education agencies for the workshops and training sessions necessary to prepare existing staff to make more extensive use of the career-education approach. Another legitimate role of the Federal Government is to identify and support successful career-education activities through demonstration grants to cover the cost of disseminating materials and assisting other schools to adapt these experiences to local needs.

We believe these grants should not defray all costs but rather should be in the form of seed money to stimulate action by school systems with an interest in implementing career education. We don't want to see career education become dependent on Federal payments. We don't want school systems to feel they can do little that is not largely underwritten by the Office of Education. Many have already demonstrated that they can accomplish much with their own resources. Federal assistance of a marginal nature should encourage many others to make similar progress.

The National Chamber, for its part, will continue to encourage its member business firms, chambers of commerce, and trade and professional associations to take the initiative in working with their schools. Last year we sponsored a National Conference on Career Education. Businessmen, local and State chamber executives, and educators from all parts of the Nation attended. The chief accomplishment of this conference was to bring school leaders and business leaders together to exchange views and begin to explore ways they can work together in their local communities.

We are currently holding a series of small meetings with the executive directors of a number of major education associations. We hope that a continuing communication between business and school organizations in the Nation's Capitol will stimulate a similar relationship among affiliated organizations at the State and local levels.

SUMMARY

Mr. Chairman, we believe that every school should have as a primary goal to provide all its students with a good understanding of job

opportunities and training in the skills needed for these jobs. The second major aim should be to prepare qualified students with an opportunity for an appropriate form of postsecondary education in a community college, technical institution, or 4-year college.

Young people seek identity. They ask, "Who am I?" We must help them understand that primarily a person is what he does. We take on identification and personality through our work. Satisfying work provides the sense of accomplishment so essential for each of us. And access to satisfying work comes only through the acquisition of skills.

We fail our young people in the worst way if we fail to give them an opportunity to develop work interests and to acquire skills to pursue those interests.

We believe career education offers an approach to learning that is long overdue, and reasonable Federal assistance to stimulate its introduction into the Nation's school systems is fully warranted.

We hope you will keep the requested appropriation for career education in the budget this year, sir.

Mr. FLOOD. Thank you.

TUESDAY, MAY 14, 1974.

CHILDREN'S TELEVISION

WITNESS

JOAN GANZ COONEY, PRESIDENT, CHILDREN'S TELEVISION WORKSHOP

Mr. FLOOD. The Children's Television Workshop, Joan Ganz Cooney, president. This brings back memories of Sesame Street, doesn't it?

Mrs. COONEY. Yes; it does.

Mr. Chairman and members of the subcommittee, I welcome this opportunity to provide a brief explanation of the financial situation facing the Children's Television Workshop in the continuance of its two educational TV series—Sesame Street and The Electric Company.

Five years ago we began Sesame Street to reach, and hopefully teach, as many of the Nation's 12 million preschool children as we could through the powerful medium of television.

By most objective standards we seem to have achieved that goal. Sesame Street, which helps prepare preschoolers for entry into the classroom, is described by educators and parents as something of an "institution" in the home today. It led directly to the creation of a second program for school-age children who are having trouble learning to read. Our two programs are seen several times each day and again on weekends on all of the 250 stations of the Public Broadcasting Service. With the heavy pattern of repeat showings afforded by public television, the shows receive greater circulation than any programs on commercial or noncommercial television today.

If you have had a chance to watch Sesame Street with a child, as thousands of adults evidently do, you have already formed a personal judgment of its ability to entertain and at the same time educate. Scientific evaluations of the program's educational impact have been recorded in nationwide samples taken over several years. Research has documented that children who watch with some frequency show significantly better gains in developing basic cognitive skills taught by

the program than those who do not watch. Children do learn from Sesame Street. Equally important is the fact that they watch because they want to, not because they have to. And in so doing they discover that learning can be a joyous experience—a critical factor for eventual success in formal classroom surroundings later on.

Nine million children watch Sesame Street, including a large number of children from poverty homes who are the special target of the program. To insure extensive viewing in low-income neighborhoods we have taken special pains to develop community-based projects involving mothers and older brothers and sisters in watching the show with their youngest family members, and sharing in instructive after-show activities. Special audience surveys conducted in inner-city neighborhoods have demonstrated the dramatic success of these efforts and of the program in reaching these children.

We launched our reading series, The Electric Company, 3 years ago at the encouragement of the same Federal and foundation sources which helped us start Sesame Street. The new series goal was to help alleviate the continuing problem of teaching basic reading skills to primary school children. Because of its more demanding and specific curriculum and its older target audience, I believe The Electric Company's success rivals that of Sesame Street.

In its first season The Electric Company reached 4 million children and was seen in 40 percent of all the schools in the country that had TV sets. The then Commissioner of Education, Dr. Sidney Marland, has commented that, "Perhaps no other innovation in the history of education has made its presence felt among so many people in so short a time."

Today the audience has grown to more than 6 million and the program is seen in two-thirds of all schools equipped with TV sets. A substantial number of preschoolers see the program at home.

Both of these programs are continuing experiments. The workshop is perhaps the most visible educational laboratory in the country. Central to the success of our experiments is a profound commitment to research and innovation in finding ways of reaching hard to reach audiences who we believe can benefit from our programing. Each year we have refined and extended the goals of our programs, based on the feedback we receive from our full-time staff of researchers.

Commercial television has proved its capacity to entertain, inform, and sell. We believe we have made some important first steps in realizing the formidable potential of the medium as a direct educational tool as well.

This process costs money. We must compete for the child's attention not only against an endless parade of cartoons and adventure shows but also against product commercials which, whatever their substantive merits, are among the most sophisticated, appealing, and effective moments of television. They often cost as much per minute to create as we spend on an entire hour of programing.

While commercial television programs look to advertisers to underwrite their program costs, noncommercial productions such as ours must look to a combination of private and public sources for support.

For fiscal year 1975 we estimate the workshop's needs at about $10.7 million, which will pay for a full season's production of Sesame Street and The Electric Company—five new shows a week each for 26 weeks,

plus 26 weeks of repeats. Because of the large audiences our shows command, the cost effectiveness of the programs is impressive—both shows cost less than a penny per child per episode of original programing.

Our funding for Sesame Street and The Electric Company must come from three primary sources: $5.5 million from the U.S. Office of Education; $4.4 million in leasing fees from public television stations; and an estimated $800,000 available from the workshop's own self-support activities.

Our main Federal support from the U.S. Office of Education comes under the heading of "educational broadcasting projects," which is a part of the elementary and secondary education section of the Labor-HEW Appropriations Act. The fiscal year 1975 OE request for all "educational broadcasting projects" totals $7 million, including support for the Children's Television Workshop. After conversations with OE, we have requested $5.5 million for fiscal year 1975 support.

Two years ago, Congress appropriated $7 million for the two programs, $1 million of which was impounded. Our request for $6 million for fiscal year 1974 was reduced by the OE to $3 million, the amount that was appropriated by the Congress.

This 50 percent reduction in fiscal year 1974 support for Sesame Street and The Electric Company had had a direct and severe impact on our efforts. We were forced to cut research, staff, and experimental production. And there is no question in our minds that the effects have been detrimental. Only the receipt of the final $500,000 from the current $3 million appropriations and the promised release of $1 million in impounded funds will enable us to avert a major deficit in our current season's production.

The $5.5 million request for next year will enable us to sustain production quality, research, and outreach activities at a level we believe essential if we are to continue to be educationally effective.

Our second major source of support for Sesame Street and The Electric Company is the public broadcasting community throughout the country. In past years we have contracted with The Corporation for Public Broadcasting, at an annual fee of $5 million, for which it received exclusive broadcast rights for our programs on public TV stations. For this, public broadcasting gains from our shows nearly 50 percent of its total viewership. And our shows, including the reruns I mentioned earlier, provide 20 percent of its total broadcast time.

As you probably aware, public TV is altering its funding arrangement for national programing beginning with this coming broadcast season which begins in the fall. Under the new "marketing plan," appropriated funds are distributed to individual stations which in turn purchase programs they want to air. While the stations place a high premium on our programs—they ranked Sesame Street and The Electric Co. Nos. 1 and 3 among all of the programs offered by public television—the total amount available to the stations for national programing has shrunk this year. Instead of the $5 million we formerly received from CPB the most the stations can do collectively is in the neighborhood of $4.4 million. This reduction comes in the face of inflation which affects our production costs as it affects everyone else's budgets.

The workshop's own self-support capabilities will contribute about $800,000 to the coming year's budget. This money comes from overseas

broadcast rights and from royalties from books, records, and playthings. We hope that such self-generated funding will increase in coming years, but the day when they may provide a substantial contribution to our overall budgetary needs is some time off.

I hope this analysis of our situation will be helpful to you. With your support, the Children's Television Workshop will continue to explore the constructive and educational uses of the media for the benefit of all our citizens.

Mr. FLOOD. Thank you very much.

Mrs. COONEY. Thank you, Mr. Flood.

WEDNESDAY, MAY 15, 1974.

SERVICES FOR THE BLIND

WITNESS

JAMES GASHEL, CHIEF, WASHINGTON OFFICE, NATIONAL FEDERATION OF THE BLIND

Mr. PATTEN. The committee will come to order. First is Mr. James Gashel, chief, Washington office, National Federation of the Blind. Will you proceed.

Mr. GASHEL. Thank you, Mr. Patten.

Mr. Chairman, my name is James Gashel. My address is suite 212, Dupont Circle Building, 1346 Connecticut Avenue NW., Washington, D.C. I serve as chief of the Washington office of the National Federation of the Blind (NFB). NFB is a nationwide membership organization of blind persons, consisting of affiliated State and local organizations with approximately 50,000 members nationally. There are State affiliates of the National Federation of the Blind in 48 States and the District of Columbia. There are individual members in the three States not yet organized as State affiliates.

The Braille Monitor, the monthly publication of NFB, distributed free in ink print, braille, and on talking book disks, carries the following statement on its title page: "The National Federation of the Blind is not an organization speaking for the blind—it is the blind speaking for themselves."

We of the National Federation of the Blind believe that the primary purpose and objective of vocational rehabilitation should be to place blind and otherwise disabled citizens into competitive employment. We know that for the blind at least, the techniques for doing this are now available. No longer is it a matter of speculation that the blind cannot compete equally with their sighted fellows. Given proper training (and I want to emphasize the importance of that) and given opportunity (a factor which must also be enphasized) the average blind person can do the average job in the average place of business and do it as well as his sighted neighbor. To prove this statement, let me offer a random sample of careers now being pursued by blind persons who are members of the National Federation of the Blind. At our national convention a few years back, among those registering were three blind physicists engaged in experimental work for the Federal Government, two university instructors with the rank of full professor, a number of other college instructors of various rank, and several blind teachers of sighted students in primary and secondary grades of the public schools. There were also several electrical engineers, secretaries, farmers, lawyers, factory workers, telephone operators, restaurant owners and managers, college students, and businessmen in various businesses. At least one of our members works as a meteorologist for the U.S. Weather Bureau. Another is a racecar mechanic on the U.S. Auto Club circuit. Another of our members is a

partner in a thriving public relations firm, while still another owns and operates a very successful communications consulting business. Of course, I could extend this list indefinitely, but this should be enough to make the point that the blind can compete.

Each of these individuals along with thousands of others have benefited from the positive aspects of our system of vocational rehabilitation. Every effort must be made by the Federal department and the States to insure the maximum utilization of available money and manpower resources for the purpose of placing blind and other disabled persons into productive and competitive employment.

In order to achieve this end, it is absolutely essential that all programs providing services to the blind adopt a philosophy which emphsaizes the basic normality of the blind. This concept, which some forward looking agencies are now putting into effect recognizes that the real handicap of blindness is not the blindness itself—that is, not the lack of eyesight—but rather the misconceptions and misinformation which exist. A natural and essential component of this new philosophy is the view that blind persons themselves have the capacity and the responsibility for determining their own destinies as do all free men.

This brings me to the subject of services for the blind and the role of blind persons in judging the quality of these services. When the Commission on Standards and Accreditation on Services for the Blind (COMSTAC) and its successor organization, the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped (NAC) came into being in the 1960's, the leaders of the organized blind movement sounded the alarm.

The American Foundation for the Blind and certain other leading agency officials adopted the idea of establishing a so-called "independent" accrediting system for all groups doing work with the blind. Although individual blind persons who were agency officials were involved in the establishment and development of COMSTAC, the blind as a group were not consulted; that is, representative organizations of the blind were not given a voice except occasionally as a matter of tokenism. Thus, the consumers of the services were not heard in any meaningful way, and they had no part in the developing or promulgating of standards to govern the agencies established to given them assistance.

The American Foundation for the Blind and COMSTAC, however, proclaimed that they had sought and achieved a broad consensus throughout the field of work with the blind. But the method of arriving at this consensus was, to say the least, novel. In Denver, in 1965, for instance, home teachers from throughout the country were considering the standards affecting their specialty. The overwhelming majority apparently disagreed with a particular item in the COMSTAC document and suggested that a vote be taken to determine the sentiments of the group. They were informed by the discussion leader that a vote certainly would not be taken but that their views would be reported to COMSTAC which had the sole responsibility for deciding such matters.

Given these circumstances, it is no wonder that the blind of this country felt apprehensive. What type of standards were likely to emerge from a commission so conducted? Not only the blind, but many of the agencies expressed the concern that the American Foundation for the Blind and Federal rehabilitation officials would impose a system of rigid controls—which would stifle initiative, foster domination, and take the emphasis off real service and place it on bureaucracy, redtape, and professional jargon.

It was further felt that what purported to begin as a voluntary system would (once firmly established) become mandatory. Relevant to this point are the comments of Mrs. Mary Switzer (the long-time head of the Federal rehabilitation) as reported in the NAC minutes of April 24, 1970: "She predicted that difficult times might lie ahead if agencies accept the idea of standards but do nothing about them. The expending or withholding of public money can provide the incentive." The belief that the Federal department will require agencies to receive NAC accreditation is today even more widespread than when Mrs. Switzer made these comments. On March 15 ,1974, I personally heard a NAC board member (the Chairman of the Commission on Standards) state that she anticipated that conditioning of federal funding on NAC accreditation would take effect in 1976.

I do want to make it clear that the National Federation of the Blind is not opposed to the principle of accreditation. Proper accreditation, conducted openly and democratically, and based on standards which require meaningful responsiveness to the needs of blind clients, is desirable. But we do oppose what is being done in the name of accreditation. This opposition is based on the fact that we,

blind people as a group, have been excluded from the whole process and scheme of accreditation. We have been regarded as children and as patients and we have been told that those persons admitted to a tuberculosis hospital do not serve on its board of directors. These things we have been told; but in answer we have said, we are not children, and we are not patients. We are responsible men and women, and we have not forfeited our rights of self-determination and self-expression.

Mr. Chairman, in the best democratic tradition, we come to you today to ask for your help. In terms of the total budget the Federal grant awarded to the National Accreditation Council is not large. Federal funding participation in NAC does, however, substantially supports its operation. As I have described, NAC in turn continues to be unresponsive to the blind as a group.

As we see it, the time for committment is at hand. Either this accreditation process must become truly open and democratic or it must be stopped in its tracks. We are asking you to help get such a committment or, failing that, to see to it that not one more Federal tax dollar is spent on this unworthy project. Mr. Chairman, tens of thousands of blind people across this land are vitally concerned with and affected by this project. Since the beginning of the program, the Federal Department of Social and Rehabilitation Services has financially supported this unrepresentative type of accreditation. We are earnestly trying to achieve our rightful status in the process. So far, I am sorry to report that we have been rebuffed by both NAC and SRS officials. Now we urge the Congress to take a hand and to help us achieve our rights of full fledged citizens.

Mr. GASHEL. Mr. Chairman, thank you very much for this opportunity to discuss this matter.

Mr. PATTEN. Thank you, Jim. Do you want the statement attached to your statement put in the record with your remarks?

Mr. GASHEL. Yes; if you can do that please, sir.

[The attachment follows:]

NAC: WHAT PRICE ACCREDITATION BY KENNETH JERNIGAN, PRESIDENT, NATIONAL FEDERATION OF THE BLIND

When the Commission on Standards and Accreditation on Services for the Blind (Comstac) and its successor organization, the National Accreditation Council for Agencies Serving the Blind and the Visually Handicapped (NAC), came into being during the 1960's, leaders of the organized blind movement sounded the alarm. The American Foundation for the Blind and certain other leading agency officials adopted the idea of establishing a so-called independent accrediting system for all groups doing work with the blind. Although individual blind persons who were agency officials were involved in the establishment and development of Comstac, the blind as a group were not consulted—that is, the representative organizations of the blind were denied a voice, except occasionally as a matter of tokenism. Thus, the consumers of the services were not heard in any meaningful way, and had no part in developing or promulgating the standards governing the agencies established to give them assistance.

The American Foundation for the Blind appointed an "independent" commission—the Commission on Standards and Accreditation on Services for the Blind (Comstac). The full-time staff consultant for Comstac was a staff member of the AFB, on loan to the group, purely as a means of demonstrating the foundation's concern with the improvement of services for the blind. To add respectability, people of prestige outside of the field of work with the blind were placed on the commission—public officials, business executives, the dean of the Temple Law School, et cetera. There were people of good will and integrity, but they lacked knowledge concerning the problems of blindness. Obviously they took their tone and orientation from the Foundation appointees on Comstac. All of these appointees, it must be borne in mind, were high-ranking officials of agencies doing work with the blind. Not one represented the blind themselves or came from a membership organization of blind persons.

The American Foundation for the Blind and Comstac later proclaimed with pride that they had sought and achieved a broad consensus throughout the field of work with the blind. However, the method of arriving that consensus was, to say the least, novel. At Denver in the summer of 1965, for instance, the American Association of Workers for the Blind Convention was largely taken up with a discussion of the Comstac standards—to gather opinions and achieve con-

sensus, it was said. Only the discussion leaders had copies of the standards, and any touch which was raised was answered either by the statement that it was covered somewhere else in the Comstac standards or that another group was discussing the matter and it was not properly the concern of the group in which it had been raised.

Home teachers from throughout the country were present and were considering the standards affecting their specialty. The overwhelming majority apparently disagreed with a particular item in the COMSTAC document and suggested a vote be taken to determine sentiments of the group. They were informed by the discussion leader that a vote certainly would not be taken but that their views would be reported to COMSTAC, which had the sole responsibility for deciding such matters.

It is no wonder that the blind people of the country felt apprehensive. What type of standards were likely to emerge from a commission so appointed and so conducted? Not only the blind but also many of the agencies expressed concern. Many felt the AFB and Federal rehabilitation officials (unwittingly aided by people of prestige in the broader community) would impose a system of rigid control—which would stifle initiative, foster domination, and take the emphasis off real service and place it on bureaucracy, redtape, and professional jargon. It was further felt that what purported to begin as a voluntary system would (once firmly established) become mandatory. The AFB and other proponents of COMSTAC and its successor organization, NAC, vigorously denied these assertions.

The question of NAC's independence, however, is no longer a matter for serious debate. The Scriptures tell us that "where a man's treasure is, there will his heart be also." In an official NAC document entitled "Budget Comparison—1968 and 1969," dated April 15, 1968, the following items appear.

"Total approved budget calendar year 1968, $154,034; total projected calendar year 1969, $154,000. Estimated income 1968: grant from American Foundation for the Blind, $70,000; grant from Department of Health, Education, and Welfare $75,000. Estimated income 1969: grant from American Foundation for the Blind $70,000; grant from Department of Health, Education and Welfare $70,000.

Today, the overwhelming majority of NAC's funds still come from HEW and the American Foundation for the Blind. Many NAC meetings are held at the AFB building in New York, and the executive director of NAC is a former foundation staff member, the same one who was on "loan" to COMSTAC. When the first annual NAC awards were given, in 1970, it may be of significance that two recipients were named: Mr. Jansen Noyes, president of the Board of the American Foundation for the Blind; and Miss Mary Switzer, the longtime head of rehabilitation in the Federal Department of Health, Education and Welfare.

Even more to the point may be Miss Switzer's comments upon that occasion as reported in the NAC minutes of April 24, 1970: "She predicted that difficult times might lie ahead if agencies accept the idea of standards but do nothing about them. The expending or withholding of public money can provide the incentive that is needed."

Thus spoke Miss Switzer confirming what leaders of the blind had predicted and COMSTAC spokesmen had denied a decade ago. The full meaning of Miss Switzer's statement was spelled out by Alexander Handel, executive director of NAC, as reported in the NAC minutes of April 25, 1970: "Mr. Handel reported a new and important step in encouraging accreditation. The Council of State Administrators has passed a resolution that by July 1, 1974, State rehabilitation agencies will require that agencies from which they purchase services be accredited." The "encouraging" of agencies to seek accreditatoin from NAC will probably be called by some by the ugly name of blackmail. The pressure for conformity and the concentration of power could well be the most serious threat to good programs for the blind in the decade ahead.

The quarrel is not with the concept of accreditation itself. Rather, we object to what is being done in the name of accreditation. Proper accreditation by a properly accredited group is a constructive thing. What NAC is doing is something else altogether.

There is, of course, not time here, to go into the details of all of the standards originally developed by COMSTAC and now being fostered by NAC, but a brief sample is sufficient to make the point. The Braille Monitor, February 1966, carried an analysis of the COMSTAC standards on physical facilities. That analysis said in part: "The standards (on physical facilities) are perhaps no-

table chiefly in that they are so vague and minimal as to be equally applicable to office buildings, nursing homes, or universities by the simple substitution of the names of these other facilities. . . .

"Perhaps a brief rundown of the standards themselves would serve as the best and most complete illustration (headings theirs).

"1. *Overall suitability.*—The total facility is constructed to best serve the needs of the particular agency. It will adequately serve everyone concerned. It will meet the requirements of its governing body, the Department of Health, Education, and Welfare, and the city building code. The physical facilities will be helpful to the program.

"2. *Location.*—The facility is located where it can easily be reached by staff, clients, and others who need to use it. The facility should be close to shopping and other community interests. The location is reasonably safe, with hazards minimized.

"3. *Grounds.*—The grounds will be large enough to allow for future expansion. They will be pleasant (free of undue nuisances and hazards) with parking areas and roadways. Signs will be posted to help people locate the proper areas.

"4. *Activity Area.*—The layout of the facility will be efficient. The facility will be designed for the planned activities, will be large enough and will organized (reception rooms next to entries, work areas together, et cetera). Sufficient maintenance will be provided for.

"5. *Privacy.*—People will have as much privacy as individual cases call for. Confidentiality will be maintained.

"6. *Health and safety.*—The health and safety codes of the community will be met. Sufficient heat and light will be provided. Sanitary conditions will be as good as possible. Suitable entries will be provided for wheelchairs, et cetera. Safety features will be related to the level of competence of the occupants, the activities undertaken, and the equipment used. Adequate first aid facilities are provided.

"7. *Fire and disaster protection.*—All buildings will be so designed and equipped as to minimize the danger of fire. The buildings will be inspected by local authorities and/or independent authorities and records of inspection kept. Smoking areas are clearly specified.

Proper protection shall be provided the occupants of the facility to minimize danger should fire or disaster occur. Suitable fire extinguishers will be provided. Fire alarms will be installed as to be heard throughout the facility. Fire drills will be held irregulary. Special provision will be made for fire warnings to deaf-blind.

"8. *Maintenance.*—'The condition of the physical facility gives evidence of planful and effective maintenance and housekeeping.'

"9. *Remodeling.*—When remodeling is undertaken, it should be to best suit the needs of the program.

"The preceding is an inclusive summary. One can imagine the breadth of interpretation that can result from application of these standards. One can also imagine the range of individual whim and axe-grinding, not to say blackmail and favoritism, that can enter into the proposed accreditation of agencies for the blind based on such vague and capricious requirements. The danger to be constantly anticipated is the possibility of varying application of standards to friends and foes when 'accrediting' agencies * * *

"One is tempted to dismiss this entire report of 'Standards for Physical Facilities' with the single word, 'Blah!' But more intensive study indicate otherwise. Tucked away among the platitudes and the generalities are the age-old misconceptions and stereotypes.

"What, for instance, is meant by the requirement that a facility for the blind be located near to shopping and other community interests, and that it be in a location reasonably safe, with hazards minimized? The exact words of the committee are, 'Where undue hazards cannot be avoided, proper measures are instituted to assure the safety of all persons coming to the agency. (For example, where an agency is on a street with heavy traffic, a light, or crosswalk, or other means is available for safe crossing by blind persons.)'

"If this standard is simply meant to express the general pious platitude that everybody ought to be as safe as possible, then what a farcical and pathetic waste of time and money to assemble a committee to spell out what everybody already knows. On the other hand, if the standard means to imply that the blind are not able to live and compete among the ordinary hazards of the regular workaday world and that they need more shelter and care than others, the implications are not only false but they are insidiously vicious.

"Of a similar character is the committee's statement that the grounds must 'provide pleasant and appropriate surroundings, and be free of undue nuisances and hazards.' Surely we do not need a special commission on standards and accreditation to tell us that people should live in pleasant surroundings that are free of undue hazards, if this is all that is meant. If, however, the committee is saying that the blind require surroundings that are more 'pleasant and free from hazards' than the surroundings required by other people, one cannot help but be unhappily reminded of the 19th century concept that the blind should be entertained and provided recreation, that they should be helped in every way possible to 'live with their misfortune.'

"If this type of analysis seems blunt, one can only reply that this is no time for nice words and mousey phrases." The people who were formerly the Commission on Standards, and are now the National Accreditation Council, "hold themselves out to the public at large as the qualified experts, the people who have the right to make standards and grant or refuse accreditation to all and sundry. These are not children indulging in the innocent games of childhood. They are adults, playing with the lives of hundreds of thousands of people."

One final matter requires comment. At one meeting of the National Accreditation Council I was telling a new member of the board (a prominent businessman totally uninformed about the problems faced by the blind) that I thought most of the actions of NAC were irrelevant. He seemed surprised and said something to this effect:

"If you think what we are doing here is not relevant, what is relevant?" To which I said, "In 1970 a blind man in Minneapolis (a person who had worked for several years as a computer programer at Honeywell and was laid off because of the recession) applied to take a civil service examination for computer programer with the city of Minneapolis. His application was rejected, on the grounds of blindness. The National Federation of the Blind helped him with advice and legal counsel. As a result, he took the examination, and he now has a job with the city of Minneapolis as a computer programer.

"How many of the people who are on the NAC Board," I asked, "are even aware that such an incident occurred? How many of them think it is important?"

"Or," I went on, "consider another incident. In 1971, in Ohio, a blind high school senior (duly elected by her class) was denied the right to attend the American Legion Girls' State. The story was carried nationwide by United Press. Were any of these people here today concerned or excited about these cases? Do you see them trying to do anything about them?"

"Well," my companion replied, "your organization seems to be working on matters like this. Maybe NAC is doing good in other areas." "The difficulty," I told him, "is that the actions of NAC are helping to create the kind of problem situations I have been describing to you."

"NAC," I said, "accredits workshops, for instance. What kind of standards does it use in determining whether a shop should be approved and presented to the public as a worthy and progressive institution? NAC is concerned about whether the workshop has a good accounting system. It is concerned about good pay and good working conditions for the professional staff (almost all of them sighted). It is concerned with the physical facilities and (perhaps) whether there is a psychologist or psychiatrist available to minister to the blind workers. But what about minimum wages for those same blind workers, or the right of collective bargaining, or grievance committees? On such items NAC is silent. It will accredit a sheltered shop which pays less than 50 cents an hour to its blind workers. By so doing, it puts its stamp of approval on such practices. It helps perpetuate the system that has kept the blind in bondage and made them second-class citizens through the centuries. It helps to slam the door on the computer programer in Minneapolis and the high school graduate in Ohio. Worst of all, perhaps, it reinforces and helps to continue the myth that blindness means inferiority, that the blind are unable to compete on terms of equality in regular industry or the professions, that the blind should be grateful for what they have and stay in their places. The workshop example is only that, an example. The same theme is everywhere present in NAC's action and standards—and, for that matter, in its very makeup."

The one central point which must be repeatedly hammered home is the total irrelevance of NAC as it is now constituted and as it is now performing. What we need today and in the years ahead is not more detailed standards but a real belief in the competence and innate normality of blind people, a willingness on the part of agency officials to help blind people secure meaningful training and

competitive employment, a recognition that the blind are able to participate fully in the mainstream of American life. We need acceptance and equality, not shelter and care.

When seen in this light, NAC must be viewed as one of our most serious problems in the decade ahead. The blind of the Nation should thoroughly inform themselves about its activities and should insist upon a voice in determining the character of programs affecting their lives. We should insist that State and Federal governments not delegate their powers of setting standards for State agencies to a private group, which is not responsive to the needs or views of the consumers of the services. It is true that many of the agencies doing work with the blind need to be reformed and improved, but NAC is not the entity to do it. We the organized blind intend (in the best tradition of American democracy) to have something to say about the scope and direction of the reform and the improvement. We are not children, nor are we psychological cripples. We are free citizens, fully capable of participating in the determination of our own destiny, and we have every right and intention of having something to say about what is done with our lives.

WEDNESDAY, MAY 15, 1974.

REHABILITATION TRAINING PROGRAMS

WITNESS

BRUCE B. BLASCH, EXECUTIVE DIRECTOR, AMERICAN ASSOCIATION OF WORKERS FOR THE BLIND, INC.

Mr. PATTEN. Now we have the American Association of Workers for the Blind, Inc., Mr. Bruce Blasch, executive director.

Mr. BLASCH. Thank you, Mr. Patten.

Mr. Chairman and members of the committee, I appreciate this opportunity to present the views of three national organizations vitally interested in the continued appropriations and a similar outlay of moneys for the Social and Rehabilitation Services, with particular reference to training grants of the Rehabilitation Services Administration for professional personnel entering rehabilitation work with blind and severely visually handicapped.

The three national organizations I am speaking for are the American Association of Workers for the Blind, the national membership organization of professional workers in services to blind persons; the American Foundation for the Blind, the national research and consultant agency in the field of work for the blind; and the Blinded Veterans Association, the congressionally chartered membership organization of the Nation's war blinded.

I am here today to draw your attention to the catastrophic effect on blind people caused by the decrease in funds which provide for training of the dedicated professionals who work with the blind and visually handicapped. The programs of which I speak train orientation and mobility specialists.

If I may explain what this is, if you yourself were blinded at this point, Mr. Patten, you would have a good frame of reference of what this room is like and where your office is in relation to this room, but the ability to get from the room to your office may impose difficulty in performing your duty.

Orientation and mobility instruction involves the art and science of presenting to the blind or visually handicapped student those aids,

methods, services, and skills which will enable him to move from one place in the environment to another with confidence, safety, and purpose. Mobility is generally considered to involve the physical act of movement combined with protective procedures. Orientation is considered to be the individual's awareness of himself, his physical environment, and his relationship to the relevant features of that environment which enable him to move in a purposeful manner.

In 1960, the Vocation Rehabilitation Administration (now Rehabilitation Services Administration) initiated and funded the first orientation and mobility training program preparing professionals to offer freedom and independence of movement to blind individuals. This training program and concept of orientation and mobility has been the most significant innovation in the rehabilitation of the blind for several decades. It has been stated many times that the instruction offered by the orientation and mobility specialist has a greater impact on a blind person's life than any other instruction including braille, counseling, or academic subpects.

These training programs funded by Rehabilitation Services Administration were based on extensive work with military personnel blinded during World War II and the Korean war. Although the original procedures were developed with blind adults, instruction was provided for many blind children during the early 1960's; and it quickly became evident that, with increased emphasis on the orientational components of travel, young blind children could become highly independent. Since 1968, this profession has certified instructors nationally and recently adopted a code of ethics which, in effect, insures blind persons of the highest quality of professional instruction.

The effects of the professional training programs funded by Rehabilitation Services Administration have been revolutionary in work for the blind. Yet, the administration continues to treat these significant programs in a casual and even irresponsible manner.

The attached table, which shows the total dollar figures expended on all rehabilitation personnel training programs, vividly points out the discrepancies between the budget requests, congressional appropriations, the outlay, and actual funds spent for training under the Vocational Rehabilitation Act.

It appears that in fiscal years 1971 and 1972, funds were shuffled back and forth between research and demonstration, and the training programs. In fiscal year 1973, under the guise of forward funding, HEW cut training funds to $17 million, even though Congress appropriated $27.7 million. It is apparent from the figures in the table that the manipulation of funds has actually resulted in a reduction of training program funds.

The uncertainty of funding which exists for those in universities planning and directing rehabilitation training programs would certainly be alleviated by genuine forward funding. Therefore, I would strongly urge that Congress appropriate $45.428 million for rehabilitation personnel training programs in the appropriation bill for fiscal year 1975. This amount, added to the amount of $9.972 million funded from the previous year, would total $55.4 million. This would allow $27.7 million to be the actual outlay in fiscal year 1975 for personnel training programs, and $27.7 million could then be forward funded for this purpose in fiscal year 1976. As a result of the $45.428 million

appropriation, including forward funding, these training programs would be brought to the $27.7 million annual level intended by Congress.

With regard to the many blind and visually handicapped persons who are literally imprisoned due to a lack of professionals to provide mobility training, it should be noted that two recent laws underscore the role of and need for orientation and mobility specialists. Title XVI of the Social Security Act provides for a mandatory referral of all blind and disabled supplemental security income (SSI) beneficiaries under the age of 65 for vocational rehabilitation. A critical and essential part of the vocational rehabilitation process for the blind SSI beneficiary is orientation and mobility training. In addition, title III of the Older Americans Act provides for a package of social services for older blind persons, which will lead to greater independence and minimize the need for institutionalization. Orientation and mobility instruction for these older blind individuals will be a major factor in the effort to achieve independent living.

Orientation and mobility instruction is the keystone in rehabilitation of the blind individual. In a study of 245 successfully and 210 unsuccessfully employed blind persons, the most significant factor that differentiated the two groups was orientation and mobility.

In a second study conducted by three national leaders in work for the blind, orientation and mobility instruction as well as IQ were the two significant indicators of length of time blind individuals would be gainfully employed.

Accessibility to buildings and freedom from architectural barriers for handicapped individuals is rightfully receiving increased attention. For the blind individual, however, every building is inaccessible without orientation and mobility training. Therefore, architectural barriers for the blind and visually handicapped can best be removed by increasing the number of orientation and mobility specialists to teach them mobility techniques so that they can walk independently and safely in unfamiliar buildings.

It should be emphasized that Federal funds appropriated by Congress for training orientation and mobility specialists are a sound long-term investment. The results of a study indicated that 94.7 percent to 96.7 percent of the college-trained orientation and mobility specialisst educated since 1960 are still employed in serving the blind and visually handicapped.

The training programs for orientation and mobility specialists are special kinds of programs involving much direct faculty-student contact, a large part being on a one-to-one basis. These existing programs produce only a small fraction of the personnel needed and for whom jobs are available and unfilled. Each training program is expected to provide personnel, not only for the State in which it is located, but also for many other States. No university, public or private, has the resources to train personnel for a national program, particularly one whose costs of training are so high.

In view of the highly specialized nature of the programs, there is need to support the extra costs at the Federal level. The student could not possibly subsidize his own cost of training to become an orientation and mobility specialist.

The great difficulty in trying to change the program to student loan or any other form of support that would be based on tuition is the necessity for a high faculty-to-student ratio. This is generally estimated at one faculty member to four students. If a university decided to pick up the program and increase tuition fees to cover faculty costs, students desiring to enter this difficult profession would be forced to pay twice as much for the privilege.

Secondly, fellowships are essential to provide incentives to students to enter a profession that is extremely demanding. Once students are in the program, there is a great deal of personal satisfaction in giving a blind person freedom of independent mobility and improved opportunities for employment.

The United States has taken the leadership throughout the world in assisting other countries in developing their orientation and mobility programs, including such countries as Norway, Australia, South Africa, Brazil, Japan, and the United Kingdom. In fact, Mr. Rodney Kossick, a graduate orientation and mobility specialist, directed a program for the blind in South Vietnam from 1966 to 1968 under the sponsorship of the World Rehabilitation Fund.

Training grants in the rehabilitation of the blind in fiscal year 1965 totaled $448,265. In fiscal year 1972, these same grants reached a high of $575,277 and were then decreased to $542,000 in fiscal year 1973. Although the total allotments have increased very slightly since 1965, the basic needs for funding far outstrip the funds that have been available.

With the increased numbers of blind and severely visually handicapped persons needing professional orientation and mobility services, and the exhibited success of the training programs preparing orientation and mobility specialists for rehabilitation of blind and visually handicapped individuals, I further propose that the long-term training funds for rehabilitation of the blind be increased from $542,000 to $1 million for fiscal year 1975. Because of the many peculiarities of decentralization in which blind individuals have been short-changed, the proposed $1 million should be earmarked for the personnel training programs for the blind and visually handicapped. In addition, it would seem far more realistic to have these and other specialized grants reviewed by advisory groups of peers.

While much is being accomplished with the funds being distributed by HEW—which is not the same as that appropriated by Congress—we are meeting less than the minimum rehabilitation needs of the blind and severely visually handicapped due to a lack of trained professionals. By this lack of concern, we are denying these individuals basic freedoms and rights of independence and unrestricted mobility. One must be aware of the monetary return in terms of reduced tax burdens for public assistance for the blind and of providing human dignity for those who are blind or severely visually handicapped.

In conclusion, we would urge this committee to approve an appropriation of $45.428 million for training of rehabilitation personnel, with $1 million of this amount earmarked for training programs for orientation and mobility specialists for blind and severely visually handicapped.

[The attachment follows:]

33-775 O - 74 - pt. 7 -- 54

	FY 71	FY 72	FY 73	FY 74	FY 75	FY 76
Budget Request	27.7	14.850	27.7	8.130	11.500	
Congressional Appropriations	27.7	33.065	27.7	15.572	? PROPOSED 45.428	PROPOSED 27.7
Funded From Previous Year for Support of Current Year Activities		5.365		12.128	9.972 PROPOSED 9.972	PROPOSED 27.7
Forward Funded for Support of Subsequent Years Activities	5.365		12.128	9.972	PROPOSED 27.7	PROPOSED 27.7
Outlay	33.065*	22.335+	33.264	15.572	(11.500) PROPOSED 27.7	PROPOSED 27.7

Obligated for those out

	Ay-70-71	AY 71-72	AY 72-72	AY 73-74	AY 74-75	AY 75-76
Program Level (Academic Year) (EST)	27.7	21.136	17.6	17	16 27.7	27.7

*4.00 from R&D for Reprogramming
1.065 "Loan"

+Less 5.065 Repay Loan Plus Additional 5.065

Mr. PATTEN. That is swell, Bruce. It is a fine presentation. Thank you.

WEDNESDAY, MAY 15, 1974.

VOCATIONAL REHABILITATION

WITNESSES

FRED R. TAMMEN, LEGISLATIVE ANALYST FOR NATIONAL REHABILITATION ASSOCIATION
VERNON HAWKINS, CHIEF OF SELECT OPERATIONS, DEPARTMENT OF HUMAN RESOURCES, BUREAU OF REHABILITATION SERVICES

Mr. PATTEN. We will turn to National Rehabilitation Association, Mr. Fred R. Tammen. Legislative analyst for National Rehabilitation Association and Mr. Vernon Hawkins, chief of select operations, Department of Human Resources, Bureau of Rehabilitation Services.

Mr. TAMMEN. I am Fred Tammen, legislative analyst for the National Rehabilitation Association.

Mr. Chairman, we appreciate the opportunity of appearing before this committee on behalf of appropriations under the Vocational Rehabilitation Act. Since we have appeared before this committee many times in the past, we shall omit the usual identification data. Suffice it to say, the National Rehabilitation Association has been an important factor in all rehabilitation legislation passed for many years, including the Rehabilitation Act of 1973. We appreciate the fact that this committee moved promptly following the passage of the 1973 Amendments to assure appropriations that permitted the continuation of the various programs without undue delay.

Attached to this statement you will find a document entitled "National Rehabilitation Association Policy—Appropriations for 1975 under the Vocational Rehabilitation Act". We would like for this to be inserted as a part of the record. In this statement, we have listed all principal programs supported under the Rehabilitation Act of 1973. In each case, we have listed the amount of appropriation authority in the law, the recommendations of the Administration for supporting these programs in 1975, and our own recommendations. We have given brief justifications for the figures we are proposing, which are, in many instances, higher than those recommended by the administration. In this brief statement, we shall call attention to some of what we consider to be the most important problems in connection with the President's budget.

Before taking up the programs one by one, we might say that we are very much concerned that the administration is proposing the phasing out of certain programs authorized by the law, notably, expansion grants to state vocational rehabilitation agencies, and support of construction and staffing of rehabilitation facilities. We are likewise concerned that the Administration is proposing to keep appropriations for training and research at far below the 1972 levels, and that it is not recommending any appropriation to implement the mortgage insurance program under the new law. These supporting programs are extremely important, if rehabilitation programs for severely handicapped individuals are to be expected to increase their effectiveness. If the investment in these supporting programs is to be phased out

or substantially reduced, the effects will soon be evident in the numbers of individuals rehabilitated and in the quality of services that can be provided. Research, demonstration, special projects, and training are as important to the future of the rehabilitation effort as are similar programs in the areas of general health, education, environmental concerns, and defense. One must be concerned with the motivations of an administration which seems determined to reduce appropriations for these programs or even to phase them out completely. In the following paragraphs we shall speak specifically to some of these situations.

Formula Grants to States Under the Vocational Rehabilitation Act

This is the direct service program provided handicapped youth and adults through the state-federal vocational rehabilitation program. Appropriation authority is $680 million. The administration has recommended $670 million. Our recommendation is the full appropriation authority. For the current fiscal year, appropriation authority was $650 million. The administration recommended $630 million. Congress took the initiative in a supplemental appropriation bill to increase the amount appropriated for the year to $650 million, the full authority. We very much appreciate the support of members of this committee in getting this increase. After the action of the committee on the supplemental appropriation, representatives of the Administration have said, unofficially, that they expect the appropriation of the full $680 million for 1975. We are not sure whether a communication of this kind has been received by this committee. At any rate, we sincerely hope that the full amount will be appropriated.

Expansion Grants

The expansion grant program has been a most important element in expanding and improving rehabilitation services. Initiated in 1955, it has been the avenue through which new endeavors have been launched to rehabilitate substantially greater numbers of public assistance recipients, the deaf, the mentally retarded, and many other groups. In recent years, upon the insistence of the administration, most of the appropriation for this item has been expended on expanding programs for the rehabilitation of public assistance recipients, and this program has been quite successful. At the same time, expansion efforts in other areas have lagged, because of the concentration of effort in the public assistance field. Undoubtedly, the administration justifies its procedure on the basis that most of the cost of rehabilitating public assistance recipients will be transferred to the social security title. It is well to remember, however, that the largest category of public assistance. Aid to Families with Dependent Children, is not covered by the new social security legislation, and that no social security appropriations are available for the rehabilitation of this group of handicapped individuals. Likewise, it is important to remember that expansion efforts are needed in many other areas. For instance, Congress, in its report accompanying the Rehabilitation Act of 1973, expressed its concern for the expansion of programs for the older blind, programs for the deaf, spinal cord injured, renal disease victims, the epileptic, and many others. It will be a tragic loss if funds do not continue to be appropriated under this section of the act. We sincerely hope that the committee will recommend a substantial sum

to enable these expansion programs to continue. In the statement I referred to earlier, we have given some breakdown of the kinds and numbers of some projects that we think could be developed profitably under this section.

Training

One year ago, the administration seemed determined to phase out entirely, Federal support of training rehabilitation workers. There has been a reversal in this firm position, and a small appropriation has been recommended for training in 1975. I think members of this committee are acquainted with the fact that the administration ignored the report of this committee relative to expenditures for training in 1974. The commitee plainly stated that the $15.5 million being appropriated for 1974 with the addition of $12 million carried over from 1973 would result in a program of $27.5 million for 1974. This restored the program, essentiallly, to the 1972 level. Instead of following this mandate, the administration plans to carry over into 1975 a substantial amount of this appropriation. In fact, the 1974 spending level is only about $17 million. It becomes evident that the Congress cannot depend upon the administration to implement congressional intent as it is spelled out in a report. Instead, it is going to be necessary for the Congress to actually appropriate the number of dollars it expects to be expended in a specific year, instead of depending upon the administration to use carryover funds in that particular year. In the document accompanying this paper, we have gone into some detail in explaining this situation.

Rehabilitation Facility Construction and Staffing

Another program the administration seems determined to phase out is rehabilitation facility construction and staffing. They would do this in spite of the fact that the recently passed legislation continues to contain authority for this program, and the need for expanded and improved rehabilitation facilities is recognized as being greater than ever, if the State rehabilitation agencies are to respond to the mandate of Congress that more and more severely handicapped individuals be served. In the document I have referred to several times, we have indicated the amounts that can be used effectively to improve and upgrade rehabilitation facilities. We sincerely hope the committee will not allow this program to die.

In this connection, I would like to call your attention, also, to the new legislation which established a program of mortgage insurance. It is of concern to us that no appropriation was recomended for this program. It is our understanding that HEW plans to delegate responsibility for this program to HUD, although we have seen no official announcement to this effect. At any rate, we assume that appropriations for the program would have to be made under the Vocational Rehabilitation Act. We have suggested that $1 million would be sufficient for 1975 to get this program started.

Special Projects and Demonstration

The administration appears to feel about the same way about special projects and demonstration that it feels about rehabilitation facilities and expansion grants. After the amount presumably earmarked for service projects under the Developmental Disabilities Act is deleted, there remains only $2.2 million for other special projects

and demonstrations. This, of course, would mean no special project program at all. In the paper I have referred to, we have indicated needs that would total $20 million for 1975.

Research

The administration has recommended $20 million for research. This is a reduction of approximately $10 million from the level at which this program operated in the early 1970s. This low appropriation is recommended in spite of the fact that the new legislation calls for special research programs in the area of spinal cord injury, international research, and bioengineering. In the paper accompanying this document, we have justified an appropriation of $30 million. Even this amount would do no more than to begin a buildup toward a realistic research program.

As we have indicated elsewhere in this statement, we recognize that Congress is going to have to take the initiative, if the supporting programs to vocational rehabilitation direct services are not to be phased out or cut to the point that they become ineffective. We appreciate what this committee has done in the past to keep the rehabilitation programs moving forward, and we have confidence that this committee will initiate action which will result in more and better services to handicapped individuals. We appreciate this opportunity to appear.

[The attachment follows:]

NATIONAL REHABILITATION ASSOCIATION POLICY
APPROPRIATIONS FOR 1975 UNDER THE VOCATIONAL REHABILITATION ACT

Formula Grants to States Under VR Act (Section 110)

Appropriation Authority	$680 million
Administration Recommendation	670 million
NRA Recommendation	680 million

Figures collected by the Council of State Administrators of Vocational Rehabilitation reveal that states have funds available sufficient to match far more than the $680 million authorized in the law. Since the new law authorizes reallotment to states with extra state money of unused state allotments, all of the money appropriated will be spent. The additional funds should result in the rehabilitation of approximately 5,000 additional persons.

Expansion Grants

Appropriation Authority	$39 million
Administration Recommendation	0
NRA Recommendation	30 million

The Administration would phase out expansion grants. These grants carry a 90% federal share and have been most useful in the past to stimulate expansion of program to groups of handicapped individuals not adequately served. Funds are allotted to the states on a population basis. Projects developed under this program may be administered by either state agencies or voluntary agencies with state approval. A large part of expansion grants program has been carried out through the voluntary agencies.

During the last two or three years, practically all appropriations under this section have been used to support projects designed to increase the numbers of public assistance recipients being rehabilitated. Although funds will be available under the Social Security Act to pay for rehabilitation services for individuals drawing SSI benefits (blind and totally and permanently disabled), this fund cannot be used for rehabilitation services to parents of children on AFDC benefits, which group provides most of the public assistance rehabilitation case load.

In previous legislation, the Secretary's priorities prevailed in the selection of expansion grant projects. In the new legislation, at least one-half of the sum appropriated will be expended under state priorities. The $30 million we are recommending will be used on expansion grants in areas of services for the severely disabled.

Spinal Cord Injuries - 40 projects	$ 8.0 million
Expansion of Services to Older Blind - 40 projects	4.0 million
Expansion of Services to Epileptics - 25 projects	2.5 million
Expansion of Services to Deaf - 40 projects	4.0 million
Expansion of Services to Renally Disabled - 20 projects	4.0 million
Continuation of Special Projects for Public Assistance Clients - 40 projects	7.5 million
Total	$30.0 million

It will be noted that these projects will be in the areas which received special emphasis in the new legislation.

Training

Appropriation Authority	$27.7 million + such sums
Administration Recommendation	11.5 million
NRA Recommendation	45.4 million

It is evident that the Administration has been playing a game with Congress relative to this appropriation for training. By failing to spend all of the funds appropriated for a given year and pushing a part of the appropriation into the next year, it has given the impression of spending all money appropriated, while reducing the program level from over $30 million at its highest point to the $17 million level for 1974. It expects to continue this process in 1975. This practice has continued in spite of language in the 1974 appropriation bill that clearly indicated the intent of Congress that the 1974 program level be $27.7 million. In the following paragraphs we shall indicate the effect of various appropriations on the spending level, provided Administration policies continue as they are.

If Congress appropriates $11.5 million for training for 1975, as recommended by the Administration, and the Administration policy on committing training funds continues, the $11.5 million appropriation added to $10 million expected to be carried over in advance funding from 1974 would result in a $21.5 million program. But HEW, we understand, would project $4.5 million of this amount into advance funding for 1976, leaving the program level for 1975 at $17 million, which is identical with the 1974 level. See Plan A below.

If one wants to have the 1975 use level ($27.7 million) and have the program completely advance funded for 1976, the amount required to be appropriated would be about $45.4 million. Therefore, the appropriation for 1975 must be related to what Congress wants to do about advance funding. Full advance funding is authorized in the law, but so far as we know has not been recommended by the Administration. Congress might use the device of appropriating enough to assure the $27.7 million expenditure in 1975 and give obligational authority for the amount to be advance funded. See Plan B below.

If Congress appropriates $27.7 million for 1975, the level Congress expected the program to maintain in 1974, the following results would be expected. The $27.7 million appropriated for 1975 plus the $10 million carried over in advance funding from 1974 would result in $37.7 million being available for 1975. The actual amount used in 1975 would be this amount ($37.7 million) less whatever is carried over in advance funding for 1976. Judging from Administration policy in the past, we might anticipate that the amount carried over for 1976 would be about $14 million, which would reduce the use level in 1975 to $23.7 million. See Plan C.

The above statements are summarized in the following tabled:

Plan A - Administration Proposal	
Appropriation for 1975	$11.5 million
Carryover from 1974	10.0 million
Total	21.5 million
Less Carryover for 1976	4.5 million
Use Level for 1975	$17.0 million

Plan B - NRA Proposal

Appropriation for 1975		$45.4 million
Carryover from 1974		10.0 million
	Total	55.4 million
Less Carryover for 1976		27.7 million
Use Level for 1975		$27.7 million

Under Plan B the program is completely advance funded for 1976 at $27.7 million level. As already indicated, $27.7 million of this could be in obligational authority instead of direct appropriations.

Plan C - Possible Effect of $27.7 Appropriation

Appropriation for 1975		$27.7 million
Carryover from 1974		10.0 million
	Total	$37.7 million
Less Carryover for 1976		14.0 million (Estimated)
Use Level for 1975		$23.7 million

If the program is to be restored to the $27.7 million level for 1975, it will not be necessary for the Rehabilitation Services Administration to phase out any of the important training programs which it has financed in recent years. Both long-term university training programs and short-term training can be supported. Likewise, continuing education for present employees can be expanded.

Facilities Construction and Staffing

Appropriation Authority	Such Sums
Administration Recommendation	$ 100,000
*NRA Recommendation	$ 20,000,000 - 50,000,000

The Administration is attempting to phase out federal support for rehabilitation facilities under the Vocational Rehabilitation Act. The $100,000 included in the Administration's recommendation is to pay off some staffing grants made in previous years. This phase-out is being undertaken in the face of well known need for greatly expanded rehabilitation facilities, if the rehabilitation programs are to serve the severely handicapped individuals which Congress apparently expects them to serve, as indicated in the recently passed legislation. A state-by-state survey of the need of rehabilitation facilities undertaken by NRS, GIA, and IARP has indicated that in fifteen states alone there is a need for 127 new rehabilitation centers and for the expansion and improvement of 93 additional centers. The estimated cost of the new facilities would be $48 million, the expanded facilities $15 million, with an additional $20 million needed for staffing. Since the rehabilitation facility construction and staffing program has been brought to a complete halt by this Administration, one cannot plunge suddenly into a program of this size, we realize. Accordingly, we are requesting an appropriation of $20 million for 1975. It would be our suggestion that most of this sum would be spent in 1975 in expanding and improving existing facilities and including staffing. At the same time, if Congress indicates by this appropriation its intention to continue financing rehabilitation facilities, communities needing such facilities can be preparing applications and developing local readiness leading to the submission of project applications for 1976.

* Exact amount to be requested dependent upon survey of pending applications now under way.

Facility Improvement and Training Services

Appropriation Authority	Such Sums
Administration Recommendation	$ 8 million
NRA Recommendation	$15 million

This appropriation will be used as follows: Approximately $8 million will support the training services projects at the current level. The remaining $7 million will be used for grants to assist them in meeting standards for accreditation. The Council of State Administrators of Vocational Rehabilitation has announced that effective in 1975 they shall require accreditation by the Commission on Accreditation of Rehabilitation Facilities or National Accreditation Council as a prerequisite for purchasing services in these facilities. This accreditation program is well advanced and capable of meeting this challenge. On the other hand, many rehabilitation facilities must make improvements in equipment and staffing in order to meet the requirements of accreditation. Approximately 100 facilities could be assisted with modest grants with the $7 million we are suggesting be made available.

Mortgage Insurance

Appropriation Authority	$ 2 million
Administration Recommendation	none
NRA Recommendation	1 million

The mortgage insurance program is new, being included for the first time in the 1973 legislation. So far as we know, the Administration has not made any recommendations for implementing this program. It is our understanding that it was the intention of the Secretary of HEW at one time to delegate the administration of this program to the Department of Housing and Urban Development. So far as we are concerned, this would be satisfactory. The money to start out such a program, however, would have to be appropriated, we presume, under the Vocational Rehabilitation Act and should be included in this appropriation.

Special Projects and Demonstrations

Appropriation Authority	$17.0 million + such sums
Administration Recommendation	2.2 million
NRA Recommendation	20.0 million

The above stated recommendation of $2.2 million for special projects and demonstrations may appear to be inconsistent with the Administration statements relative to appropriations for this program. The additional sums which are being recommended, however, are to be spent on special projects and demonstrations administered under the Developmental Disabilities Act. This is a fine program and deserves support but it serves a relatively small segment of special project needs. When the amount the Administration proposes to spend on the Developmental Disabilities projects is subtracted from the total, only $2.2 million is left for other special projects and demonstrations.

This pitifully small appropriation recommendation is made in the face of the new legislation which calls for a vastly expanded special projects and demonstration program in the areas of services to older blind, the deaf, victims of renal disease, spinal cord injured, and others. Also, client assistance projects are to come from this item. These grants go, in the main, to voluntary agencies. They permit these agencies to put into practice on a trial basis what new knowledge and techniques research has revealed

We propose expenditures as follows:

Continuation of Special Projects in Industry	$ 1 million
Continuation of New Careers for Handicapped Projects	1 million
Client Assistance Projects	1 million
Continuation of Existing Miscellaneous Projects	3 million
New Projects in the Areas Referred to Above	5 million
Migratory Worker Projects (Mandated by Law)	2 million
New Projects in Areas of Housing and Transportation for the Handicapped	2 million
Miscellaneous New Projects	5 million
Total	$20 million

It is impossible to calculate the value the special projects and demonstration program has been to the development of rehabilitation since 1954, when this program was inaugurated. It is under this program demonstrations have been launched in the areas of rehabilitation of public assistance recipients, public offenders, mentally retarded, and many others. It would be tragic if this program should fold up, as it will certainly do under Administration recommendations.

Research

Appropriation Authority	$25 million + such sums
Administration Recommendation	20 million
NRA Recommendation	30 million

It is our understanding that approximately one-half of the amount recommended by the Administration would be used to maintain the funding of the research training centers. Our estimate of how an appropriation of $30 million will be expended is as follows:

R & T Centers	$12.0 million
Spinal Cord Injury Research	4.0 million
Renal Disease Research	2.0 million
Rehabilitation Engineering Centers	7.5 million
International Research Projects	2.0 million
Miscellaneous Projects	2.5 million

The new legislation specifically mandates the financing of research and training centers, spinal cord injury research, engineering research, and international research. It is clearly evident that a research program to have any measurable impact upon the movement will require financing at least at the level we are suggesting.

Total Increases Recommended in This Document

Formula Grants to States	$10.0 million
Expansion Grants	30.0 million
Research	10.0 million
Training	33.4 million
*Facility Construction	19.9 million
Facility Improvement & Training Services	7.0 million
Mortgage Insurance	1.0 million
Special Programs and Demonstrations	12.8 million
Total	$124.1 million

* Minimum

Mr. PATTEN. Thank you very much.

WEDNESDAY, MAY 15, 1974.

SICKLE CELL ANEMIA

WITNESS

HON. LOUIS STOKES, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF OHIO

Mr. PATTEN. We have the distinguished gentleman from the great State of Ohio, Mr. Louis Stokes. Will you proceed, please?

Mr. STOKES. Thank you very much, Mr. Chairman.

Mr. Chairman, I am Louis Stokes, U.S. Representative from the 21st Congressional District of Ohio.

I am here today to ask why not one penny of the funds authorized by the National Sickle Cell Anemia Control Act, Public Law 92–294, has been spent?

None of the $65 million authorized for the past 2 fiscal years was spent. This was not primarily the fault of Congress in fiscal year 1973, as it did include appropriations for the Government's sickle cell program in H.R. 15417 and H.R. 16654. President Nixon vetoed both of these appropriations bills in August and November of 1972, respectively. But, for fiscal year 1974, no appropriation was made. Now we face fiscal 1975 with an authorized $50 million at our disposal. Are we once again going to ignore the tens of thousands of Americans, white and black, who suffer this incurable blood disease by failing to appropriate money to fund Government research and service projects? Will Congress make next year's hearing testimony read "$115 million authorized and not a penny appropriated?"

All money that the Government's sickle cell program has received came from the National Institute of Health. There has not been a great deal, but that is not the fault of NIH. Lacking evidence of specific congressional intent in the shape of a line-item appropriation, NIH has dipped into its general research or operating funds to allocate something for sickle cell. Because this disease has to "compete" with other diseases for these funds, there is never any assurance that current funding of the sickle cell program will keep pace with the accelerating human need for results.

Let me talk for a minute about that human need. Its agony is compounded by the fact that sickle cell is still a relatively unknown disease. But, just what causes the abnormal hemoglobin content of a red cell when it elongates like a "sickle" is a question for which science has yet to find a definitive answer. Meanwhile, its victims, most of whom are black, and, more often that not children, suffer.

It is estimated that sickle cell anemia strikes 1 in every 500 black Americans. But, a reliable figure is simply not available. There may be many more than 50,000 sufferers of sickle cell disease, and many more than the estimated 2 million carriers of the sickle cell trait.

The widely accepted belief that only black people are susceptible to the disease can be traced to the relatively meager scope of research which persists even to this day. Inadequate funding, not a lack of scientific dedication, is the underlying cause of this fallacy. Studies have

been confined to black people in whom the sickle cell trait is especially prevalent. But, in fact, all persons of Mediterranean descent are susceptible, particularly Greeks and Italians. Yet, no studies have been conducted on the prevalence of the sickle cell trait among them, and no screening or education programs launched to aid sickle cell victims in Greek, Italian, or Spanish communities. No one is able to guess how many people in these communities suffer the disease or carry the trait. It would not be an exaggeration to say that they are among the most neglected victims of sickle cell disease.

Unless funding for sickle cell research and for screening and treatment programs is dramatically increased, the distinction between most neglected and least neglected will be academic.

Research and development is largely the province of the National Heart and Lung Institute. For all intents and purposes, heart and lung controls the budget of the smaller Sickle Cell Office in the Health Services Administration. Unfortunately, the Heart and Lung Institute receives no funds specifically earmarked for sickle cell disease. The budget heading is "Blood Diseases and Resources." Even this wide ranging fund category is recommended for a lower budget.[1]

Some sickle cell research funding also came from general NIH funds, but even including these amounts and the amount of funds obligated by NIH, the gap between actual funding and authorized potential funding has widened to 2 to 1.[2] In fact, this calculation is quite conservative. Since none of the actual funding comes under title XI, the real gap between actual funding, and authorized potential is more likely $65 million to zero.

Mr. Chairman, to put these figures in proper perspective, I recall for you the human context. Before sickle cell disease became famous or notorious 4 years ago, many black children suffered recurring bouts of extreme pain, swollen joints and high fever, often requiring hospitalization. The child's parents, in turn, suffer as parents always do when they are helpless to alleviate their child's pain or to explain its cause to him. Children have suddenly died without warning. But, more often, their parents have had to watch them grow anemic, shrunken, too delicate for sports, and destined for an early grave.

The almost overnight publicity sensation which news of sickle cell finally made in 1971 created great confusion. Panic spread throughout the Nation's black communities; families were terrified by misinformation, and racist employers and insurance companies found a new pretext for discrimination against black people. The dust has settled somewhat, but much confusion and ignorance remains, not only among blacks, but also among susceptible white Americans. The need for

[1] See below:

1973 (actual)	$42,098,000
1974 (estimate)	50,952,000
1975 (estimate)	50,309,000

[2] See table below:

Year	Title XI authorization	NIH obligated funds
1973	$25,000,000	$17,500,000
1974	40,000,000	20,600,000

more adequate research, education and counseling about sickle cell disease is as imperative as the need to find a cure itself.

In 1971, the Congress of the United States made a serious commitment to the cause of fighting sickle cell disease. With 1975 on the horizon, we face the prospect of that authorizing commitment expiring without the most feeble congressional followup.

In view of the horrors of the disease, and in view of weakening White House determination to do anything about it, it is, in my opinion, the duty of Congress to re-exert its authority and take back budgetary control of the Federal sickle cell program. This we can accomplish by simply including in the Labor/HEW appropriation bill a line item appropriation for sickle cell disease.

The implementation of this appropriation would spark new initiative toward the development of improved methods of prevention, diagnosis, treatment, and the clinical management of sickle cell crises. It would promote the development of new projects that could research the uses of new antisickling agents and discover other safe, reliable, more effective techniques of treatment.

I suggest that since none of the first $65 million was, in fact, appropriated, it would not be at all out of the question to appropriate the entire $50 million authorized for fiscal year 1975.[3]

Practically speaking $50 million will mark a great advance in funding for sickle cell research and service projects. When title XI comes up for renewal of its authorization next year, we will be dealing with a viable program, not a white elephant. If we fail to implement the authorization, I believe it will be much harder to make a convincing case for the need to renew the commitment we made in 1972.

Mr. Chairman, I strongly urge this subcommittee to include in the Labor/HEW appropriations bill a line item of at least $50 million for the Federal sickle cell disease research and community service program.

Mr. PATTEN. I think you just cost the Government a couple of million dollars the way you are talking. You have made a new persuasive presentation.

Mr. STOKES. Thank you very much.

WEDNESDAY, MAY 15, 1974.

HEALTH AND EDUCATION PROGRAMS

WITNESS

RICHARD DOWLING, DIRECTOR, GOVERNMENTAL AFFAIRS, AMERICAN SPEECH AND HEARING ASSOCIATION

Mr. FLOOD. Now we have the American Speech and Hearing Association, Mr. Richard Dowling, director, governmental affairs.

Mr. DOWLING. Mr. Chairman, we have a prepared statement for the record.

Mr. FLOOD. Without objection, that will be placed in the record.

[The statement follows:]

STATEMENT OF RICHARD J. DOWLING, DIRECTOR OF GOVERNMENTAL AFFAIRS, AMERICAN SPEECH AND HEARING ASSOCIATION, REGARDING FISCAL 1975 APPROPRIATIONS FOR THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

[Richard J. Dowling of Rockville, Md., holds degrees from the University of Scranton (B.A. in philosophy), Boston University (M.A. in public communica-

[3] $35,000,000 under title XI, sec. 1101b and $15,000,000 under title XI, sec. 1102b of the Public Health Service Act.

tions) and the Georgetown University Law Center (J.D.). Former employment includes work with the legislative department of the U.S. Chamber of Commerce and, in the House of Representatives, as an aide to Maine Senator William D. Hathaway. He also served for 3 years as a commissioned officer in the U.S. Army's Air Defense Command. A native of Scranton, Pa., Mr. Dowling is a member of the Pennsylvania Bar. He has worked in his present capacity for 3 years.]

THE AMERICAN SPEECH AND HEARING ASSOCIATION

The American Speech and Hearing Association (ASHA) is a national scientific and professional society made up of some 18,000 speech pathologists and audiologists. The speech pathology and audiology profession is the primary discipline concerned with the systems, structures, and functions that make human communication possible; with the causes and effects of delay, maldevelopment, and disturbance in human communication; and with the identification, evaluation, and habilitation of individuals with speech, language and hearing disorders. Speech pathologists and audiologists considered "qualified providers" under medicare and medicaid regulations must hold a master's degree in their field of specialization and have completed a "fellowship year" of supervised clinical internship. These standards are also among those set by ASHA for the achievement, on the part of potential service providers, of the ASHA certificate of clinical competence in speech pathology or audiology. ASHA additionally requires the passing of a national examination administered by the Educational Testing Service, Princeton, N.J.

Speech pathology and audiology practitioners render their professional services in such settings as hospital speech and hearing clinics, free-standing outpatient speech pathology and audiology clinics, university outpatient clinics, outpatient rehabilitation centers (for example, Easter Seal agencies), Veterans Administration hospitals, Head Start programs, private practice, and private and public schools. Among those in the Nation's communicatively handicapped population with whom speech pathologists and audiologists work are the many thousands of Americans (including 20 to 25 percent of all persons 65 and older) who experience bilateral hearing losses of a magnitude sufficient to seriously restrict their understanding of speech. Also included are those Americans for whom cancer-caused removal of the larynx results in a total loss of voice, and those who experience a significant reduction in language function (aphasia) as a result of stroke. Clients additionally include children and adults with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, educational, and/or vocational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments.

The most recent Federal Government data puts at 20 million the number of communicatively handicapped Americans.[1] A report on the Government's study termed a population of 236,000 deaf Americans "a conservative total."[2] The same report estimated that some 8½ million Americans have "hearing problems of one type or another which are less severe than deafness but which impair communication and hence social efficiency."[3] Americans plagued by central communication disorders (for example, impairments of speech and language resulting from stroke or mental retardation) were estimated at 2.1 million, and those with speech disorders at an astonishing 10 million.[4]

In this statement, ASHA addresses the funding needs of five DHEW health and education program areas with responsibilities and activities that significantly affect both the Nation's communicatively handicapped and the speech pathology and audiology professionals who serve their health and education needs. The program areas are: (1) the Bureau of Education for the Handicapped, U.S. Office of Education; (2) the Head Start program; (3) the National Institute of Neurological Diseases and Stroke; (4) the Health Services Administration's Maternal and Child Health program; and (5) the Rehabilitation Services Administration of the Social and Rehabilitation Services.

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[1] Report of the Subcommittee on Human Communication and Its Disorders, National Advisory Neurological Diseases and Stroke Council (NIH), Human Communication and Its Disorders—An Overview, Bethesda, Md. (1969).
[2] Ibid., p. 11.
[3] Ibid., p. 13.
[4] Ibid., pp. 16–17.

With respect to programs authorized by title VI, part C of the Elementary and Secondary Education Act (ESEA), ASHA makes these recommendations:

1. That early childhood projects be funded at the $14 million level recommended by the administration—representing a $2 million increase over the fiscal 1974 appropriation. This successful program for creating demonstration models experiences a 10-percent annual inflation. The $2 million increase would not be invested in new early childhood centers, but merely in defending against the kind of program-erosion inflation can cause, as well as in promoting the replication of existing demonstration centers at the State and local levels.

2. That the regional resource centers program be funded at the $9.25 million level recommended by the administration—representing a $2 million increase over the fiscal 1974 appropriation. The objective of this program is the development of educational strategies for handicapped children. The modest $2 million increase would significantly contribute to the objective's achievement by assisting State and local governments in identifying and appropriately placing handicapped children, and by supporting an initiative begun this year to establish 10 resource projects devoted to the needs of the severely handicapped.

3. That the deaf/blind centers program be funded at an $18 million level—representing a $4 million increase over the fiscal 1974 appropriation and a $6 million increase over the administration's $12 million fiscal 1975 recommendation. This program maintains centers throughout the country for children who are both deaf and blind. The recommended increase would permit the provision of needed educational services for nearly all members of this relatively limited population. With the increase, for example, full-time educational services could be provided for 3,300 children—700 more than are now benefiting from such services; the number of children currently receiving short term and part-time services could be increased from 700 to 900; and the number of parents of deaf/blind children now receiving counseling could be increased from 3,300 to 4,000.

With respect to programs authorized by title VI, part D of ESEA, ASHA makes these recommendations:

1. That the personnel training program be funded at a $50 million level—representing a $10 million increase over the fiscal 1974 appropriation and a $12 million increase over the administration's $38 million fiscal 1975 recommendation. A comprehensive review of personel needs in the overall education community released recently by DHEW states flatly that although the Nation's supply of teachers is expected by 1975 to outstrip the demand, there is still a shortage of qualified special education personnel and regular classroom teachers trained to educate handicapped children.[5] According to that report, only about "40 percent of the identified handicapped children today receive special education of some type."[6] ASHA is acutely aware of the needs education programs experience throughout the country for professionals qualified to provide educational and habilitative services to speech, language, and hearing handicapped children. Today, only about 100 audiologists are employed by public school systems to serve the Nation's deaf and hard of hearing children. This number is dismally below the number of professionals needed to render such education-related services as hearing examinations, hearing aid evaluations, and auditory training and habilitation. Ten times as many audiologists working in the schools would only begin to scratch the surface of the personnel needs in this important area. Approximately 33,000 speech pathologists are required to help meet the educational needs of the Nation's speech and language handicapped children. Some 16,500 are presently providing speech pathology services to school populations, only 6,800 of whom meet the widely recognized ASHA standards of clinical competence.

2. That the recruitment and information program be funded at a $750,000 level—representing a $250,000 increase over both the fiscal 1974 appropriation and the administration's fiscal 1975 recommendation. DHEW's acknowledgement that education of the handicapped is one of the very few

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[5] The Education Professions, 1971–72, pt. III, DHEW publication No. (OE) 73–12000, Washington, D.C. (1973).
[6] Ibid., p. 1.

education-community areas wherein manpower needs are significantly unmet, together with the need for employing better qualified special education professionals, argues very strongly for the modest $250,000 increase over the amount heretofore provided for recruitment and information.

With respect to programs authorized by title VI, part E, of ESEA, ASHA recommends: That the innovation and development programs be funded at the $10 million level—provided by the fiscal 1974 appropriation and recommended by the administration for fiscal 1975.

With respect to programs authorized by title VI, part F, of ESEA, ASHA recommends: That the media services and captioned films programs be funded at a $15 million level—representing a $2 million increase over both the fiscal 1974 appropriation and the administration's fiscal 1975 recommendation. The bulk of the increase, we believe, would be put to use helping BEH meet its expanded statutory responsibilities for increasing and improving educational services for the most severely handicapped children.

With respect to programs authorized by title VI, part B, ASHA recommends: That the aid to the States program begin finally to play the role for which it was designed—that of encouraging the development and improvement of State special education programs. The program's authorization level for fiscal 1973 was $220 million; the fiscal 1973 appropriation was only $37.5 million. Last year, the Congress increased the appropriation by $10 million, and the administration would have it repeat its 1974 $47.5 million appropriation in fiscal 1975. But the requested amount will continue to leave this, the most basic support program in the Education of the Handicapped Act, grossly underfunded. The appropriation should be raised to a minimum level of $80 million in the coming fiscal year.

HEAD START

Public Law 92–424 requires the Head Start program to assure that handicapped children comprise at least 10 percent of all children enrolled in Head Start projects throughout the country. The administration calls for a $39 million increase over the fiscal 1974 $407 million appropriation. We believe that an increase is required—$39 million merely to prevent inflationary erosion of existing Head Start initiatives; $20 million more to assist in meeting statutorily based guidelines regarding minimum service levels in the total Head Start effort for example, establishing and meeting appropriate professional-pupil ratios); and another $18 million to assist in providing appropriate special services to Head Start's new special population.

NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND STROKE (NINDS)

NINDS is charged with the mission of increasing our knowledge of the brain, the nervous system, and the mechanisms of human communication. Its work benefits the more than 40 million Americans burdened by disabling neurological disorders and difficulties of hearing, speech, and language. More specifically, the two-decade-old Institute is concerned with research on epilepsy, multiple sclerosis, muscular dystrophy, injury to the brain and spinal cord, hereditary diseases of the nervous system, developmental neurological disorders, tumors of the brain and spinal cord, stroke, Parkinson's disease, otosclerosis, and many other disorders affecting hearing and speech.

As in years recently past, the administration's fiscal 1975 budget fails to propose adequate funding for the NINDS's important mission. The request calls for about $10 million less than was appropriated 3 years ago, a rollback that in these inflationary years constitutes a slap in the faces of those afflicted by neurological problems and those whose research is essential to therapeutic progress in these areas.

The number of Americans killed or disabled by stroke rises sharply each year. For a time, so did the number of NINDS-trained professionals in the cerebrovascular disease and stroke area: NINDS-supported training programs were responsible for increasing the number of neurologists in the United States from 250 in 1952 to about 5,000 today, and for substantial increases in the neurological subspecialties of neuroradiology, neurosurgery, audiology, otolaryngology, and speech pathology. But today, for example, there are 60 vacancies in departments of otolaryngology, and clinical departments of medical neurology say they will need 50 new teachers in the next 5 years. The administration's budget with its neglect of training support, if adopted, would not fill these vacancies; rather, it would create more.

Institute officials have repeatedly pointed to the need for significant NINDS-supported research in the area of speech and language disorders. But the Institute, they say, does not have the financial capacity to help train the scientists who would perform this important work. Similarly, the Institute's perinatal project, which could provide breakthrough leads on communications disorders, has seen its efforts stalled. Researchers developing prototype transmodal communication devices for those with seriously impaired hearing cannot presently look with assurance to the administration's budget for training and research assistance.

ASHA joins other organizational members of the Coalition on Health Funding in the belief that $137.5 million is appreciably more responsive to the research and training needs addressed by NINDS, and recommends that at least that sum be appointed. Such an appropriation would represent a $12.5 million increase over the amount provided by the Congress for fiscal 1974 operations.

MATERNAL AND CHILD HEALTH (MCH)

At the beginning of his first term of office, President Nixon called for "a national commitment to providing all American children an opportunity for a healthful and stimulating development during the first 5 years of life." Yet the funding implications of that commitment have not reached the maternal and child health program, one of the primary Federal vehicles for dealing with maternal and child health.

Lack of commitment to maternal and child health is no more apparent than in a review of the Federal budget: In 1960, 50 percent of Federal expenditures for health-care services were devoted to children; but in 1974, only 10 percent of those expenditures were being utilized for child health care.

Maternal and child health programs, authorized under title V of the Social Security Act, are basically devoted to preventing illness and disability, safeguarding the period around pregnancy, and minimizing health hazards by identifying them as early as possible. It has been estimated that one-third of all chronic handicapping conditions among children, including most speech and hearing handicaps, could be prevented or corrected with care during the preschool years, and up to 60 percent of these conditions could be corrected if care and attention were available through adolescence. But maternal and child health has not been given the resources to cash in on these percentages.

Congress has manifested interest in the health status of women and children on many occasions—at the initial establishment of MCH programs in 1935, in the authorization of special projects in 1963 and 1965, and most recently by granting a $7 million supplemental appropriation in fiscal 1974, and providing for fiscal 1975 an additional $30 million authorization. These recent addenda are geared to offset losses to existing programs, thereby obviating a reduction in services and possible closing of programs.

But aside from program transfers from Family Planning Services, MCH has received no real funding boost since fiscal 1972. ASHA, once again in concert with other organizational members of the Coalition on Health Funding, believes that, for the purpose of sustaining MCH at previous levels of service, a figure of $292,455,000 is more responsive to the needs and responsibilities of the program. This is a 10-percent increase over fiscal 1973 through 1975 appropriations, direct operations and program transfers withstanding.

REHABILITATION SERVICES ADMINISTRATION (RSA)

The Rehabilitation Services Administration is principally charged by the Rehabilitation Act of 1973 (Public Law 93-112) with the responsibility of developing and implementing comprehensive and continuing State plans to insure current and future provision of vocational rehabilitation services to handicapped persons. RSA also provides such services itself—serving first those most severely handicapped—so that the handicapped can prepare for and engage in gainful employment. Among others, RSA pursues these activities:

Evaluation of the rehabilitation potential of handicapped persons;

Provision of assistance in the construction and improvement of rehabilitation facilities;

Development of new and innovative methods of rehabilitation, including services delivery, research, and special and demonstration projects;

Initiation and expansion of services to heretofore underserved groups of handicapped persons; and

Increasing the number of rehabilitation personnel and increasing their skills through training.

Administration estimates, offered during congressional hearings on the Rehabilitation Act, showed that there are between 7 million and 12 million individuals in the United States who require vocational rehabilitation services. We believe that population range is a markedly conservative one; but even if the low 7 million figure is used, RSA program services (again according to administration estimates) reach only about 15 percent of those who need them. Can this low percentage figure be attributable to RSA program inefficiency? Not generally; this and former administrations have called RSA's vocational rehabilitation program one of the most effective and humanitarian of all federally supported health efforts. Only increased funding will help RSA reach more of the handicapped, yet the administration proposes to cut back fiscal 1975 funds for RSA. And that the 15-percent figure will drop if the administration's budget is endorsed, for the number of newly handicapped Americans grows at about the same rate as our population.

In past years, federally supported vocational rehabilitation efforts have been responsible for returning 300,000 persons to productive activity annually. These rehabilitants earned an estimated $770 million more a year than they did during the year before they entered the rehabilitation process. Projected as lifetime earnings, these figures exceed $9 billion in increased earnings—just for those rehabilitated in 1 year. Taxpayers obviously share substantially in these earnings through increased taxes paid by the rehabilitants and reductions in tax-supported maintenance which would be required had these individuals not received rehabilitation services.

In the research area, the administration's proposal calls for a decrease in funding support in the face of clear congressional intent that the focus of RSA's research support should be expanded into such areas as spinal-cord injury and end-stage renal disease, and that its commitment to other rehabilitation-related research and evaluation efforts. ASHA believes at least $25 million is needed to support these important endeavors.

RSA's basic State grants program is pegged at the $670 million level in the administration proposal. Yet the States have shown that they have raised sufficient resources on their own to entitle them to the full $680 million authorization for fiscal 1975, and the Congress has made clear that the full authorization should and would be appropriated if the States evidenced the ability to hold up their end of the Federal States funding partnership designed by the 1973 authorization legislation.

With respect to the uses to which basic State grants are put by State rehabilitation agencies, ASHA hopes that the Appropriations Committee will utilize the strongest possible report language short of earmarking to encourage State agencies to begin appropriately addressing the rehabilitation needs of communicatively handicapped adults.

A comparison of data compiled by RSA[7] with data reported in Human Communication and Its Disorders: An Overview[8] clearly points up the fact that the number of communicatively handicapped adults rehabilitated by State vocational rehabilitation programs is miniscule. It is estimated that State vocational rehabilitation agencies rehabilitated only 0.23 percent of all hearing impaired adults between the ages of 17 and 65 during fiscal year 1972. At such a rate, it would take State agencies 426 years to rehabilitate all severely hearing impaired adults under age 65, assuming that the absolute number of hearing handicapped individuals remains stable and does not increase. The problem is exacerbated in relation to the category of speech and language impairment. Only 0.05 percent of those adults having speech and language impairments (excluding from the total population of speech handicapped adults those over age 65 and those with problems associated with mental retardation, hearing impairment and other congenital conditions) were rehabilitated by state vocational rehabilitation agencies during fiscal 1972. At this rate, it would take the State agencies 1,984 years to rehabilitate all speech and language impaired adults—again, assuming that the number of speech and language handicapped adults in the United States remained stable. Recognizing that regulations in 1972 may have permitted State

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[7] Characteristics of Clients Rehabilitated in Fiscal Years 1968–72: Federal-State Vocational Rehabilitation Program, Statistical Analysis and Systems Branch, Division of Monitoring and Program Analysis, Rehabilitation Services Administration, Washington, D.C. (1974).

[8] Op. cit.

agencies to provide services only to handicapped individuals with severe economic, social or educational disadvantages, then State agencies may have rehabilitated 0.23 percent of communicatively disabled and economically deprived adults during fiscal 1972.

The conclusion that State agencies are apparently not meeting the rehabilitation needs of severely disabled, communicatively handicapped adults is clearly demonstrated in the category of stroke with aphasia. The National Institute of Neurological Diseases and Stroke estimates that 500,000 American adults survive strokes each year, with 60,000 having aphasic conditions. Approximately 50 percent of stroke victims are below age 60. In addition, NINDS reports that prevalence of stroke in less than cancer and heart disease but stroke exceeds the latter two conditions in long-term illness and dependency. Yet, it is reported that all State vocational rehabilitation agencies rehabilitated only 172 adults with stroke-caused aphasia during fiscal 1972; only 144 in 1971; 157 in 1970. In other words, State agencies are rehabilitating less than 0.53 percent of those adults under age 60 who annually suffer severely disabling strokes resulting in aphasia.

This apparent failure of the State agencies to provide for the needs of hearing, speech and language impaired adults could be attributed to a lack of funds causing the same low degree of services provided in other categories of disabling conditions. We are aware of the funding problems experienced by the State agencies; but we are also acutely aware of the fact that State-agency cost cutting is not equitably applied. Indeed, as regards certain disabling conditions, State agencies rehabilitate a far larger percentage of those needing rehabilitation services than for the conditions of "Hearing Impairments" and "Speech Impairments." We sincerely hope that the committee will help end this inequity.

Perhaps the most perplexing aspect of the administration's RSA budget, so far as ASHA is concerned, is its assertion that rehabilitation professionals will increase and multiply without Federal assistance. Little short of supernatural intervention could bring this circumstance to pass at the administration's proposed rate of support for training. ASHA urges that the administration's paltry $11.5 million level of training support be raised to a level of $40 million.

Section 201(b) of the Rehabilitation Act of 1973 calls for "a balanced program of assistance to meet the medical, vocational, and other personnel training needs of both public and private rehabilitation programs and institutions," and goes on to include "speech pathology and audiology" among the 15 or so rehabilitation specialty areas into which training funds are to be directed. Our concern here is not so much that the manpower needs of the speech and hearing profession receive less attention and support than other of the specialty areas covered by section 201 (though there is some evidence this is so[9]). Rather our concern relates to the radical drop speech pathology, audiology, and all other training-specialty areas have experienced over the last several years. More specifically, our concern here is not that RSA is not living up to the statute's mandate to provide "a balanced program of assistance;" rather it is with the fact that the level of "balanced * * * assistance" has fallen off so markedly as to render RSA-supported training virtually meaningless.

RSA's treatment of speech pathology and audiology training should be illustrative. In the late sixties, the last stages of the RSA program's expansion and impact, the total support for graduate speech pathology and audiology training programs equaled about $3.5 million a year. Since the beginning of the seventies, support has dropped to an annual average of about half that amount. Two years ago, when the effects of the support cuts were only just beginning to be experienced, ASHA undertook a survey of all speech pathology and audiology training programs then participating in the Federal effort to help train speech pathologists and audiologists for rehabilitation work with the Nation's communicatively handicapped adults. The support situation evidenced by the results (some of which are listed below) has since been exacerbated by subsequent RSA efforts, fortunately forestalled by a vigilant Congress, to do away entirely with speech and hearing training support.

In mid-1972:

> Of all speech pathology and audiology training programs participating in RSA funding, 75 percent reported adverse effects resulting from fiscal 1972 funding cutbacks. As to the cutbacks themselves, the average funding de-

[9] See, e.g., statement of former SRS Commissioner John Twiname, "Supplemental Appropriations for Fiscal Year 1973," hearings before the subcommittees of the Committee on Appropriations, U.S. Senate (92d Cong., 2d sess.), Oct. 4, 1972, pp. 792-793.

crease per program was $7,500, down from over $37,000 in fiscal 1971 to $29,500.

Of all funded graduate training programs in speech pathology and audiology, 15 percent reported having to decrease the size of their faculties as a result of cutbacks in fiscal 1972 funding. And 15 faculty members in the 70 programs receiving RSA support were unable to continue employment.

An even larger percentage of graduate programs (21 percent) reported having to reduce full-time faculty and staff appointments to part-time appointments. Such was the case for 35 faculty and staff in the 70 programs receiving RSA support.

While RSA traineeship grants went to 498 graduate students in fiscal 1971, only 247 such grants were awarded for the fiscal 1972, a reduction of over 50 percent from 1971.

Of all programs, 16 percent were compelled to reduce the number of courses in speech pathology and audiology offered to graduate students.

Further, 38 percent reported quality or quantity decreases in graduate student practicum experiences.

Also, 29 percent reported decreases in research projects.

Also 47 percent reported increases in faculty teaching supervision loads; that is, less faculty time per individual student.

Of the training programs, 33 percent reported decreases in the number of communicatively handicapped persons treated in their clinical facilities.

Also 31 percent reported decreases in faculty and staff participation in continuing education programs.

Also 44 percent reported decreases in teaching and/or training supplies.

And 33 percent reported other untoward effects experienced as a direct result of RSA's fiscal 1972 funding cutback.

This year, Mr. Chairman, RSA seems to have added a new weapon to the arsenal it has put to use over the last several years to bring down its own professional training program. The weapon involves an RSA policy requiring students in rehabilitation specialty areas to exhaust prospects of funding assistance with other Federal agencies before requesting training support from RSA.

The new tack seemed to have been brought to a head last summer during an oversight hearing before the House Select Subcommittee on Education on the future directions of RSA. The following colloquy between Subcommittee Chairman John Brademas, the chief House sponsor of the Rehabilitation Act of 1973, and Corbett Reedy, then Acting RSA Commissioner, should be of interest:

"Mr. BRADEMAS. Well, I would be very grateful if you could make available to this subcommittee the evidence for the assumption that no more support from the Federal Government for the training of personnel to work with the handicapped is now required in view of the passage by Congress of the basic educational opportunity grant program. I happen to be one of the fellows that wrote the * * * program, so I think I know something about that, and I can tell you that we certainly did not assume * * * that the need for a variety of other existing training grant programs had suddenly disappeared. That again is another metaphysical leap of faith on your part without any evidence whatsoever to show to this subcommittee. Do you have any evidence for this proposition, Mr. Reedy, that we don't need any more Federal money to provide people to work with the handicapped?"

"Mr. REEDY. No; I do not." [10]

Yet despite congressional concern, and despite the nonexistence of evidence tending to show even a diminishing need for either Federal support of rehabilitation professional training or greater numbers of rehabilitation professionals, RSA continues to wield its new weapon. In a March 22, 1974, memorandum to project directors of RSA training grants, the Kansas City, Mo., regional RSA Office quotes former Acting RSA Commissioner James R. Burress as saying:

"Insofar as student support is concerned, the loans and grants available under the general student aid programs continue to constitute the primary Federal resource for assisting students pursuing advanced study in the rehabilitation professions. In those cases, however, where maximum effort has been made to secure general student assistance, but such student assistance is not possible under the general aid programs, traineeships may be provided under the rehabilitation training program."

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[10] "Oversight Hearing on Future Directions of the Rehabilitation Services Administration," U.S. House of Representatives (93d Cong., 1st sess.), Washington, D.C. (1973), p. 51.

Mr. Chairman, ASHA would like to see the will of Congress prevail in the instance of RSA training. We believe the best way for assuring that it does is for the Congress to appropriate an amount for the training of rehabilitation professionals sufficient to force RSA away from the twilight of statutory noncompliance and toward the important objective established by the legislature. An appropriation of $40 million for RSA training is both appropriate and necessary.

As regards the total RSA appropriation, the administration has recommended $769 million. ASHA agrees with the Coalition on Health Funding that at least $843 million is required if RSA is to meet even the minimum statutory requirements of Public Law 93–112.

Mr. DOWLING. The American Speech and Hearing Association is a national scientific and professional society made up of about 18,000 speech pathologists and audiologists practicing their profession in such settings as hospital, freestanding, and university speech and hearing clinics; rehabilitation centers such as Easter Seal agencies, VA hospitals, Head Start programs; private practice; and private and public schools.

Their potential client population numbers about 20 million Americans, the range of that population extending from children with hearing, speech, and language disorders to adults with severe hearing impairment to elderly stroke victims who experience aphasia or for whom the cancer-caused removal of the larynx results in total voice loss.

Our statement addresses what we consider to be realistic funding needs in five HEW health and education program areas—the Office of Education's Bureau of Education for the Handicapped, the Head Start program, the National Institute of Neurological Diseases and Stroke, the Health Services Administration's maternal and child health program, and the Rehabilitation Services Administration.

The statement is a bit on the long side. I might very well say "nuf said," but there are two budget areas to which I would like to call your special attention.

The first area concerns funding for the aid to the States program of part B, title VI, of the Elementary and Secondary Education Act, a program designed to help upgrade State special education programs. The administration has requested a $47.5 million appropriation for fiscal 1975, the same amount appropriated last year. We believe that amount should be raised to at least $80 million. Unless it is, the States will be unable even to begin lining up to the mandates their courts are setting forth, calling for equal educational opportunities and quality education services for all handicapped children.

The second area that will hopefully merit your special attention is funding for the training of rehabilitation professionals who work with handicapped adults. Such funding is authorized by section 201 of Public Law 93–112, the Rehabilitation Act of 1973.

As the latter portion of our statement will point out, we believe the Rehabilitation Services Administration is engaged in a deceptive kind of fan dance aimed at avoiding the will of Congress and destined to make it extremely difficult for disabled but rehabilitative adults to receive quality rehabilitation services from qualified rehabilitation professionals. What RSA is up to is insisting that graduate students seeking RSA support for their training cannot be considered for traineeships unless they can prove their attempts to get funding from other Federal sources were unsuccessful. A student who wants to work

with disabled adults must ostensibly solicit help from all of the following potential sources before he can turn to the agency which statute says should be his primary, perhaps exclusive Federal support source: The basic educational opportunity grant programs; the national direct student loan program; the supplemental educational opportunity grant programs; the college work-study program; and the guaranteed student loan program.

We think RSA is operating on the shady periphery of the law. The agency encourages Paul to rob Peter for the educational sustenance the agency itself should be providing. An increase from $11.5 million to the vicinity of $40 million for the purposes of section 201 would give RSA less reason for continuing their shell game and make prospects for the Government's rehabilitation efforts significantly brighter.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 15, 1974.

REHABILITATION RESEARCH AND TRAINING

WITNESS

DR. EDWARD LOWMAN, CLINICAL DIRECTOR, RUSK INSTITUTE

Mr. FLOOD. The American Congress of Rehabilitation Medicine, Dr. Edward Lowman, clinical director of the Rusk Institute.

Dr. LOWMAN. I would like to submit my prepared testimony and speak extemporaneously.

Mr. FLOOD. Very well.

[The statement follows:]

TESTIMONY OF DR. EDWARD LOWMAN FOR THE AMERICAN CONGRESS OF REHABILITATION MEDICINE AND THE AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

Mr. Chairman, my name is Dr. Edward Lowman, I am clinical director of the Institute of Rehabilitation Medicine which is affiliated with the New York University Medical Center. I am past president of the American Congress of Rehabilitation Medicine, and chairman of its legislative committee. I am also head of the legislative committee of the American Academy of Physical Medicine and Rehabilitation. I am testifying today on behalf of both organizations.

Mr. Chairman, I am testifying with regard to only two items in the HEW budget, and both relate to the vocational rehabilitation program. My testimony is directed to the research and training items in that budget.

RESEARCH

First, with regard to research, it must be realized that rehabilitation research is really a program of research and development. It is applied research. The types of research which we in the rehabilitation medicine field do involves research with methods of services and treatment of disabled individuals. Patient care is closely related to all research and development programs in rehabilitation medicine. For example, we have begun research at the Institute of Rehabilitation Medicine regarding various forms of inhalation therapy for those suffering from forms of pulmonary disease such as emphysema. We are in the process of developing methods of therapy so that individuals with substantial respiratory problems now can resume normal work providing they receive therapy treatments regularly. Much research is also being done with regard to bioengineering applications to alleviate disabilities. As you may have heard from Dr. Berringer who testified on Thursday, May 9, much is now being done in the field of developing electronic devices which will enable those who have lost certain of their sensory perceptions such as sight or hearing to regain them. Prosthetic devices are being developed which will enable quadriplegics to use their arms, legs, and hands.

Not only is this research patient- and service-oriented, but it is also the kind of research which even in the short term can have enormous payoffs for the Government. Enabling those with chronic pulmonary diseases to go back to normal work is not only humane with regard to the individual, but saves the Government substantial amounts of money in the long term because the Government will not be responsible for income support for that individual. In fact, the individual will be contributing tax dollars to the Government himself. The individual who is rehabilitated will return $10 in the form of tax payments for every $1 invested in him, according to the Rehabilitation Agency in HEW.

The research budget for rehabilitation has been extraordinarily low for 3 fiscal years. The level of spending in fiscal years 1973 and 1974 was $20 million, and the administration has requested only $20 million and fiscal year 1975. In fiscal year 1972, the level of spending was about $32 million. The substantial cut in fiscal year 1973 involved a reprograming of research moneys into training and services.

We urge this subcommittee to appropriate approximately $30 million for rehabilitation research. The $30 million would be expended for the following activities:

(1) $14 million for research and training centers—an increase of approximately $3 million over the current level of support;

(2) $7.5 million for bioengineering centers—this is the amount mandated by the rehabilitation amendments (if $30 million is appropriated);

(3) $2.5 million for spinal cord research;

(4) $4 million for special research in certain other categorical disease areas; in particular, chronic obstructive pulmonary disease (including emphysema, black lung disease) and hemiplegia;

(5) $1 million for international research—this program has not been funded, although it is one of the priorities in the 1973 Rehabilitation Amendments; there is much which we can learn from activities in foreign countries such as Poland, Yugoslavia, and Israel; and

(6) $1 million for State programs of excellence—this would be a new program to support the gathering and dissemination of information by State rehabilitation agencies regarding major improvements in service delivery.

TRAINING

The second item on which I want to testify is the rehabilitation training program. As you are well aware, no doubt, the level of expenditure for rehabilitation training in fiscal year 1974 was only $17 million, despite the fact that the Congress appropriated $15 million to be used with $12 million carried forward from fiscal year 1973. Of the $15 million appropriated, $10 million was carried forward to fiscal year 1975. This same problem occurred in fiscal year 1973 when the level of expenditure under the continuing resolution should have been $27 million, but only $15 million was spent with $12 million carried forward to fiscal 1974.

We think forward funding can help the program if it is not a tool to cut appropriations. Our solution to this constant problem, which results in expenditures of about 60 percent of appropriations levels, is to put the whole program on a forward-funded basis. In order to forward fund the program fully at $27.7 million, the Congress would need to appropriate $45.4 million in fiscal year 1975 for rehabilitation training. This amount, together with the $10 million which HEW will carry forward from fiscal year 1974, will bring the total to $55.4 million—enough to fund training at $27.7 million for 2 years (fiscal year 1975 and fiscal year 1976). The outlays for fiscal year 1975 would only be $27.7 million, and the outlays of fiscal 1976 would be $27.7 million. HEW is requesting only $11 million, of which $7 million is to be spent in fiscal year 1975, together with the $10 carried forward from fiscal year 1974.

We believe that this approach is the only way that the program can be put on a sound and certain financial basis.

PEER REVIEW OF RESEARCH AND TRAINING

Mr. Chairman, one of the urgent needs of both the research and training programs in rehabilitation is not money but leadership and expertise. Mary Switzer had established informal peer review committees for research and training grants which helped bring knowledge and direction to those programs. Such peer review has been disestablished despite interest in the Senate and

House authorizing committees and the professional organizations. We are working with HEW on its new regulations for the rehabilitation program and are insisting on provisions to deal with peer review, although HEW does not want to establish such a program. We had promised such provisions by Mr. Dwight and Dr. Edwards at a meeting in August of 1973. We urge you to lend support to this effort.

We are in support of the National Rehabilitation Association's statement on the other items in the rehabilitation budget.

Thank you for allowing us to testify before you today.

Dr. LOWMAN. I am representing today two professional organizations, the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation. I shall confine my remarks to the research and training components of the appropriation.

As to the reserve, the research and training center program was funded in 1972 at $11.8 million. For the past 2 years that funding has been reduced to $10.5 million. Research generally has been at only $20 million for 3 years.

The center program was initiated 10 years ago to develop centers of excellence for the improvement of clinical care for research and for training of personnel in rehabilitation medicine. This is attested to by the fact that in 1973 there were 500 research projects conducted. There were 1,200 long and short term courses of training for doctors, therapists, psychologists, and all types of paraprofessional personnel, 50,000 persons attending these courses in 1973.

The research directory for 1973 is a compilation of research projects which were done in 1973.

This is a compilation of audiovisual aids which have been developed in the research and training centers for use in smaller centers.

This is a bibliography of publications in the 10-year period, 1963-73, all of which attest to the excellence of performance of the research and training center program.

I am distressed that the programs have suffered significantly over the past few years because there has been a decrease in funding rather than an increase, despite the economic spiral.

We are recommending a 20-percent increase in funding over 1972 for the research and training center program to $14 million for the coming year, or simply to pick up the lag in the economy. We are requesting $30 million for the entire research program.

Research is little known really. I brought along some examples. When you talk about rehabilitation, you think about physical therapy and physical restoration and not about basic research. Actually the research program in the RT centers extends from the basics all the way to the practical levels of homemaking. We also have clinical objectives, clinical problems. It is not telescopic and microscopic research. It is clinically oriented. For example, we have never been able to measure blood flow in the brain and know to what extent a patient's brain is damaged as the result of stroke or as the result of intracranial brain injury.

We have developed a sensing device with other funds which I shall be glad to pass around. This will indicate the degree and extent of blood flow within an inch cubicle of the brain. With this measuring device it will then be possible not only to assess disability and the extent of damage but to try, then, to go about medical means of minimizing the damage done.

As a spinoff of this, we have been using this not on humans as yet but on animals. It is well known that premature animals and animals born small develop mental disabilities.

The use of this machine, in testing, accidentally showed up the fact that these particular animals who developed poorly had delayed or slowed brain blood flow. The implication is that if you can pick this up early enough that you can seek a therapeutic agent to prevent the mental retardation and developmental disability. This would be directly applicable to the human who matures at a much slower rate and in whom mental retardation and developmental disabilities show up later.

We have a program for the emphysema cripple, the person who cannot walk a block without being out of breath, who cannot carry on his day's work. We have an oxygen-enriched room. We use that and positive pressure breathing and various agents to dissolve mucous, exercising programs to strengthen abdominal muscles, and we can recompensate these people so they can return to work.

Ten years ago anyone who needed a lower extremity brace got a metal brace. Today 90 percent are fitted with plastic braces. They are light, more comfortable, interchangeable from shoe to shoe. This is a short-legged brace. There are many different types. Here is a long-legged brace, very light cosmetic braces.

The development of plastic braces has made it possible to develop braces for hemicorporectomy patients, patients cut in half, whose bladder has been diverted out with ilioectomy and the lower part of the body taken off because of cancer.

This case is a Vietnam war casualty who had extensive injuries, who was in a VA hospital, and who could not be fitted with braces. He came to the Institute. A brace was perfected for him. This is the result of it.

Incidentally, my associate called this youngster at Christmastime to see how he was getting along. He was snowplowing all winter.

We are 10 years behind the Italians in miolectric prosthesis for upper extremities and miolectric devices for upper extremities. Miolectric means to place an electrode on a distal muscle and with a flicker of the muscle the electrode will pick up that impulse, amplify it through appropriate computers, and provide movement of an extremity.

The people in Bologna have had some 700 cases fitted this way. We have only started it. It is applicable also to the high quadriplegic patient, a boy who has a broken neck. They cannot even lift an arm in order to use devices. Essentially all they can do is to use their mouths to sip and puff, which is a device for operating a motorized wheelchair. We need miolectric research to provide these people with the ability through devices to function with their arms, and legs. I have six of these youngsters in the hospital at this time who can do nothing but function with their mouths.

The French are ahead of us in bracing. This is a pneumatic brace which now has been patented in this country. It is tubular. It has a compressor. It is a much lighter brace which is much more comfortable. It can be used by a patient with much higher lesion. You can fit them with metal braces up to the chest and the weight of the brace is such they cannot get around.

We have started working with a company on this but we need to do research to improve the backup equipment; the compressor unit for this, for example. We need to improve the fabric because it blows out at 26 pounds and will not support a person over 165 pounds in weight. We need to do energy expenditure studies.

We have found that bacteria, all bacteria, are relatively affected by oxygen toxicitywise so that the ulcerous patient can be dived in the chamber for an hour and a half twice a day and within 2 days the ulcers will be free of bacteria. The same with burn patients. The healing progresses much faster.

There is a corollary to that. We have an ongoing study, of which this is an example, of living patients who are slow thinkers, approaching senility, and getting improvement in their ability to think and take care of themselves.

The Department of Hospitals is interested in this. For every one patient they can get out of a hospital the better off they are.

We are still plagued with problems of the spinal cord injury, the new spinal cord injured patients. The research aspects of the rehabilitation bill were written specifically including spinal cord disease research. As far as I know there has not been a single programmatic research project funded out of RSA in spinal cord injury. Economically the development of complications doubles the length of hospitalization and the cost of hospitalization. These patients wash out the calcium and deposit it all around the joints in soft tissues so they lose their mobility. This is a hip joint with a tremendous amount of calcium. We know nothing about this phenomenon.

I have a laboratory all tooled up and ready to go, not a cent from the Government forthcoming.

Finally, what is even more disasterous, kidney stones. This is just one of the metabolic phenomena of spinal cord injury we know nothing about.

In closing I would like to just tell you a little story about a patient. This fellow is Joe Benekowski. He was an electrical maintenance engineer for RCA. He developed a sabaceous cyst. As a result of a septicemia he developed a stroke. As a result of the septicemia he was treated with medication which had toxicity, affecting his hearing apparatus so he had auditory nerve damage and ended up deaf.

Here we have an electronic engineer who came to the Institute for rehabilitation. We fitted him with a brace, treated him physically in the restoration program, got him so he could ambulate sufficiently to get to the bathroom and take care of his needs, but for any distances he used a wheelchair.

He was taught to lipread. He was determined that he was going back to work despite the fact he had only one hand.

We got from RCA oscilloscopes and electronic equipment and through prevocational training let himself out. He got to the point where he felt he could swing the job.

We went to RCA and said, "This guy is as good with one hand as he was with two. Give him a try." They put him out in Jersey in a branch.

Living in Jersey was not the answer because he had to live near the plant where he worked, which meant living in Metropolitan New York.

They finally decided to take him back on a 6-month probationary period.

He now lives at the Taft Hotel, goes to work in his wheelchair every morning at 30 Rockefeller Plaza. He is now making $350 a week as an electronic maintenance engineer.

I point out this patient because it points out the sophisticated teamwork that is necesary to accomplish rehabilitation. Joe Benekowski had gotten services which only 1 out of 10 disabled in this country receive. The other nine are not getting services. They are not getting services not because—well, for lack of funding certainly, and for lack of physical facilities, but primarily because of lack of personnel.

A recent survey showed only 35 percent of doctors trained in physical medicine were available. I urge you to support the training program at the full $27.7 million.

WEDNESDAY, MAY 15, 1974.

VOCATIONAL REHABILITATION, CHILD HEALTH, AND CRIPPLED CHILDREN'S SERVICE

WITNESS

CLARE D. REJAHL, MADISON, WIS., ON BEHALF OF THE NATIONAL EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

Mr. FLOOD. The National Easter Seal Society for Crippled Children and Adults, Mr. Clare D. Rejahl, board of directors, Madison, Wis.

Mr. REJAHL. Mr. Chairman, I am Clare Rejahl and I am testifying on behalf of the National Easter Seal Society for Crippled Children and Adults—Easter Seal Society. I appreciate having the opportunity to testify before this subcommittee. I want to point out to the committee that I am a volunteer. I am not on the payroll of the Easter Seal Society. I imagine I should tell you at the same time that I did spend 30 years as an administrator in the vocational and rehabilitation program in Wisconsin, which terminated 10 years ago. My appearance here today, I think, is perhaps evidence of my continuing interest in the problems of the disabled and handicapped.

EASTER SEAL SOCIETY REHABILITATION PROGRAMS

Mr. Chairman, we in the rehabilitation movement are appreciative of the great support which this subcommittee has given to rehabilitation over the years. When Congressmen Fogarty and Laird were ranking members of this subcommittee, and Mary Switzer was in the Department of Health, Education, and Welfare, the rehabilitation program began its major growth. This growth was supported by those in the rehabilitation community: leaders such as Dr. Howard Rusk, Dr. Henry Kessler, and organizations such as the Easter Seal Society, the National Rehabilitation Association, and others. In recent years, your subcommittee has acted to sustain this growth. It has expressed confidence in the program at a time when such confidence is much needed. We are here today to urge your continued support of rehabilitation and in particular, your support of two programs whose activi-

ties are essential to the continued quality of rehabilitation: The vocational rehabilitation program and the programs authorized under title V of the Social Security Act, the crippled children's program, and the maternal and child health program.

Mr. Chairman, as you may know, the Easter Seal Society operates rehabilitation programs, including 252 comprehensive rehabilitation centers, treatment centers, and workshops throughout the United States. Our rehabilitation facilities vary in specific objectives, but all are concerned with rehabilitation of physically handicapped children and adults. Their disabilities range from orthopedic, neurological, and neuromuscular disabilities such as amputations, cerebral palsy, multiple sclerosis, muscular dystrophy, stroke, arthritis, and spinal cord injuries, to speech and learning disabilities. The specific focus of the facilities vary, however. Some are medically oriented rehabilitation centers whose services include medical diagnosis, physical therapy, occupational therapy, speech pathology and therapy, audiology, medical social services, prosthetic and orthotic services, and loan of equipment. Others are essentially vocational in their objectives and stress vocational evaluation, job training, sheltered workshop training, and supportive psychological and social services. In addition, the Easter Seal Society operates preschool programs, camps, a network of information and referral programs, and health screening programs, particularly for children.

As you can see, our program activities are related to all elements of rehabilitation as well as to preventive services aimed at early identification and treatment of disabling conditions. Our efforts in these areas are financed to a large extent through private, voluntary contributions. But about 25 percent of our expenditures for rehabilitation care are Government supported mostly by the Federal-State vocational rehabilitation program and to a lesser extent by other programs such as the Federal-State crippled children's services.

While we are proud of our voluntary nature and the private financing we are able to develop for services to disabled people, support from Federal programs enables us to expand our services and to train qualified personnel. We therefore urge you to appropriate the following amounts for the reasons set forth below:

APPROPRIATIONS FOR VOCATIONAL REHABILITATION

Federal-State program—Section 110.—We urge you to appropriate the full amount authorized—$680 million. The program has been operating at a level of $630 million during fiscal year 1974. The second supplemental would increase this amount to $650 million. A $30 million increase is really enough only to deal with increased costs plus some expansion of the program. The State agencies, we are informed, are able to match the full funding level of $680 million and estimate that such an amount can effectively be utilized. Clearly, the program is not meeting the needs of anywhere near the number of disabled people in this country according to social security estimates of the number of disabled. Dollars spent on rehabilitation of the disabled, in addition, are dollars paid back at a ratio of nearly 10 to 1 because rehabilitated people contribute to society and to the economy through their tax contribution.

Vocational rehabilitation training.—Our programs in rehabilitation need qualified personnel. Without such personnel, rehabilitation care cannot be provided no matter how much money is provided to pay for services. We urge you to restore the rehabilitation training program to its fiscal year 1972 level of $27.7 million. We realize now that to do this, in actuality the program must be put fully on a forward-funded basis. We therefore urge an appropriation of $45.4 million for fiscal year 1975 which, together with $10 million the Department of Health, Education, and Welfare is forward-funding out of the fiscal year 1974 budget, will enable the Congress to get the fiscal year 1975 program level to $27.7 million and forward-fund the program for fiscal year 1976 at $27.7 million. This money must be used for both long-term and short-term training. Our own interest has been in short-term activities and we hope that at least the same proportion of $27.7 million will be spent on short-term training, as is presently being spent, that is, about 15 percent.

Facility improvement and training.—We also recommend that the committee increase the request for facility improvement and training allowances. We urge that $15 million be appropriated for these activities as follows: $7 million for facility improvement, and $8 million for special training. The latter is what the Department of Health, Education, and Welfare requested. The former is $7 million above what the Department of Health, Education, and Welfare requested, but such an amount is necessary to enable many facilities to meet the standards of the Commission for the Accreditation of Rehabilitation Facilities. All facilities must meet these standards by 1975. There are 400 such facilities and $7 million will enable about 100 to improve themselves and meet these important standards through grants of about $70,000 per facility on the average.

APPROPRIATIONS FOR CRIPPLED CHILDREN'S SERVICES

The Federal-State crippled children's program has been at a level of $64 million for the last 3 years. We believe that the program should be increased to about $74 million. This $10 million increase will enable State programs to meet added costs generated through the inflation of the last few years and also to expand services to a greater number of children. The program provided services to about 580,000 children in fiscal year 1974. The estimate is the same for fiscal year 1975, although costs will go up so either fewer children will be served, or fewer services given to the same number of children. The caseload under the program has more than doubled since the mid-1950's, and is continuing to grow.

APPROPRIATION FOR MATERNAL AND CHILD HEALTH

We in the Easter Seal Society have been very active in screening and related preventive child health programs. We also are very supportive of related efforts under this program to prevent health problems and birth malformations in high risk infants. The Easter Seal Society has been very active in prevention of crippling disorders, especially with regard to rubella and polio. In order to continue these and other preventive programs which are humane and cost effective in preventing long term care and the costs related to it, we recommend a funding

level of about $195 million. This increase of about $15 million is necessary to prevent certain States from receiving less money in fiscal year 1975 than in fiscal year 1974. Because the project grants which are consolidated into the State program for fiscal year 1975 have been concentrated in urban areas, many States (about 22) will not receive as much money in fiscal year 1975 as in fiscal year 1974. The State allocation for fiscal year 1975 will not equal their State allocation and project grants in fiscal year 1974. We think that $15 million may assist in meeting that problem in addition to the redistribution of $25 million which the Department of Health, Education and Welfare has requested.

CONCLUSION

The most important resource of this Nation is its people. We have addressed our remarks to three major programs which, if adequately funded, can make individuals served under them taxpayers rather than tax users.

Thank you.

WEDNESDAY, MAY 15, 1974.

VOCATIONAL REHABILITATION

WITNESS

CRAIG MILLS, DIRECTOR OF THE DIVISION OF VOCATIONAL REHABILITATION IN THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES, REPRESENTING THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

Mr. FLOOD. The Council of State Administrators of Vocational Rehabilitation.

Mr. MILLS. Mr. Chairman, I am Craig Mills.

With your permission I would like to request that the written testimony be filed and I will give a brief digest of the salient points.

[The information follows:]

STATEMENT OF THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

Mr. Chairman and members of the committee, I am Craig Mills, representing the Council of State Administrators of Vocational Rehabilitation. I am also Director of the Division of Vocation Rehabilitation in the Florida Department of Health and Rehabilitation Services. Both the Council and I are extremely grateful for this opportunity to make our concerns known to you.

The Council is composed of the top administrators of all the public vocational rehabilitation agencies for physically and mentally handicapped persons in the 50 States, the District of Columbia, and in our territories. These agencies constitute the State partners in the State-Federal program of vocational rehabilitation services provided under the Rehabilitation Act of 1973 (Public Law 93–112). This 54-year-old program is the major resource for vocational rehabilitation services, and the Council of State Administrators has been an active force for strengthening the effectiveness of the program. Founded in 1940 to provide State input into the State-Federal program, the Council has since enjoyed a quasi-official status as advisor to Federal administrators in the formulation of policy and program decisions at the Federal level.

Your committee is in an excellent position to assure the disabled of this country that there is an effective implementation of the stated intent of the act that the handicapped be given the skills and opportunity to engage in gain-

ful employment. Our members, the State administrators, are very concerned about the ability of their programs to meet the current demands for vocational rehabilitation of the severely handicapped in their States.

It is because of this concern that I must strongly urge that your committee provide appropriations for basic State grants under section 100(b)(1) of the act in the full amount of the authorization—namely, $680 million. When one considers that the States, according to our most recent poll, can use in excess of $840 million on the basis of the present matching ratio, it becomes apparent that our request of $10 million more than the administration is not unreasonable.

It is indeed difficult for me, in these times of extremely high inflation and pervasive economic uncertainty, to come to you and ask for more money, but the realities of our new mandate that we give priority to rehabilitation of the severely handicapped compel that I do so. Our charge, that we give a vocation to those who, in many cases heretofore, were relegated to what can only be described as custodial stagnation, has been accepted enthusiastically. Its costs, however, are great. But they must be met. It is frustrating for me to see the most severely handicapped go without help that could make them, if not normal, certainly closer to normality; if not as productive as those without their handicaps, certainly sufficiently productive (here I am speaking solely in an economic sense) to make it worth their while, as well as the taxpayers'.

One cannot speak, however, only in economic terms. When involved in requests, forms, allocations, and so on, one tends to forget that what we are discussing is limbs, eyes, and ears that do not function. The loss which we try to rehabilitate or redress is not compensable in dollars, for dollars cannot approximate value here. The precious dollars from the Treasury that you have been kind enough to give us in the past are used not only to build—in the sense that handicapped persons who are employed can stand tall knowing that they are again self-sufficient and are repaying in taxes what their rehabilitation cost—but also they are used to prevent an incalculable waste of human potential.

Under optimum conditions and support thus far, the number of disabled individuals being reached by the vocational rehabilitation program has been but a small portion of the total population of individuals who could be benefited by such services. During his tenure as Acting Commissioner of the Rehabilitation Services Administration, Corbett Reedy estimated that only one-third of those who could benefit from vocational rehabilitation were being served. Again in the past year, many State agencies have found it necessary to slow down or defer service programs, especially for new applicants. This is the inevitable result of the increased emphasis on the rehabilitation of the severely disabled, a group for whom vocational rehabilitation requires more time and effort.

This increased emphasis on the severely handicapped does entail an increased burden upon our personnel and facilities. It is because of this increased burden that Section 120, Innovation and Expansion Grants, which has always been significant, takes on an even greater importance. Our recommendation that at least $30 million be spent under this section stands in marked contradistinction to that of the administration; the administration recommends nothing whatsoever.

It is to us indeed puzzling that the administration should choose to request no funding for this useful and consequential program when the President stated, in signing the act, that "its funding levels, which are adequate, do not abrogate the fiscal disciplines essential for a noninflationary balanced budget."

If the administration is indeed serious about realizing the potential of the new Rehabilitation Act, it could evidence that intent by supporting the funding levels which the President himself referred to as both adequate and noninflationary.

Moneys under section 120, innovation and expansion, are important in that they allow for experimentation which does not cut into what we believe are irreducible minimums in the basic formula grants. What the innovation and expansion grants provide is an opportunity to engage in what we call—for lack of a better expression—risk projects.

These risk projects, which are induced by the higher Federal match ratio (90 to 10 percent instead of 80 to 20 percent), allow greater experimentation with new techniques and methods of rehabilitation which would be impossible were it not for the advantageous matching differential. Because of the facility with which innovation and expansion projects, if successful, may be incorporated into the basic State program, the importance of inducing States to develop them cannot be overstated.

We recognize that there are other service project provisions of this act which could also be used, and are intended to be used, for special target population risks. These special projects, however, are projects which usually are not incorporated directly into the State program machinery. The project authority which is most closely allied to the regular State program is found in section 120, innovation and expansion. It is, therefore, extremely important to provide incentive to the States to be able to continue to take risks and to reach out to these populations which otherwise might not be considered as a part of the regular caseload to the State vocational rehabilitation agencies. Vital projects dealing with persons with spinal cord injuries, epileptics, the elderly blind, the deaf, and the renally disabled demand continued funding lest the progress we have made in these areas cease.

Similarly important are the special projects for the severely disabled under section 304(b)(1) of the act, which has an authorization level in fiscal year 1975 of $17 million. The amount to be appropriated, according to the administration's budget, is $1,020,000. This appropriation would only cover four or five projects, and it is our understanding that only two of them would be covered this year, relating solely to the blind and the deaf. It is our hope that the Congress would appropriate the full amount authorized of $17 million in order that important projects for the aging blind, for end-stage renal disease, for the underachieving deaf, and for individuals with spinal cord injuries not be neglected.

Our experience over the last few years under the expansion grant authority, as well as the special projects provisions, has been that it has been possible to bring into the mainstream of the program the people who otherwise have been considered too high a risk to be included in the regular program of vocational rehabilitation.

The administration has expressed the intent to phase out all support for professional training, other than through the specialized loan and other general college-level funding programs supposedly available through the Office of Education. We are concerned primarily with the rehabilitation professionals, and we can see little or no help for meeting our needs for improved in-service training and the preparation of competently trained staff in the near future. The administration's figure of $11.5 million for fiscal year 1975 we find to be totally inadequate. We recommend an appropriation of $45.4 million, which would allow for a completely advanced funded program of training of $27.7 million per year for both 1975 and 1976, which would be consonant with the authorization authority. This is a time when we should be strengthening our staff competencies to deal with the increased numbers of severely disabled and disabled poor we are being asked to serve. The specialized rehabilitation professions in the areas of counseling, work evaluation, rehabilitation medicine, and rehabilitation facility administration do not have long histories of broad support and have been the creations of the training programs under the Vocational Rehabilitation Act. We believe strongly that these programs should continue to receive vocational rehabilitation support so we may look forward to the continued upgrading of the quality of services to the handicapped.

The need for new facility construction and staffing cannot be minimized, particularly when one considers that the severely disabled require facilities to a much greater degree than do the less severely handicapped. In the face of a well-known and critical need for facility expansion, the administration's recommendation of $100,000 comes as a slap in the face to those seriously concerned with implementing the new act's dictate that the severely handicapped be given top priority. We recommend the allocation of $50 million for facilities.

Before closing, Mr. Chairman, I would like to touch lightly on the subject of Research. Others can deal with this with more completeness than I. Suffice it to say that while ours is a more practical world, one of applying methods and procedures developed elsewhere, we are not unmindful of the extent to which we are dependent upon our colleagues in research for the great strides that have been made. For the research program to have a measurable impact, we feel that $30 million is an almost irreducible minimum.

Mr. Chairman, we have tried to present the views of the Council of State Administrators of Vocational Rehabilitation with respect to the need for adequate funding of vocational rehabilitation programs in order that we might better serve the handicapped through programs of quality and substance. If we are able to serve them well, they will return to the Government through their tax dollars the amounts expended to rehabilitate them. We are aware of the budgetary restraints under which you operate, and in these days of tight and uneven economic conditions, we would be the first to insist upon a full dollar's

return for each taxpayer's dollar expended in State and Federal programs. We can give that quality of service in our programs if we are given funding adequate for the task. We want to serve, and we sincerely ask that all appropriate consideration be given to our requests for the minimum amounts we feel are necessary to allow us to provide to America's handicapped citizens the type and quality of service they deserve, and that the Congress intends for them to have.

Mr. MILLS. Our council represents all of the State vocational rehabilitation agencies and State agencies for blind in the country operating under the Vocational Rehabilitation Act.

We are particularly interested in several areas of concern. Our prime concern has to do with the appropriation under section 100(b)(1) of the act, which authorizes the grants to the States. The authorization calls for $680 million for fiscal year 1975. The administration has recommended $670 million.

We know from a poll of the States that the States are putting up sufficient State funds that could match and earn approximately $840 million in Federal funds if these were available. It seems foolish to us to stop short of the full $680 million appropriation necessary when emphasis is being given to the rehabilitation of severely handicapped people under the new act and with the cost increases we are feeling the effects of in all service arrangements we have within the States. We strongly urge, therefore, that the Appropriations Committee fund this particular phase of the act in the full amount of the authorization of $480 million.

The next item which I would like to stress comes under section 120 of the act, the innovation and expansion grant authority. In past years this has been funded at approximately $30 million per year and has been the mechanism through which State agencies, as well as other public and private agencies, have been urged to take on high risk clients and cases for the development of expansions of rehabilitation programs.

In recent years the entire amount of the expansion grant program has been taken up with the rehabilitation of public assistance clients. This year the administration is urging that the rehabilitation of public assistance clients be handled under the regular grants to States and that no money be appropriated for innovation and expansion grant programs.

Again with emphasis on the rehabilitation of severely disabled persons, and with the list being given to us urging our attention to the deaf, blind, spinal cord-injured person, people with emphysema, people with muscular dystrophy, and a long list of severely handicapping kinds of conditions, we feel it is very important that we get back again to urging States and private agencies to utilize the innovation and expansion grant mechanism for the creation of expanded programs for these severely handicapped people.

This mechanism carries with it the inducement to the States of 90-percent Federal funding and 10-percent State or agency funding.

Because of this favorable matching ratio it generally has been possible for States to utilize this money and to join hands with other public and volunteer agencies in the expansion of rehabilitation programs for the severely handicapped. We think it is most important in this fiscal year coming up that attention be given again to this particular phase of the law and at least $30 million be appropriated under section 120 for innovation and expansion grants.

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We are similarly concerned with the provision for special projects for the severely disabled under section 304(b)(1) of the act. This differs from the innovation and expansion grants slightly in that it provides for Federal grants to be issued for special projects, and the law specifically mentions spinal cord-injury cases, elderly blind, deaf persons who have not been able to achieve their full potential.

This provision allows for new programs, including the creation of centers or regional centers and facilities for the new direction of services for these types of severely handicapped people.

The law has authorized as much as $17 million in this special projects area. The administration is requesting $1,020,000 only in this special projects area. This would be sufficient only to carry on and continue certain special training grant efforts which are already underway and would not be adequate for funding more than one or two minimal efforts in special project efforts throughout the country.

We think it was the intent of Congress, in writing this section and in authorizing $17 million in it, for this provision to have more widespread use across the country and for regional facilities or projects to be created for spinal cord-injured cases, for the elderly blind, and low-achieving deaf persons. We urge the $17 million authorized be appropriated for this particular session.

I think our final concern is that accompanying this new emphasis on the rehabilitation of severely disabled people we do not have an accompanying request from the administration for facility construction appropriations. Only $100,000 is being requested for this important area.

Most severely handicapped people require some kind of rehabilitation facility service in order to become rehabilitated, in order to have the kind of team effort which has been described to you here today, and to have the kind of specialized personnel necessary to render that service.

We think it is a grave mistake at this time, as we launch into this special effort, not to make a comparable and companion effort to increase the rehabilitation facility capacity of the country. We urge at least $50 million be considered for facility construction during the year.

We are also deeply concerned about training. Inasmuch as that matter has been covered adequately by other testimony I shall not duplicate what they have said.

I have one final recommendation to the committee. We are concerned that in past years the dollar figure attached to the appropriation has generally included grants to the States and then all other things have been lumped together. This lack of line item authority coming from the Appropriations Committee and specifying that particular funds should be spent for particular titles or sections under the act has made it possible for the administration to withhold funds or to transfer funds or to combine funds in ways that, in effect, fraught the intent of Congress when appropriations were made and the statute created.

We would urge consideration be given to line-item authority within the Appropriation Act to assure that money does go to improvement and expansion grants, to special projects, to training, to research and demonstration, and to the other particular titles covered within the act.

Mr. Chairman, I thank you in behalf of the Council of State Administrators for this opportunity to appear and testify in behalf of these appropriations.

Mr. FLOOD. Thank you.

WEDNESDAY, MAY 15, 1974.

NATIONAL INSTITUTE OF EDUCATION

WITNESSES

HON. JOHN BRADEMAS, CONGRESSMAN FROM INDIANA, CHAIRMAN, SELECT SUBCOMMITTEE ON EDUCATION, HOUSE OF REPRESENTATIVES

HON. ALBERT H. QUIE, CONGRESSMAN FROM MINNESOTA, RANKING MINORITY MEMBER, COMMITTEE ON EDUCATION AND LABOR, HOUSE OF REPRESENTATIVES

Mr. FLOOD. Now we have the high honor and the great privilege of hearing from two colleagues who have had much to do with the authorization legislation for education programs. We have the Honorable John Brademas, chairman of the Select Subcommittee on Education of the House Committee on Education and Labor, and with him is the Honorable Albert H. Quie, the ranking minority member.

Please proceed.

STATEMENT OF HON. JOHN BRADEMAS

Mr. BRADEMAS. Thank you very much, Mr. Chairman and members of this distinguished subcommittee. Mr. Quie and I greatly appreciate this opportunity to appear before you on the fiscal 1975 appropriation for the National Institute of Education.

May I take the liberty of saying, because you were discussing the appropriation for the rehabilitation program with Craig Mills immediately before us, that I want to commend the chairman and all the members of this subcommittee for having so splendidly supported with appropriations the very important vocational rehabilitation program, which also is handled by the Select Education Subcommittee and by the Committee on Education and Labor.

Let me observe that I think I am right in saying this is the first time Mr. Quie and I have had the privilege of appearing before your subcommittee.

That the ranking minority member of the Committee on Education and Labor, Mr. Quie, and I are both here today to testify in support of the administration request of $130 million for the National Institute of Education is, I believe, an indication of the bipartisan support for the National Institute of Education in the authorizing committee.

As chairman of the Select Education Subcommittee, which held lengthy hearings on the bill creating the Institute, I want to give strong endorsement to the $130 million request.

In support of this request, Mr. Chairman, I want to make a few initial observations.

First, the needs which in 1972 justified the establishment of the Institute are still very much with us.

Second, educational research, like research in other areas such as defense, health, and agriculture, is more appropriately supported by Federal efforts rather than by State and local governments.

Third, inactivity in the White House crippled the administration of the Institute during its first year of operation.

Fourth, the Institute and its capable staff have been laboring under very difficult circumstances since 1972, when Congress authorized the NIE.

Finally, Mr. Chairman, what the Institute is doing is both different from the activities supported by the Office of Education and, at the same time, critical to the success of the efforts of the Office of Education.

Mr. Chairman, let me address myself more specifically to these points.

Need for educational research

Mr. Chairman, you will recall that in his message on educational reform of March 1970, President Nixon called for a National Institute of Education "as a focus for educational research and experimentation in the United States." For as the President said, "American education is in urgent need of reform," and he called for "a searching reexamination of our entire approach to learning."

Because I shared the President's view—at least on that particular subject—I began at once to examine the proposal for an Institute to support educational research, and the Select Education Subcommittee held extensive hearings on the authorizing bill and visited centers of educational research.

We quickly learned the validity of the observation of Charles E. Silberman in his 1971 book "Crisis in the Classroom:"

> The degree of ignorance about the process of education is far greater than I had thought. Research results are far more meager and contradictory, and process toward the development of viable theories of learning and instruction is far slower.

Why should his reasonable hopes be so dashed? The answer seems to me to be clear: we have not been serious about research in education.

We have had enough research to annoy teachers in their classrooms, but not enough to make change in their working day. We have had enough research to whet the appetite of concerned parents reading the lay press, yet not enough to make substantial differences in the schools to which they send their children.

A look at a few statistics shows how we have merely toyed with educational research and innovation.

No one quarrels with the proposition that planned innovation is essential if we are not to jeopardize our national security. We spend fully 10 percent of our defense budget on research and development—and a solid quarter of this money is invested in basic, abstract academic work related to no particular policy or weapons system.

In health, where we know that the products of the laboratory save lives and halt pain, fully 8 percent of all Federal health money is spent on research and the creation of new developments.

But when we come to education—as important to the life of the mind as is defense to the Nation or health to the body—our subcommittee found all levels of education in this country spending less than one-third of 1 percent of our educational budget on the processes of research, innovation, and planned experimentation.

Mr. Chairman, we spend annually from all sources about $96 billion on education in the United States. Surely, we should earmark a fraction of that amount for carefully conducted research and development in order to maximize our return on that immense investment.

In brief, Mr. Chairman, our subcommittee found that research and development in education have not received sufficient support to assure, again to use the President's words, "reform and progress for those who teach and those who learn."

And we found as well that educational research lacked what the great National Institutes of Health have brought to health investigation: a national agency with the prestige, visibility, and congressional mandate to develop a strong program of research and development.

Accomplishments

Mr. Chairman, in the 1½ years since the Institute was created to provide the focus and the direction Congress deemed necessary for education R. & D., the situation has in some respects changed for the better.

We have established the national education research agency intended by the law; the National Council on Educational Research has begun to function as the policy-setting body we intended; inherited programs transferred from the Office of Education have been examined and integrated into the new Institute; and the Institute itself has identified its priorities, and has arranged its staff and structure to reflect those priorities.

But Mr. Chairman, with respect to financial support, we are worse off than when we started. As you know, the budget requested for fiscal year 1974 was sharply trimmed to an appropriation of $75 million, and a supplemental appropriation request was deemed unnecessary.

I am compelled to say that the burden placed on the fledgling Institute is enormous. For we expect intense intellectual effort to define problems and produce research strategies to solve them. And we expect, as well, that the best minds in the research world will be recruited for this critical work.

It is clearly not reasonable to expect that this crucial work can be carried out with fewer dollars than were available before the Institute was created.

To reiterate my first point: a few years ago we found a situation of low support for educational research and development, and Congress established a new structure to address this problem. Yet a few years later, we still expect the Institute to carry out these tasks while laboring under low budget ceilings.

Federal role

Mr. Chairman, let me comment on my second point; namely, that educational research is a Federal responsibility rather than a responsibility of local or State governments. As Mr. Quie points out in his remarks:

> Just as a single farmer cannot be expected to commit his energies to the development of a hybrid strain of wheat, neither can we expect individual school districts to make that kind of research commitment in education.

You and I both know, Mr. Chairman, that State and local educational agencies have been too busy trying to keep the school doors open

to turn their attention to unlocking the secrets of the workings of a child's mind or to developing new research-based educational programs.

Indeed, even if local agencies could give priority to research, the lack of coordination of their efforts would lead, inevitably, to duplication and endless reinvention of the wheel.

Clearly, Mr. Chairman, the Federal Government must provide in education as it has provided, thanks in large part to this subcommittee, in health, a strong and vigorous leadership role.

White House damage

My third point is this: if the Institute has in the past been found wanting for "a slow start" or "not knowing its priorities," a good share of the responsibility for that situation must sit squarely in the White House.

For when we wrote the law setting up the Institute, we mandated a National Council on Educational Research to set policies for the new agency.

Yet for almost a year the President failed to appoint the Council without which the Institute could not get successfully under way. For a year then, budgets had to be prepared, testimony written, and programs outlined, without the active and vigorous Council which the law required.

No wonder Dr. Glennan could speak only in general terms about his own hopes for educational R. & D. Without the participation of the National Council anything he suggested was subject to being overruled.

As you know, the National Council for Educational Research is now functioning, as Congress intended, in cooperation with the Director, to set policy for the Institute. Evidence for that assertion, I believe, is to be found in the five priorities recently adopted by the Council, and the recent reorganization of the Institute to focus on the priorities.

Members of your subcommittee met Dr. Charles LeMaistre, chancellor of the University of Texas, a Council member, and heard his comments on the intense activity of the Council—monthly meetings, site visits to educational research organizations, inspections of the impact of research on children, and organization of subcommittees in each of the priority areas approved by the Council.

When Members of Congress, therefore, examine the progress of the Institute to date, I hope we can keep in mind the needless delays caused initially by the White House. And I hope we will remember, as well, the excellent progress shown by both the Institute and its governing Council since the two really began working together in the middle of 1973.

Other difficulties

Let me say a word, also, Mr. Chairman, about my fourth observation: that the Institute and its personnel have been working since its inception under great difficulties.

I want again to remind this distinguished subcommittee that not until June 1973 could the Institute really begin to define its research agenda. For the National Council statutorily responsible for setting the agenda was not even in place.

And you will recall, as well, that the crippling budget cut suffered by the Institute last summer forced it to completely reevaluate its programs.

We should not be surprised, therefore, that under these crisis conditions the staff of the Institute has been unable to satisfy every request of it, or to do as much as they would prefer in meeting with Members of Congress and educational leaders.

But I am pleased to be able to tell you that the Institute is now seeking to establish a strong congressional liaison program, and that Dr. Glennan is attempting to resolve past difficulties with several organizational leaders.

NIE Is Not OE

Finally, Mr. Chairman, let me observe that the role of the National Institute of Education is different in kind and character from that of the Office of Education.

At the same time, to reiterate my earlier remark, what the Institute accomplishes can be of significant assistance to the Office of Education in its activities.

Briefly put, it is the function of the Office of Education to support programs that, hopefully, will be effective educationally. The task of the Institute, on the other hand, is scientifically to investigate teaching and learning with a view toward determining what is, in fact, effective educationally.

I cite only one example, the question of bilingual education funded under title VII of the Elementary and Secondary Education Act. The Office of Education supports such programs to provide non-English speaking youngsters with appropriate educational services.

NIE's bilingual activities, however, through research and development, are aimed at developing bilingual programs which are scientifically valid and pedagogically effective. In the nature of things, we would hope the Office of Education will later support the programs developed with the support of NIE.

A Summary

Mr. Chairman, let me quickly summarize.

The needs which justified the National Institute of Education in 1972 are still very much with us.

Educational research is very much a Federal responsibility.

A large part of NIE's troubles are the result of factors over which the Institute and its staff have had no control.

We must distinguish between the work conducted by the Office of Education and that of the National Institute of Education.

Mr. Chairman, and members of the subcommittee, let me press upon you my conviction that what this subcommittee decides with respect to the fiscal 1975 budget for the National Institute of Education can be of enormous importance for education in the United States.

For I am not at all sure that the Institute can survive a budget cut similar to that which it experienced last year.

Yet the modest budget requested for the Institute holds great promise for planned research and innovation in education.

Clearly, Mr. Chairman, we would be most unwise to expect overnight dividends from our investment in educational research.

Nonetheless, I believe that we would be equally unwise to fail to support a research effort adequate to assure reasonable expectation of solid dividends from our nearly $100 billion annual investment in education.

Mr. Quie has told you that he considers the NIE budget to be the most single important item in the fiscal year 1975 budget for the Department of Health, Education, and Welfare. It is not simply to throw him a bouquet that I say I think the gentleman from Minnesota is widely regarded on both sides of the aisle as one of the most thoughtful spokesmen and authorities on education in the United States. I take what he says very seriously, and want to stress that I share his judgment on the importance of the NIE budget request.

I am grateful to you, Mr. Chairman, and members of your subcommittee, for allowing me to appear before you.

Mr. FLOOD. Mr. Quie?

STATEMENT OF HON. ALBERT QUIE

Mr. QUIE. Thank you, Mr. Chairman. I, too, want to thank you for the opportunity to appear before you and members of the subcommittee.

As my colleague has indicated, it is the first time he has appeared before this illustrious subcommittee and it is also the first time I have appeared. This is because of my deep concern over what I believe is underfunding of the National Institute of Education. I am interested in the Federal Government's assistance to education. I have spent a lot of time in trying to determine the Federal Government's role in education.

As Mr. Brademas indicated, I do consider that this NIE budget is the most important single item in the 1975 budget. When you look into the future of education, we have a greater opportunity for improving the lot of the young people through this research than through anything else we will do.

Some critics have felt that the money spent for NIE should be spent for operating programs instead. I support adequate funding for these programs, especially title I. To put this money into the operating program rather than NIE is a shortsighted approach. It might be nice to give every school district an extra $5,000 to $6,000, but in the long run how much will that contribute to developing the knowledge and practices which will be desperately needed if we are to be certain that the millions of dollars in programs like title I are being wisely spent?

As Congressman Brademas indicated, from all sources and levels of education we are spending about $100 million for education. About 30 percent of the American people are directly involved in education.

I do not fault NIE because it does not promise a specific solution to reading problems by early summer. I commend them for their honesty in recognizing the severity of the problems which exist in American education and for the perseverance which is needed to tackle these problems while at the same time holding off demands for something tomorrow which may be premature or incomplete.

We all know that the successes in the research and development field in other areas such as science, agriculture, and defense have come about primarily because the importance of conducting research in these areas was recognized and supported by the Federal Government.

Just look at agriculture, which was my background before I came to Congress. I was a dairy farmer. Because of the Federal Government's commitment in research we have learned a great deal of benefit to dairymen.

When I first became interested in research in agriculture, World War II time, I remember reading what little we knew about what goes on in a cubic foot of soil. Today, through concentrated research we have literally unlocked most of the mysteries in that cubic foot. We know as little about the learning process now as we did about the cubic foot of soil then.

Research in education understandably is not the concern of the local school districts or the States. They are too concerned with the day-to-day problems of keeping the schools open and functioning to have the resources to commit to long-range research needs.

Just as a single farmer cannot commit his energies to development of a hybrid strain of wheat, neither can we expect the individual school districts to have that kind of research commitment to education.

Long ago we committed Federal resources to solving our Nation's food and agricultural needs. We spend a considerable amount in research in defense. We all benefit from the research which has been funded out of the National Institutes of Health and National Institute of Mental Health.

We have had problems with getting NIE started. Something happened down at the White House which prevented their appointing the Advisory Council as quickly as they should. When we drafted the legislation, we specifically prevented the Director of NIE, the Secretary, or anyone else from setting policy. It can be set only by the Council. It was necessary, therefore, to wait until the Council was appointed before major decisions could be made.

We also have not given everything in research to NIE. Some items relating to vocational education and education of the handicapped were left in OE because of their close relationship to operating programs. However, NIE will have the major responsibility in providing the kind of basic research we need in education.

We are not asking that you appropriate $130 million and then quickly forget about what happens to it. As the ranking member of the Education and Labor Committee responsible for the creation of NIE, I am convinced we will give priority attention to oversight of the work of the Institute.

I talked to Mr. Brademas about that. As you know, he is the main author of the legislation for the Institute. I am convinced that subcommittee will carry out that oversight responsibility with thoroughness.

One of the things I have noted is that people indicate research in education is rather dull. To me it is exciting.

One of the areas out there in Madison, Wis., was the Research and Development Center for Cognitive Learning. They developed a system which has had some tremendous results in schools across the country.

The unique thing about the multiunit school is something John Brademas found out in research and development of the NIE. The importance of getting research we once saw in the laboratory schools at universities into practice, those lab schools were dealing with a special group of children, average or above average.

The multiunit system was tried out in actual school systems.

In addition to the work at Madison, I am impressed by courses in teacher education being developed by the Far West Laboratory in Berkeley, a career guidance and counseling program for adults in Providence, R.I., and four very interesting experience-based career education projects being carried out in Charleston, W. Va.; Oakland, Calif.; Tigard, Oreg.; and Philadelphia, Pa. The latter program, incidentally, involves the voluntary participation of over 200 employees and about 320 students. Among other signs of success, the dropout rate is under 9 percent in the four project areas compared with 25–40 percent in similar nonproject areas.

Research in education is exciting because of the possibility of developing our education system so it will be looked at with enthusiasm and because young people can develop their cognitive skills and be advanced to the extent we hope for rather than what we have been in the past. This can be possible through the NIE.

Because of my concern for NIE, I have spent some time meeting with NIE people and talking to others outside Washington to learn more about how NIE is perceived from the field. It seems the criticism one hears from the field is very much related to the fact that NIE has not yet had a chance to prove itself. The first year was spent in priority setting, the second year in surviving.

We must provide sufficient funds for the NIE in the third year to be certain that as an agency and as a body devoted to research and development that it has a chance to make its mark in the field. We can hardly accuse someone of losing the race if we render our judgment shortly after the starting gun is fired.

Let us put NIE in the race. I think given a few years we can look back and see it was money well worth spending for the benefit of the young people of the country.

Mr. FLOOD. Thank you very much.

Mr. OBEY. Mr. Quie mentioned the R. & D. Center in Wisconsin, which was in existence before NIE was created.

Mr. QUIE. Under the old Cooperative Research Act.

Mr. OBEY. Dr. Rossmiller, Director of that Institute, testified before the subcommittee a couple of days ago and suggested he thought it would be appropriate if we earmarked certain amounts of money within NIE's budget for dissemination. What would your reaction be?

Mr. QUIE. I have a problem with earmarking of money unless one is absolutely certain where it will be used and unless proof is made of the effectiveness of earmarking.

When we look at what the R. & D. Center did in Wisconsin there, and with the program I mentioned, the multiunit school, we see that it has begun to spread. Over 1,700 schools now use it. If you conduct your

research in the school and make it a component of the school system it will spread. When you conduct it just within a university, then all kinds of built-in opposition to the dissemination of that information comes in. I wonder how you can take dissemination and completely separate it and earmark it. It should be part of the research.

Mr. OBEY. I would like to send you a copy of his statement.

Mr. BRADEMAS. If I might comment on that, I would point out that when we wrote the NIE bill, we deliberately, after very careful consideration, rejected the proposal that dissemination authority for the research conducted under NIE auspices be assigned to the Office of Education. Rather we required that dissemination be conducted by the NIE in large part because of the point Mr. Quie already made; namely, we saw that dissemination of research results was very often part and parcel of the research itself—because research in the real world in education is not a linear process but a dynamic one going back and forth between and among the researchers, demonstrators, and consumers.

I think it is very important that the NIE continue to give attention to dissemination because we are anxious, as I am sure all the members of your subcommittee are anxious, that we get some payoff from this investment. We want to get the results of R. & D. out into the schools and colleges and universities.

I do have a reservation if there were a move toward earmarking of dissemination, that got beyond the most general kind of earmarking. Then I can well see how each different group will want to come in and say to your subcommittee, "Of course, we want so much for us and so much for them." We would end up like the Committee on Public Works. You would not get much impact out of a modest amount of money.

Mr. QUIE. One comment on dissemination which I hope you will bear in mind. We have had outstanding research in agriculture and it has gotten to the farmer. How did it happen? In the Department of Agriculture an educational dissemination system was developed of a county agent who is between the research and the farmer. An assistant professor in the land-grant college, the agent is well accepted by the farmer, paid partially out of Federal funds, State funds, and local funds as well. He is not seen as one of those "Federal people."

If you take that county agent away from the rural community, you would have a fight on your hands. This is one part of the whole component of education dissemination.

Mr. FLOOD. Thank you, gentlemen. We appreciate your appearance here today.

WEDNESDAY, MAY 15, 1974.

REHABILITATION FACILITIES

WITNESS

DEAN PHILLIPS, CHIEF EXECUTIVE OFFICER, GOODWILL INDUSTRIES OF AMERICA

Mr. FLOOD. Now we have the Goodwill Industries of America, Dean Phillips, chief executive officer.

Mr. PHILLIPS. My name is Dean Phillips. I am the national executive director and chief executive officer of Goodwill Industries of America.

Mr. Chairman, we appreciate the opportunity to appear before your committee as it deals with the appropriations under Public Law 93–112, The Rehabilitation Act of 1973, for the fiscal year 1975. Under your personal leadership, this committee has devoted many hours in consideration of the needs of the handicapped and disabled of this Nation. We recognize the task of the committee is a most difficult one—to determine what proportion of the taxpayers' money is to be spent for services for which the need is always greater than the funds to meet these needs.

We speak today for a nationwide organization which operates in the voluntary sector. Through the splendid support of each community in goods and money, this organization is able, with a small portion of its total budget in Government funds (15.8 percent, 1973), to provide necessary rehabilitation services to thousands of handicapped and disabled individuals throughout the land.

In 154 local Goodwill Industries, we are now providing services for close to 100,000 persons annually. Ten percent of these are placed each year in competitive employment; 12,096 persons were placed in competitive employment during 1973. We need, at a minimum, to double the number of communities receiving our services. This could be done without any duplication of services anywhere. It could be done with adequate seed money appropriated under the Rehabilitation Act. The gap between authorizations under the act and appropriations is still far too great. All of this, in spite of the fact that the authorization levels were drastically cut in order to obtain the approval of the President after two vetoes and long delay.

Goodwill Industries is glad today to be a viable partner in the State-Federal program of rehabilitation services. There was a time when only the voluntary agencies like Goodwill Industries were the sources of services to the disabled and disadvantaged. Along with the general public and Congress, Goodwill Industries has realized that this task of providing adequate rehabilitation services is far greater than the capacity of the voluntary sector to provide.

We know the members of this committee are fully aware of the fact that, in spite of all the progress made, there are thousands of handicapped and disabled yet unserved.

We do not believe the level of appropriations under the Rehabilitation Act has kept pace with the growing needs of the handicapped and disabled, especially since we have learned so well to save thousands who, before, would have died; these thousands are in the most severe stages of disability. Having given them hope of life, we cannot fail to provide the needed funds to lift the quality of that life to its highest possible level.

Congress recognized the needs of the more severely disabled by putting great emphasis on services to them in the new Rehabilitation Act.

The role of workshop services in rehabilitation has been recognized since the amendments to the Rehabilitation Act in 1965. The new act continues this recognition in title III. It is to the need for adequate appropriations for 1975 under this title that we wish to address the committee today.

We would recommend that the sum of $20 million be appropriated for fiscal 1975 under the authority of section 301—to provide grants for the construction of rehabilitation facilities. We believe this to be a bare minimum level of Federal support to meet the express intent of Congress. I will not represent the total cost of needed upgrading and expansion of rehabilitation facilities. It will become the seed money which, from past experience, provides the incentive to the local community to raise the greater portion of the funds necessary for such construction.

We have conducted a survey among our local Goodwill Industries to determine the need at this time—by this, we mean those communities which are ready to conduct the necessary matching effort during 1975–76.

Twenty-five communities in 20 States have desperate need for new construction of rehabilitation facilities. We are advised that they have the preliminary plans and would be able to more than raise the necessary matching funds.

With today's high costs of construction, it is easy to see that a $20 million appropriation under section 301 is a bare minimum sum needed. A more adequate sum would be $50 million. The 20 needed projects in Goodwill Industries represent only a part of the total need, since there are many other organizations in at least 100 other communities that have the same kind of need. Other witnesses are dealing with those areas.

We must further emphasize the desperate need for this appropriation of $20 million under section 301 by calling the committee's attention to the existing situation with reference to aavilable funds for construction under title I of the Rehabilitation Act. It has been possible in the past to use funds allotted to the States for the "construction" and "establishment" of rehabilitation facilities. Great strides have been made with this type of assistance. Goodwill Industries is a major example in the use of such funds which originated with the Laird Amendment in 1964. These funds appropriated under title I are available to rehabilitation facilities such as Goodwill Industries where the State does not have sufficient State funds made available through appropriations of the State legislature to match all of the State's allotment of Federal funds.

The major use of funds appropriated under title I and allocated to the States is designated for direct services. This need has grown more rapidly than the budget. This means there will be, in 1975–76, only a few States where "construction" or "establishment" funds can be available to Goodwill Industries and other rehabilitation facilities.

Congress recognized this situation by establishing sec. 301 to take care of construction needs.

We therefore urge the committee to appropriate at least $20 million under sec. 301 for fiscal 1975.

The second area we wish to speak about today is sec. 302 of title III. This section of the Rehabilitation Act authorizes Federal funds for special training services projects, including living allowances during the period of training. There is an important endeavor which has, since 1965, provided for the development of improved skill training services. The projects under this section are demonstrations (limited to a few in each region) from which all rehabilitation facilities have

gained knowledge to provide skill training of the level and type commensurate with today's job market. These projects have also demonstrated the value of the individual during training having a minimum level of financial support during the training period.

We believe the increased emphasis on services to the severely disabled under the act demands an increased use of this demonstration project authority. There is special need to experiment with those types of skill job areas in relation to the different types of disability. We would like to expand this area of knowledge by demonstrations in our local Goodwill Industries. This will require additional appropriations for this special need.

We consider sec. 302 to be most important because it also authorizes Federal funds for rehabilitation facilities to "* * * analyze, improve and increase their professional services to handicapped individuals, through management effectiveness, or any other part of their operations, affecting their capacity to provide employment and services for such individuals.

The experience of Goodwill Industries in making use of Federal funds for this area, we believe, is an outstanding example of its effectiveness. Our workshops have better professional staff and a higher degree of management capability. We will be glad to furnish further information to the committee of Goodwill Industries' experience if needed.

Today, workshops are faced not only with the demand to improve professional services to the severely disabled, but to be sure that all workshops meet the highest possible safety and health standards. Congress recognized the general need by approving the Occupational Safety and Health Act of 1970. We see a special need for funds to further meet or exceed the requirements of this legislation in rehabilitation facilities.

Finally, if rehabilitation facilities like Goodwill Industries are to serve the severely disabled as Congress has emphasized in the Rehabilitation Act, professional services must be expanded and upgraded.

It is not enough to appropriate funds under title I for grants to the States. We strongly endorse the proposal that $680 million be appropriated under section 110. Neither the present level nor this recommended increase for 1975 will adequately meet the needs of rehabilitation facilities. State agencies will not use facilities that do not provide an adequate level of professional services. The experience of Goodwill Industries since 1955 is an eloquent demonstration of this fact. At that time, referrals were made to Goodwill as dead end placements.

With the Laird grants under section 4(a)(2) and workshop improvement grants under the 1965 amendments, Goodwill Industries did improve the professional level of services to the extent that last year the State rehabilitation agencies purchased over $15 million in services from Goodwill Industries. That figure was less than $100 thousand in 1955. Yet, still at least one-third of the 154 Goodwill Industries are not being used by the State agencies. Many of these could become a real source for referrals by the State with a little help under this section of the act. Congress continued this source of direct grants to rehabilitation facilities in the new act. The reason being—the State agencies should use voluntary rehabilitation facilities in the com-

munity. There must be an adequate level of professional services meeting required standards. Section 302 is designed to assist these rehabilitation facilities to meet these standards.

Therefore, we believe a minimum of $35 million is necessary to fund the authorization under section 302 for fiscal 1975.

There are other areas which are important to the considerations of this committee. In the interest of time, we are here dealing with the specific area of rehabilitation facilities.

We would wish to endorse the administration proposal of $1 million for special projects in industry. A large number of the board members in local Goodwill Industries are leaders in industry. We recognized the role of Goodwill in demonstrating to industry the advantages of employing the handicapped. We plan to develop an even more active role in this area of need.

Again, we wish to thank the committee for this opportunity to present an estimate of needs of rehabilitation facilities like Goodwill Industries for appropriations under the Rehabilitation Act for the fiscal year 1975.

SUMMARY

In summary we would like to recommend that the subcommittee appropriate as a part of the budget under the Rehabilitation Act for fiscal 1975 the following amounts:

	Millions
Sec. 110	$680
Sec. 301	20
Sec. 302	35

Other witnesses will be stressing other sections. We are here stressing the specific needs of rehabilitation facilities in light of the experience of 154 Goodwill Industries located across the country. We would endorse the recommendation that $1 million be appropriated for projects in industry. We would like to be able to place some special emphasis on this area during 1975.

I would like to add that I come from private industry after practically 30 years in that sector, and I am very interested and very concerned in developing these projects with industry, and we do expect to put increased emphasis on these programs in the next year.

Again, we wish to thank the committee for this opportunity to present an estimate of need of rehabilitation facilities like Goodwill Industries for appropriations under the Rehabilitation Act for fiscal year 1975.

WEDNESDAY, MAY 15, 1974.

TRAINING OF REHABILITATION COUNSELORS

WITNESS

MARCELINE E. JAQUES, PRESIDENT, COUNCIL OF REHABILITATION COUNSELOR EDUCATORS

Mr. FLOOD. Now we have Council of Rehabilitation Counselor Educators, Marceline E. Jaques, president.

Dr. JAQUES. Mr. Chairman and members of the subcommittee, I am Marceline Jaques, professor and director of the rehabilitation counseling program of the State University of New York at Buffalo.

This has been a long act to follow, and I appreciate your patience. I do have a statement which I am filing for your record.

[The statement follows:]

Mr. Chairman, I am Marceline E. Jaques, professor and director of the rehabilitation counseling program, Department of Counselor Education, at the State University of New York at Buffalo.

I am here to represent the Council of Rehabilitation Counselor Educators (CRCE) as its current president. CRCE represents more than 80 universities involved in the education and training of rehabilitation counselors.

Rehabilitation counseling is concerned with the needs and problems of persons confronting physical, mental, emotional, and social disability and handicaps in their lives. Rehabilitation counselors work in the community, in a network of agencies and facilities, public and voluntary. The facilities include rehabilitation centers, multiservice centers, vocational and evaluation centers, workshops, hospitals, and transitional services such as halfway houses, group homes, and other supervised community living and service arrangements. The nationwide programs of vocational rehabilitation, administered by the Rehabilitation Services Administration (RSA), are the largest employer of rehabilitation counselors. Rehabilitation counselors also work in private agencies such as the Jewish Vocational Services, Goodwill Industries, and societies for crippled children and adults, and others.

To rehabilitate persons disabled and handicapped [1] requires an integrated team effort of many health and helping professions. The rehabilitation counselor plays a central and unique role as part of this team throughout the total rehabilitation process. Working with disabled persons as unique individuals, the rehabilitation counselor seeks to achieve the highest state of independent functioning possible. This complex process requires counseling, both personal and vocational in nature. Achieving these comprehensive rehabilitation goals necessitates high levels of specialized knowledge, training, and skill on the part of the counselor working with severe problems of disability as required in the Rehabilitation Act of 1973.

The counselor needs to understand the nature of disabilities and their physical and phychosocial impact on the personal and vocational life of clients. In order to mesh understanding of the client as an individual with the knowledge of the disability problems, and to relate to the community resources and receptivity to solve problems, the counselor is presented with a complex task. Though the level of acceptance of disability in our society continues to improve, rehabilitation counselors must be prepared to confront a host of service delivery problems, environmental barriers, and frequent prejudices that can limit the lives and opportunities of disabled citizens. Knowledge and experience of the world of work and the processes of vocational evaluation, selection, adjustment, and placement are required of each rehabilitation counselor.

The rehabilitation counseling training program, authorized by the Congress under Public Law 565, in 1954, became a model in graduate manpower training. Individualized counseling services have been a part of the vocational rehabilitation program since the first Vocational Rehabilitation Act for Civilians in 1920. These services have grown and matured for more than half a century, with the legislative programs of the 1930's, Public Law 113 in 1943, to the present. During the 18-year period since Public Law 565, a sound academic and professional training base has been established by a unique collaboration between universities and the State-Federal programs of vocational rehabilitation. We take pride in the goals and accomplishments of more than 80 rehabilitation counseling programs and believe that we have made a substantial contribution to the success of vocational rehabilitation in the delivery of quality services to the disabled citizens of the Nation.

Mangum and Glenn (1967) in their policy paper on vocational rehabilitation and Federal manpower policy, as part of a larger study of Federal manpower programs, concluded:

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[1] Accurate estimates on numbers of disabled and handicapped in the population are complicated by problems of definition and reporting. However, evidence indicates that they could be as high as 20 percent and a problem of increasing magnitude.

"Since the key to the program's philosophy is the close counselor-client relationship, the crucial element in determining program success is the ability of the counselor. Most manpower and antipoverty programs to date have simply assumed that if money is available to be spent, personnel will be found with the ability to spend it and deliver the intended services. This has not proven true, and every program suffers from top to bottom from a shortage of competent staffing * * *."

"* * * The vocational rehabilitation program has, in part through its training grants and fellowships, produced the most competent front-line manpower of any related program." (p. 56.)

The decision to phase out training programs by the administration, with no support for students or universities in fiscal year 1974, demonstrates a lack of understanding of the crucial relationship between support of training and service delivery. In response to tremendous effort and resistance by the rehabilitation community and concerned legislators in both Houses of the Congress, there has been a partial backdown by the administration to its announced plan of phaseout. The administration's limited support, however, continues to erode the university programs, putting them in a state of serious jeopardy. For the fiscal year 1975, budget request for training was only $11.5 million. The level of expenditure authorized and provided for by the appropriations process has been about $27.7 million. The 1975 budget was earmarked to support "selected rehabilitation training activities of a highly specialized nature for which support under general student aid programs is not appropriate. This will include long-term training in the areas of blindness, deafness, and orthopedic disability, short-term training, and support of State-agency inservice training."

The administration's only explanation for the proposed phaseout of rehabilitation categorical training was that other funding from the Office of Education to provide loans and grants to needy college students is available. It should be clearly understood, however, that the alternate funding sources for student support administered by the Office of Education are inadequate to rehabilitation student needs. The basic educational opportunity grants (BOGS) is a scholarship program not available for graduate students. Even so, BOGS is limited to $1,400 per annum, per individual, and cannot pay over half of the tuition costs. Graduate students frequently have dependents and the amount is insufficient for living costs and training support. The other program is the guaranteed student loan program which has not been popular or successful with bankers, at a 7 percent interest rate. And, a loan program is not a viable option for most graduate students, particularly minority students. Many graduate students have already borrowed to finance their undergraduate studies, which adds an extra burden to their financial problems. Work-study programs, generally, are not a desirable option for graduate students due to time demands of training.

Yet, while HEW is in effect eliminating training support for rehabilitation professionals such as rehabilitation counselors, psychiatrists, therapists, and nurses, the demand for such personnel is increasing. An article by Dr. William Gellman, in the January 1974 issue of Rehabilitation Literature indicates an increase in demand for rehabilitation counselors of about 30 percent between 1972 and 1980. The growth in demand for all nonmedical personnel is projected at about that same rate. I am including a copy of this article for the hearing record.

A setback of major proportion to the recent affirmative action efforts of training programs will result from any cutbacks. Minority and handicapped students are most affected by the elimination of traineeship support and find the alternative funding sources particularly inappropriate and inadequate to their needs. They tend to return to school from the paraprofession route at an older age, with families to support. The loan and work-study programs cannot suffice for these students.

The Department of Health, Education, and Welfare outlined its position in regard to minority students and handicapped students, December 1, 1972, as follows:

> The Social and Rehabilitation Service considers it essential, for the most effective delivery of services, that the number of workers from minorities to be trained will be substantially increased to make it more commensurate with the number of minority group persons in the general population. Special attention is given, therefore, to the support of training activities which reach a high proportion of minority students, either in institutions with an administration and constituency which are predominantly comprised of members of minority groups or in other schools with responsibilities for training minority students. (P. 11. Information Memorandum OPRT–73–1, December 1, 1972, section E, training for students from minority groups.)

The Department further stated:

> Emphasis (is) on training students with limited financial resources, students from minority groups and students with physical or mental disabilities. (P. 13, section G, Criteria for Evaluation of Applications for Long-term Training Grants.)

The number of rehabilitation counselors of minority status, handicapped and women, is considerably lower than the ratio of these groups in the total population. It is generally recognized that rehabilitation counselors of similar background to the client's race, sex, sociocultural, and disability status achieve more effective rehabilitation response at certain stages of service delivery than those without these statuses.

To determine the effect of the loss of funding, the Council of Rehabilitation Counselor Educators (CRCE) conducted a survey of its member university training programs. (Copy attached to this statement.) Though these results were in the form of projections by the universities at the time of data collection, our experience in this academic year has supported the predicted operational outcomes. It is clear, from our survey and experience, that universities and agencies, public and private, are not able to continue training at their present achieved level and quality without Federal aid. A phasing out of Federal support will have a serious and detrimental impact on the training programs' quality and effectiveness, and on the amount and quality of vocational rehabilitation services delivered to disabled citizens. The CRCE survey shows that 63 percent of those requiring financial support are from special target groups made up of minority students and handicapped students. To add to the problem of inequity no rehabilitation counselor education program exists in the black colleges or universities of the Nation. Some planning grants were approved to black universities or colleges in 1972 but these efforts were caught in the phaseout of the training support.

To serve persons with severe disabilities, as provided under the Rehabilitation Act of 1973, requires the skill of highly trained graduate level counselors. A number of studies have shown the value of this level of training for the severely disabled. Dishart (1964) found that graduate level counselors are more willing than lesser trained persons to accept and work with high risk cases, such as the severely disabled. This finding is confirmed by Ayers, Wright, and Butler (1968), who found that counselors without a professional orientation, though they had larger caseloads, tend to avoid more difficult clients (clients with severe disability). Such clients require more time and skill to rehabilitate. Johnson and Koch (1969) found on followup that clients who have received the services of the trained rehabilitation counselors maintain their level of vocational adjustment and were satisfied with the services they received. In addition, agencies (Dishart and Epstein, 1964), in the vocational rehabilitation system prefer to hire graduate trained counselors because of the service they are prepared to give clients.

Sather, Wright, and Butler (1968) studied perceived differences between counselors categorized "trained" and "untrained," on the basis of the amount and kind of their education. The primary findings indicated that trained counselors were more aware of service differences and were concerned with providing better rehabilitation services. These findings are similar to the results of Jaques (1959) who studied the effective and ineffective critical incident descriptions of on-the-job behaviors of 404 rehabilitation counselors. Trained and untrained counselors were concerned with different qualities or modes in their work. For example, trained rehabilitation counselors thought the quality of the counseling and working relationship most important while untrained counselors were often reported to be concerned with the methods of advising or directing their clients. Further support for masters level academic training of rehabilitation counselors, in terms of client outcome, was provided by Barnes (1968). He found that counselor's knowledge in certain content areas (rehabilitation foundations and social-cultural aspects of disability) was related to their success in producing client rehabilitation (measured by number of "26" case closures).

Two published surveys of graduates of rehabilitation counseling programs show that a high proportion of those trained are currently involved in rehabilitation work and remain in rehabilitation employment. A study of the university rehabilitation programs in RSA region IX, reported by McFarlane, Hillis, Johnson, and Meadow (1974) indicates that 79 percent of their masters level graduates (N=187) were employed in rehabilitation jobs. Wright, Reagles, and Scorzelli (1973) found that 83 percent of graduates surveyed (N=534) were employed full time and of these 87.6 percent were holding rehabilitation related

jobs. Additional findings reported indicate that a common agreement exists among graduates on the important ingredients of rehabilitation counselor training. Though the rehabilitation counselor education programs vary in educational goals and effectiveness, the data indicates that rehabilitation counselor education programs are producing qualified and satisfied professionals.

It should not be overlooked that the emphasis in rehabilitation education is at the masters or practitioner level, but a number of universities have also educated doctoral level students. Graduates of these programs have provided academic and research leadership for the field, helping to create and evaluate a systematic knowledge base essential for a new field such as rehabilitation counseling.

In summary, from the literature available and the opinion of authorities in the field, there is justification to support the basic assumptions that:

(1) There is a growing demand for rehabilitation counselors and other rehabilitation personnel.

(2) Rehabilitation counselors trained at the masters level differ from those not trained on variables important to effective service delivery for rehabilitation clients.

(3) University trained rehabilitation counselors both enter and remain in the rehabilitation field, adapting well to program and social changes as they occur.

(4) Specialized rehabilitation training is even more important for the rehabilitation of the severely disabled as provided for in the Rehabilitation Act of 1973.

(5) Rehabilitation counseling is an emerging profession and specialized training needed is not available in schools providing training for the more traditional or established professions, that is, teaching, social work, psychology, medicine, et cetera.

(6) Many handicapped and minority students need to be trained as counselors as they are uniquely qualified to serve others who are handicapped or of minority status.

(7) Rehabilitation counseling, as a new educational program, is not in a position to compete with the more established professions for scarce university funds, without Federal support for (a) students entering the field, particularly those who are handicapped or of minority status, and (b) faculty and staff support for new and specialized teaching aspects of the programs.

Professionally trained rehabilitation counselors have demonstrated the skill and competence essential to deliver quality rehabilitation service. These professionals are now in short supply. And, from the point of view of human resources, we cannot afford the loss of the training programs. The administration's announced phaseout and recent cutbacks of training support seriously affect and erode the training programs' operations. Universities and agencies, caught in multiple funding problems cannot, without Federal support, adequately fill this training and service vacuum. The alternative funding sources planned for students are inadequate and unworkable for their needs; support problems are compounded for minority and handicapped students. In terms of funding priorities, student support is critical, but innovative educational effort requires additional faculty input. In the past, this kind of support has helped develop creative training models sought after by other human services.

The rehabilitation training program has been subjected to four currents that have undercut its effectiveness substantially. First, by forward funding at low levels a part of the program each year, the funding level for a given fiscal year has been about 50 percent of what the appropriation bill anticipated. The program is, therefore, limping along at half capacity. For example, in fiscal year 1974, $15 million was appropriated for rehabilitation training and about $12 million was carried forward from fiscal year 1973. (Parenthetically, this $12 million represents about a 50 percent dilution of the fiscal year 1973 program.) The intended result was to have been an expenditure level of $27.7 million in fiscal year 1974, according to the House and Senate committee reports on the bill. But, of the $15 million appropriated, $10 million has been forward funded into fiscal year 1975, leaving a total of only $17 million to be spent in fiscal year 1974. This may not be impoundment, but it comes very close in our view. Forward funding is a good thing generally, but it has been adopted for negative reasons: to keep the spending at a low level.

To solve this problem, we recommend that the Congress put the program on a forward-funded basis, but at the level of $27.7 million. To do this for fiscal year 1976 and to keep the fiscal year 1975 level at $27.7 million will take budget

authority of $45.4 million in fiscal year 1975. (This amount, together with the $10 million of forward funding from fiscal year 1974, will provide 2 years of funding at a level of $27.7 million.) However, budget outlays for fiscal year 1975 and fiscal year 1976 will be only $27.7 million, the same level as fiscal year 1972, fiscal year 1973, and the intended level in fiscal year 1974. Forward-funding authority is provided in the 1973 Rehabilitation Amendments.

Second, the Administration has sought in this field of training, as well as in others, to limit the scope of the training that can be supported so that money appropriated cannot be fully spent. In the case of rehabilitation, they want to limit support to those areas serving very limited categories of disabled people and to short-term training. We urge you to include language in the Committee Report specifying the following: "that the rehabilitation training funds are to be used for long-term degree granting programs in the rehabilitation professions such as: Rehabilitation Counseling, psychiatry, rehabilitation nursing, the various rehabilitative therapies, psychology, social work, rehabilitation facility management, and rehabilitation specialists for the blind and deaf. Funds may also be used for short-term training, but the proportions should be the same as those of the fiscal year 1974 program."

Third, there has been much re-programing of training funds into other areas. SRS has believed that it could take training funds and slap them together with other program dollars. A separate budget item on rehabilitation training should prevent this.

Fourth, there has been no use of rehabilitation educators or other experts from the rehabilitation field to review training and research programs. The study sections and peer review as established by Mary Switzer worked very well, but they have been disestablished. We hope they are reestablished and urge your support on this point.

Most people see rehabilitation programs as the most successful, effective human service programs developed to date. The wise use of training funds in the unique collaboration of universities and State-Federal programs of rehabilitation has contributed much to the effectiveness of these programs.

Mr. Chairman, I wish to thank you and the Members of Congress for this opportunity to present this information. I will be pleased to respond to any questions you may have. We urge your support for full Federal funding of rehabilitation training not less than that supported in the 1973 fiscal year level of $27,700,000 in new funds. I urge you to be aware of and to consider the effects of the administration to phaseout the total rehabilitation training effort and, paramount, its relationship to services delivered to our handicapped citizens.

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REHABILITATION LITERATURE

Article of the Month

Projections in the Field Of Physical Disability

William Gellman, Ph.D.

Introduction

THE SUBJECT of developmental disabilities is a relatively new and increasingly significant rehabilitation area. Throughout the country efforts are under way to unify the field of developmental disability and to chart its future course.

Magazines such as *Futurist*, books such as *Future Shock* by Alvin Toffler, learned papers by Bell,[1] Kahn[8] and Dubos[5] project differing visions of possible futures and forecast new vistas for tomorrow's programing. We in rehabilitation and our comrades-at-arms in special education and social welfare anticipate 1980 programs for the physically disabled that will resemble today's activities on their behalf. However, each morning's newspaper tells of changes in the programmatic landscape and of the need to map the terra incognita of the immediate present if we are to plan for a possibly unknown future. We know what will appear.

Manpower projects for the field of physical disability are signals or guidelines for determining the number and type of personnel necessary to meet the rehabilitation demands of the physically handicapped in 1980. Manpower projections in physical disability should be seen in the perspective of and as part of a more comprehensive set of forecasts charting the future course of developmental disabilities. Estimates of manpower in rehabilitation necessarily involve consideration of: *1)* socioeconomic factors that influence the demands of physically handicapped persons and their advocates for service, *2)* society's acceptance of physically handicapped persons, and *3)* trends in rehabilitation methodology.[7]

This paper will discuss the current rehabilitation status of the physically disabled, socioeconomic conditions in 1980, rehabilitation trends, and the manpower projections based upon analyses of these trends.

Rehabilitation and the Physically Disabled

Disabled people constitute a significant proportion of the population

About the Author . . .

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of the United States. Although there are various estimates of the extent of disability; the precise dimensions of the problem are unknown. Senator Dole[4] estimates that some 42 million persons are handicapped in some way, although not all of them may have disabling conditions that restrict activities. The National Center for Health Statistics[22] states that during 1970 approximately 23.6 million persons, representing 11.8 percent of the civilian, noninstitutional population, had some degree of limitation of activity as the result of one or more chronic conditions. This estimate includes 8.9 percent who were limited in their major activity. Limitation of activity is a measure of long-term reduction in activity resulting from chronic disease or impairment and is defined as inability to carry on the usual activity for one's age-sex group, such as working, keeping house, or going to school, restriction in the amount or kind of usual activity, or restriction in relation to other activities (civic, church, or recreation).

The National Center[21] estimates that from July, 1965, to June, 1967, 6,300,000 persons experienced some degree of mobility limitation and that 5 of the 18 million disabled adults between the ages of 18 and 64 years could benefit from vocational rehabilitation. Wilder's analyses[21] of the 6.3 million persons with mobility limitations indicates that 38.4 percent were unable to carry on major activity and that 43.6 percent were limited in the major activity. These figures, which indicate that some 5 million persons may be able to use rehabilitation services, are in accord with the Rehabilitation Services Administration[15] estimate of 4.6 million persons aged 16 to 64 years as the potential vocational rehabilitation population.

According to estimates of the Bureau of Education for the Handicapped,[20] of a population of 7,083,500 children in the United States between the ages of 0 and 19 years, 750,000 or 9.4 percent, are handicapped. The crippled are 348,000, or 4.9 percent, of the handicapped group. Special education services are provided for 182,000 crippled children, or 52.2 percent, by 11,000 special education teachers. An estimated 12,200 teachers are needed for additional service to the crippled group.

The Rehabilitation Services Administration estimates that in 1973 state rehabilitation agencies will rehabilitate 326,000 handicapped persons. If the distribution of disabling conditions is similar to that of 1970, the percentage of the physically handicapped who are rehabilitated will be 21.5 percent. The difference between the number of physically handicapped requiring rehabilitation and the number of those rehabilitated is a measure of the current need for rehabilitation services, which parallels that reported for special education. There is no question of the need for additional rehabilitation and special education services at this time.

Prevalence of physical disability is increasing as the population grows and as medical, biological, and technical advances lengthen the life span. The change in life expectancy from 63 years in 1943 to 70.3 years in 1968 has increased the number of persons in our society prone to illness or injury. The National Health Education Committee[10] estimates that improved medical knowledge saved 8 million lives between 1944 and 1967 and that of the 7½ million still alive, about 63 percent are not working.

The statistical information deals with physical disabilities and limitation of activities. Rehabilitation practice distinguishes a handicap from a disability and the resulting physical incapacity. The handicap refers to the decrement in functioning resulting from the impact of a negative self-image or negative social attitudes toward the disabled. Not all disabilities result in handicaps. The transmutation of a disability into a handicap appears to be a function of the severity of the disability and the process of social handicapping. The prevention of handicapping is a continuing rehabilitation task.

A related problem in rehabilitation is that of increasing the capacity of the disabled to cope with negative social attitudes.[11, 12] The person with a physical disability may be barred from work or from normal interaction because of differences in appearance, mannerisms, behavior, or performance that may lead others to regard him as atypical or deviant and cause him to see himself as unproductive and to perceive himself as different or stigmatized. The restrictions imposed by these personal and social handicaps diminish the physically handicapped's capacity for effective performance in major cultural roles. The disabled person must be able to withstand the presence of societal bias, which shapes the self-image of the physically disabled and leads him to see himself as unable to achieve.[6] He must be able to avoid seeing himself in the mirror of social prejudice and to escape the self-depreciation, which transforms a physically disabled person into a socially handicapped person.

These rehabilitation problems (self-handicapping and inability to cope with social prejudices and physical disability) shape the goals of rehabilitation as a healing and a helping discipline as: *1)* enablement—eliminating or reducing disabling conditions that restrict activities or cause handicaps; *2)* normalization—developing competencies necessary for adequate role performance in major social areas, and *3)* integration—participating in the life of the general community, a process that includes altering the social and physical environment to enable the physically disabled to participate.[14]

Rehabilitation manpower can be categorized in terms of the rehabilitation goals. *(See Table 1.)* There are approximately 28,500 nonmedical professionals concerned with activation of physically disabled persons. The professions involved are occupational therapists, physical

therapists, prosthetists, and medical social workers. Normalization of activities for the disabled involves about 22,100 professionals, among whom are special education teachers, speech pathologists and audiologists, psychologists, rehabilitation counselors, recreation workers, and psychiatric social workers. Approximately 400 professionals are involved in integrating the disabled into the community, consisting primarily of placement workers, social psychologists, and community workers. The total of the preceding figures, 51,000, is our estimate of the number serving the physically disabled. Our estimate for all rehabilitation personnel is 227,300.

Current Status of Rehabilitation

At present, rehabilitation programs and manpower are insufficient to meet service needs. There is an uneven rate of progress within the field. Through the discovery and use of psychological knowledge on the impact of stress upon personality structure, we are better able to prevent the transformation of a disabled person into a handicapped person. Social handicapping is still a major block to rehabilitation because of the resistance of social attitudes to change.

Biomedical advances and the early initiation of rehabilitation have speeded the process of enablement or activation. An example is the patient's use of a prosthesis shortly after amputation of a leg with the result that the patient is mobile within a relatively short period of time. The pace of normalization is somewhat slower because of the continuing tendency to segregate or insulate the incapacitated, so that societal role functioning is retarded or arrested. Integration of the physically disabled into the full range of community and social activities is proceeding slowly. The fight for the elimination of environmental barriers in housing, transportation, and recreation is still in its infancy.

The level of unemployment, an important factor in rehabilitation, is still high. With the percentage of unemployed at 5 percent, the incapacitated find it difficult to secure employment.

Socioeconomic Trends

Size of the total labor force in 1980 is projected at 90.8 million, an average increase of 1.5 million a year.[19] The percentage of workers in the various age groups is expected to be: 23 percent in the 16 to 24 bracket; 44.7 percent in the 25 to 44 age group, 29.1 percent in the 45 to 64 age group, and 3.2 percent in the over 65 years of age. The 25 to 44 group will constitute an increasing segment of the labor force, while the other 3 age groups will be reduced. The demographic characteristics of the 1980 employment market suggest that the physically disabled may encounter greater competition in securing employment because of greater numbers in the prime working age group of 25 to 44.

It is difficult to predict the unemployment level in 1980. Factors to be considered are government efforts to promote full employment, the extent of public service employment, the balance of trade, the rapidity of technological change, the relation of full employment to inflation, and the general economic level. We would suggest a 4 percent level of unemployment in 1980 as compared with 5 the current percent. The decrease in unemployment should improve opportunities for the physically handicapped.

The emergence of the United States as a postindustrial nation accentuates existing occupational trends that are repatterning the economy. Probably the major change is the transformation from a producing to a service economy with a redistribution of jobs involving an increase in the service sector and a decrease in manufacturing. The U.S. Department of Labor[17] sees a decline in the number of unskilled and agricultural jobs, a higher skill level for semiskilled jobs and an increase in the number of service, professional, and managerial positions. Blue-collar jobs will constitute a smaller proportion of the job market although the total number of blue-collar jobs will increase by 2 million as compared with 1970.

Kahn and Wiener[8] see the increasing importance of service, "occupations [which] are heavily concentrated in the government, the professions, the nonprofit groups, and the like, this implies . . . a shift from the private business enterprise as the major source of innovation, attention, and prominence in society." Government, service, and nonprofit institutions will assume greater importance as employers. Job requirements will have higher educational levels as the computer and use of data banks become more prominent in these institutions.

Occupational displacement and obsolescence because of technology will occur with greater rapidity. It is estimated that at present an individual will change his occupation six times during his working life. Changes in social demands and technological improvements will create a greater need for occupational shifts during an individual's career. A large percentage of the work force will require reschooling at various times to acquire new skills. Retraining the occupationally displaced and reorganizing their intellectual and experiential skills will become an ongoing function of educational and rehabilitation agencies.

According to Bell[1] the transformation of our society into the postindustrial era is accompanied by rapid technological advancement. The social changes consequent to the technological and economic developments influence the process of rehabilitation. Among these changes are:

Megalopolitization

The continued movement of population to major

TABLE 1.—*Rehabilitation Personnel—1972*

	Serving Physically Disabled	Total
Enablement		
1. Occupational therapists and aides	6,000	13,500
2. Physical therapists and assistants	20,000	25,000
3. Prosthetists	1,300*	1,300
4. Medical social workers	1,200	6,000
Subtotal	28,500	45,800
Normalization		
5. Special education teachers	11,000	124,000
6. Speech pathologists and audiologists	4,400*	22,000
7. Psychologists	2,000*	10,000
8. Rehabilitation counselors	2,600*	13,000
9. Recreation workers	2,000*	10,000
10. Psychiatric social workers	100	500
Subtotal	22,100	179,500
Integration		
11. Vocational placement counselors	200*	1,000
12. Social psychologists	0*	0
13. Community organization workers	200*	1,000
Subtotal	400	2,000
Total	51,000	227,300

Items 1, 2, 3, 4, 6, 7, 8, and 9 are from the *Occupational Outlook Handbook*.[18]
Items 5, 10, 11, 12, and 13 are estimates.
Column 1 uses 20 percent as the percentage of rehabilitation personnel serving the physically disabled for all items asterisked. The figure for special education teachers is an estimate of the Bureau of Education of the Handicapped. The figures for occupational therapists and physical therapists are the author's estimates.

metropolitan areas is transforming the metropolis into a megalopolis and accentuating difficult urban and suburban problems. Demographers forecast the mergence of three megalopolitan complexes in the United States, centering on New York, Chicago, and Los Angeles, inhabited by a more heterogeneous population. Such megalopolises will be characterized by psychological overcrowding, insufficient social, health, and welfare services, and inadequate public transportation. The pressures and strains of everyday living will result in interpersonal frustrations and intensified psychological problems for persons under stress, such as the physically disabled, who will face also the barrier of lessened mobility unless mass transportation systems improve.

Increased Wealth

The wealth of the country will continue to grow. The gross national product will increase. The 1971 median income, of $10,285 for a family of four, will increase substantially. There will be a greater diffusion of goods, services, and privileges. The proportion of persons who are considered poverty-stricken will decrease from the present 12½ percent.

Population Changes

In 1980 the population will have a greater proportion of older persons. While the percentage of young people aged 14 to 19 years will decrease, the proportion will still be significant, some 25 percent. Together, the youth and aged will comprise a sizable segment of the total population. Physically handicapped persons in these groups will require extensive, specialized rehabilitation services.

Lifetime Learning

The school system will be incorporated into a lifetime pattern of alternating school and work, extending schooling and retraining beyond the first three decades of life. The school-work cycle will begin near the close of the

high school period and continue through the postsecondary school period into the preretirement phase of the work career. Lifetime schooling will become a prerequisite for job advancement. The ability to learn and to achieve through learning will be more necessary, as occupations become more skilled and more abstract.

Social Problems

Problems of alienation and identity will become more pronounced in 1980. Social and individual problems will be intensified by earlier separation from the family and continued competitive pressures. The life-span school-work, school-work pattern will limit the energy available for nonwork life areas and render people more susceptible to the diffusion of a problem originating in one life sector into all aspects of life—home, school, work, and social relationships.

Implications

The implications of these trends will affect all aspects of rehabilitation. Enablement—the activation of clients through improving residual capacities—will continue to improve with advances in medicine and psychology. Normalization—functioning at a level that permits the disabled to participate in various social roles—will become more feasible through improved rehabilitation technics and a more open society that will encourage training for major societal roles.

Integration into the community will pose problems. On the negative side, social stresses will accentuate psychological stress. The number of physically disabled will increase. Prejudices may become more overt, rendering it more difficult for the physically disabled to participate fully in community activities. Richardson[11] states that prejudice against the physically handicapped appears by the age of six. If bias toward those with atypical physical appearance or mannerisms appears to be almost endemic, there is little possibility of basic changes in social attitudes by 1980. The occupational field will be more open and receptive to the disabled. However, the physically disabled will face the same problems in other fields that they do now, though at a slightly reduced scale. Living in a home adapted for the disabled, traveling by public conveyances, participating in social groups, and being accepted in work or community activities will pose difficulties.

If our gross national product increases to the $1.4 trillion estimated for 1980, there is the possibility that more funds and efforts will be transferred to rehabilitation. Wickenden[22] speaks of the necessity for more goods and services if we are to meet the needs of our country and of underdeveloped countries. Keyserling[9] points out that, under full employment, funds will be available to meet social service needs. It is possible, as Keyserling believes, that with additional funds available in 1980 the processes of normalizing and integrating the disabled into the community may become an accepted part of the social service system.

Rehabilitation Trends

A major trend in rehabilitation is the emerging perception of the physically disabled person as a social being rather than as a solitary person facing the problem of physical incapacity. The changed viewpoint stems from the perception that the various aspects of man—biological, psychological, social, and cultural—are interrelated. The early history of rehabilitation illustrates the movement toward a holistic approach. When rehabilitation began as a helping discipline, the emphasis was upon physical restoration as a distinct function separated from the patient. With the realization that physical restoration was insufficient to enable the severely disabled to cope with the demands of daily living, rehabilitation became concerned with the disabled person in the home. As the disabled learned to function in the home and to move about in the community, the difficulties of finding employment became more apparent. Job placement became a primary task for rehabilitation. With increasing awareness of the importance of psychological and sociocultural factors, rehabilitation restated its core problem as enabling the rehabilitant to function adequately in a productive role in the family and society. This reformulation emphasizes the social problems faced by the rehabilitant as a member of a family, work, or social group.

As rehabilitation moves toward greater use of the social environment as a therapeutic tool, there is a tendency to de-emphasize psychotherapeutic counseling as a rehabilitation technic and to emphasize the use of more situational tools such as rehabilitation workshops for evaluative and adjustive purposes. For example, the rehabilitation workshop uses work as a situational tool to assess and modify working behavior and attitudes, and the psychosocial aspects of the work environment as a controlled stimulus setting in which to influence a client's work adjustment. The work done in such workshops is real work for which the rehabilitants are paid.

Another trend is active intervention to secure work and other opportunities for the physically handicapped. Many personnel men and businessmen misunderstand and fear disability in themselves and in others. Uncertainty, fear, and prejudice create unwillingness to hire a disabled person. The decision not to employ may reflect an unwitting bias rather than an analysis of the rehabilitant's capabilities. Similar barriers and hurdles exist for the disabled and disadvantaged in familial, social, or communal life sectors. The family may not be able to accept the rehabilitant as a nondisabled person. Public gatherings may not provide for inclusion of handicapped persons in wheelchairs. Schools are often unwilling to

provide services to older handicapped youths or to accept severely disabled children.

Also significant is the trend expressed by the physically handicapped's view of rehabilitation as a right rather than a privilege. Consumerism is reflected in U.S. Sen. Jacob Javitz's Bill of Rights for the Mentally Retarded and in class action suits based upon the rights of handicapped for education and treatment. The handicapped and their advocates are asking for participation in decisions affecting allocation of funds. Irving Bluestone[2] sees "the right of each person to participate meaningfully in the decision-making process affecting his welfare as part of the democratization of welfare."

Deinstitutionalization of the physically disabled is a rehabilitation goal that will increase in importance as we near 1980. The movement of the institutionalized disabled clients into the community is proceeding at a steady pace. The trend reflects the union of therapeutic belief in the efficacy of a community approach and of the cost benefits of emptying institutions. Under these conditions, we can anticipate that a greater number of the physically disabled will live in the community with partial or full supporting services.

To summarize, the newer trends in rehabilitation are changing the structure and functioning of the rehabilitation process. Rehabilitation professionals are becoming more involved with the family and the community. They are beginning to use situational technics and to serve in a variety of nontraditional settings: Fully trained staff are being supplemented by paraprofessionals and volunteers. Physically disabled persons are playing a more active role in determining their treatment and are beginning to participate in setting goals for their own rehabilitation and in evaluating the results.

Projections for 1980

Need for Rehabilitation Services

The review of socioeconomic and rehabilitation trends indicates that the number of physically disabled persons will increase because of the growth in population, the lengthened life-span, and medical advances in the treatment of the injured and ill. A greater proportion will live in the community. The need for rehabilitation and rehabilitation personnel will increase. With a gross national product estimated at 1.4 trillion in 1980, the increase in the national wealth will make it possible to provide more rehabilitation and educational services for this group if the political climate is favorable. Recent events suggest a possible change.

Rehabilitation Goal

Integrating the physically disabled into the community will emerge as the primary rehabilitation goal and as a more significant criterion of rehabilitation success.

Manpower Projections

The Rehabilitation Services Administration estimates that there will be an increase in the number of rehabilitants to 612,000 in 1978, as compared with approximately 300,000 in 1973. The agency states alternatively that, in order to continue to rehabilitate the same proportion of the eligible population, the program will have to increase by 17 percent in fiscal year 1978 over fiscal year 1973 levels.

We would estimate a 33 percent growth in rehabilitation personnel between 1970 and 1980, this rate paralleling the increase in government employment as estimated by the Bureau of Labor Statistics.[18] Since government is a source of employment for a substantial proportion of rehabilitation personnel and of direct or indirect funding of the costs of rehabilitation in voluntary health and welfare agencies, we can assume that government policies will determine the level of rehabilitation and of rehabilitation personnel. On that assumption, rehabilitation personnel engaged in assisting the physically disabled will approximate 68,030 out of a total of 303,309 rehabilitation personnel. *Table 2* indicates the anticipated distribution by specialties of rehabilitation personnel serving the physically disabled. The table includes paraprofessional personnel but excludes volunteers. It can be assumed that the use of volunteers will increase, as will the proportion of paraprofessionals.

Training

The training of rehabilitation personnel will be modified to include a greater number of work-school programs that will provide on-the-job experience throughout the educational period. Rehabilitation training will be treated as an apprenticeship program similar to the training of artists in the Middle Ages. The quality of performance will be more important than level of academic learning.

Involved in training will be the use of situational technics and the ability to sense the psychosocial potentials of various settings for changing role performance. The training will emphasize technics and methods of changing public attitudes and behavior toward the physically disabled on the part of the public and of significant figures in the employment and social fields.

Training will be multiprofessional. The rehabilitator will be expected to learn two distinct specialties so that he can bridge the gap between specialties and function as a team member who can understand and use the approaches of other disciplines. For example, the occupational therapist may receive training as a workshop evaluator. The rehabilitation counselor may be trained as a social psychologist. This suggests the possibility of the partial consolidation or merging of professions such as those in which dual training is received.

TABLE 2.—*Estimated Rehabilitation Personnel—1980*

		Serving Physically Disabled[1]	Total[2]
Enablement			
1. Occupational therapists and aides		7,980	17,955
2. Physical therapists and assistants		26,600	33,250
3. Prosthetists		1,729	1,729
4. Medical social workers		1,596	7,980
	Subtotal	37,905	60,914
Normalization			
5. Special education teachers		14,630	164,920
6. Speech pathologists and audiologists		5,852	29,260
7. Psychologists		2,660	13,300
8. Rehabilitation counselors		3,458	17,290
9. Recreation workers		2,660	13,300
10. Psychiatric social workers		133	665
	Subtotal	29,393	238,735
Integration			
11. Vocational placement counselors		266	1,330
12. Social psychologists		200	1,000
13. Community organization workers		266	1,330
	Subtotal	732	3,660
	Total	68,030	303,309

[1] For basis of estimates see Table 1.
[2] Based upon an estimated 33 percent increase.

Nature of Work

The changing view of the physically disabled person will add community services as a third level to rehabilitation to complement and extend individual and family service. Community services can effectuate the rehabilitation goal of integrating the incapacitated client into community life. Community services will focus upon smoothing the rehabilitant's entry or re-entry into the community, facilitating his performances and adaptation in community roles, and changing community attitudes toward the disabled. Rehabilitation will use community workers, vocational counselors, and social psychologists to ease the transition of the handicapped client from the sheltering agency to the general community.

The nature of the work of most rehabilitation personnel will change with the addition of the sociopsychological component, which will serve as a common bond between specialties and as a basis for community action. Rehabilitation personnel will spend additional time in the community changing the social environment and facilitating client adaptation. The focus on situational technic will lead rehabilitation personnel into working in new settings to enable the physically disabled to learn to enact productive roles in society.

Place of Work

Although most rehabilitation work will be done for public and private agencies, a small but substantial proportion will be engaged in industry and in private practice.

Conclusion

The outlook for rehabilitation personnel in the field of physical disability reflects value judgments and trend analysis. This paper assumes that the values of society in 1980 will favor a moderate expansion in funding rehabilitation services for the physically disabled and be somewhat more accepting of crippled persons living and functioning in the community. The trend analysis suggests methodological changes in rehabilitation to conform to the goal of integrating the physically disabled into the rehabilitation process and the community. Training of rehabilitation personnel will move toward the use of apprenticeship programs providing extended work experience in two rehabilitation specialties.

Perhaps the most important feature in the rehabilitation landscape will be the re-emergence of social action and advocacy on the part of rehabilitation personnel and

clients. The events of the last few years have demonstrated that manpower projections are illusory in the absence of effective political power. The validity of optimistic manpower projections in the broad field of human service depends ultimately upon our willingness to turn forecasts into self-fulfilling prophecies.

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Events and Comments

IRM Schedules Course on Technics in Brain Damage

APRIL 24 to 26, 1974, the behavioral science department of the Institute of Rehabilitation Medicine, New York University Medical Center, will be holding its fourth annual course entitled "Remedial Techniques for Cognitive and Perceptual Difficulties in Brain-Damaged Persons" at the Institute. The course presents new approaches as well as basic principles and technics developed over the last 10 years to treat brain-damaged adults with such difficulties. Some of the technics can be applied to children.

Emphasized will be visual-motor coordination, visual scanning, and tactile kinesthetic interpretation as well as attention and body image in hemiplegia. Assessment and training of certain mental skills, including memory in the aged and brain-injured adults, and highlights of methods and materials in a hyperbaric oxygen program will be covered.

Patient studies will be demonstrated with video tapes and slides. Members of the Institute's rehabilitation team will discuss the total rehabilitation of the patient.

Tuition for the course is $150. For further information write: Joseph Goodgold, M.D., Institute of Rehabilitation Medicine, 400 E. 34th St., New York, N.Y. 10016.

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COUNCIL OF REHABILITATION COUNSELOR EDUCATORS 1973 FACT SHEET

INTRODUCTION

Because of the impending loss of RSA funds for training rehabilitation workers, the Council of Rehabilitation Counselor Educators undertook the task of determining what effect this loss will have on university training programs. To this end, CRCE surveyed 67 (75 percent of the total) college and university training programs around the country. Included in the survey are undergraduate programs, masters programs, Ph. D./Ed. D. programs, certificate programs and various combinations of programs. Of the 67 programs surveyed, 53 were public institutions and 14 were private institutions.

BACKGROUND

In the past 3 years, the programs surveyed have graduated a total of 4,812 students. Of this total, 2,864 students were supported, at least in part, by RSA funds, including 8 bachelors degree students, 2,742 masters degree students and 114 doctoral degree students. At present, these universities award 1,551 RSA traineeships to students and average 4,480 applicants for traineeships per year. If more traineeships were provided, these universities could accept 2,135 more students per year.

For the academic year 1973–74, these programs have received 3,797 applications of which 2,099 will require financial support. Sixty-three percent of those students requiring financial support belong to special target groups, that is, nonwhite, poor white, or handicapped. If financial support is not available, the programs anticipate they will lose at least 1,408 students they could otherwise accept. Nine hundred eighty-three of the students that would be lost belong to the special target groups. Although there are other sources of financial support besides RSA traineeships, only 50 percent of the programs felt that these sources could be expanded or utilized effectively.

The specific responses of the programs participating in this survey are represented in tables and presented in the following five categories: (I) impact on student enrollment; (II) impact on faculty and support personnel; (III) impact on program size and quality; (IV) university response to the reduction in RSA funds; (V) impact of loss of funds on the profession of rehabilitation counseling. Included in the summary are additional impressions and concerns as expressed by the coordinators of the programs.

TABLE I.—IMPACT ON STUDENT ENROLLMENTS

	Total full-time students in program	Number of students RSA supported	Anticipated loss if funds cut
Undergraduates	1,636	72	69
Masters	2,062	1,284	747
Doctoral	168	48	32
Total	3,866	1,404	848
Nonwhite	442	327	246
Poor white	562	366	272
Handicapped	234	128	104
Total	1,238	821	622

TABLE II.—IMPACT ON FACULTY AND SUPPORT PERSONNEL

	Total	University support	Nonuniversity support	Anticipated loss	Assigned other
Part-time and full-time faculty	449	292	157	79	65

Note: In addition there are 291 support personnel currently being supported by RSA.

TABLE III.—IMPACT ON PROGRAM QUALITY

	Courses will be eliminated or substantially reduced	Courses will be reduced somewhat	No change
A. Number of courses offered: Programs	14	35	18
	Currently being used	Can continue	Cannot continue
B. Special enrichment programs supported by RSA:			
Agency consulting	42	17	28
Instructional aids	31	5	26
Publications	20	5	15
In-service training for agency	41	11	30
Extension courses	27	10	17
Special workshops	33	6	27
Student tutoring	3	3	0
Research support	12	2	10
Student recruitment	33	10	23
Other	2	1	1
Total	244	70	174

TABLE IV.—UNIVERSITY RESPONSE TO REDUCTION IN RSA FUNDS

Complete withdrawal of university support	6
Continue present level, but no additional funds	41
Increase support to fully compensate for teaching funds but not for student funds	11
Increase level of support to fully compensate for loss of both teaching and student support	2
Provide additional support for students but no increase for faculty support	1

TABLE V.—IMPACT OF LOSS OF FUNDS ON THE PROFESSION OF REHABILITATION COUNSELING

Response	Number
None	2
Decrease in all student enrollments	45
Reduction in enrollment for special target groups	59
Decrease in in-service training for rehabilitation agencies	47
Reduction in rehabilitation research	47
Fewer trainees and counselors available for State and Federal programs and private agencies	57
Reduction in training standards	44
Lowered professional standards	36
Lowered quality of client services	46

SUMMARY

Fifty-five of the programs feel that RSA support is essential to train the kind of personnel needed to deliver services in the State-Federal rehabilitation programs. Five programs felt that RSA support was not necessary for this purpose and five programs were uncertain. Fifty-four of the programs felt that RSA support is essential to the quality of their program.

At the end of the survey, the coordinators made any comments they wished. The most often expressed feeling was that the loss of RSA funds would prevent many minority students from being trained in rehabilitation. The coordinators were also concerned about the fact that student enrollment would be curtailed not only due to the elimination of stipends, but also due to the elimination of the faculty supported by grant money. Because the number of faculty will be smaller, fewer students can be admitted. Another concern of the coordinators is that due to the loss of funds, rehabilitation program may have combined with other university programs and lose identity and impact.

Dr. JAQUES. The basic statement has an elaborate justification and explanation of our training programs and of the training which we provide as well as its effect.

Professional training and rehabilitation counseling is primarily at the graduate level; that is, the master's and doctoral level; and it exists in more than 80 universities throughout the country. It came into being primarily as a result of the Federal vocational rehabilitation support that was started in the 1950's. The programs have developed in this course of time as a model really for the helping professions,

and I think that it has represented a very unique collaboration between private rehabilitation agencies, the State-Federal program in vocational rehabilitation and universities throughout the country.

Rehabilitation counselors are central to the total effort in rehabilitation, and they work this public and private rehabilitation facilities as my rehabilitation colleagues have explained here today.

We believe—and the evidence for this is supported in my basic statement—we believe there is a direct relationship between the quality of service delivered and the type of professional training in our training program. The rehabilitation training program that has been suggested has at least five currents which undercut in our opinion its effectiveness in a very substantial way.

First, forward funding at low levels a part of the program each year. The funding level for a given fiscal year has been about 50 percent of what the appropriation bill anticipated. The program, therefore, is always limping along at half capacity. For example, in fiscal 1974, 15 million was appropriated for rehabilitation training and about 12 million was carried forward from fiscal year 1973. Parenthetically this 12 million represents about a 50-percent dilution of the fiscal year 1973 program.

The intended result was to have been an expenditure level of $27.7 million in fiscal year 1974 according to the House and Senate Committee reports on the bill. But of the $15 million appropriated, $10 million has been forwarded funded into fiscal year 1975, leaving a total of only $17 million to be spent during the fiscal 1974 year.

This may not be impoundment, but it comes very close in our view.

Forward funding is a good thing generally, but it has been adopted for negative reasons—to keep spending at a low level.

To solve this problem we recommend to you and to the Congress to put the program on a total forward funded basis but at the categorical level of $27.7 million as authorized. To do this for fiscal year 1976 and to keep the fiscal year 1975 level at the same amount, $27.7 million, would take therefore a budget authorization of $45.4 million in fiscal 1975.

This amount of course, together with the $10 million forward funded in fiscal year 1974, would provide the 2 years of funding at the appropriate level. However, budget outlays for subsequent years, fiscal year 1975, 1976 would only be $27.7 million, the same level as the program was in 1972–73, and the intended level, although not carried out, in 1974. As you are well aware forward funding is authorized in the 1973 rehabilitation amendments.

The other four undercutting currents are discussed at greater length in my written testimony, but to summarize they are:

Limiting training to only short-term support.

Reprograming rehabilitation training into other program areas.

The disestablishment in the past 3 or 4 years of peer review of training grants as well as the neglect of the increasing demand for rehabilitation counseling.

I would like to just comment briefly, in concluding, on the disestablishment of peer review.

There has been no use of rehabilitation educators or of other experts from the rehabilitation field in the review of training and research programs in the past few years.

The study sections and the peer review as established by Mary Switzer worked very well, but they have been disestablished. We hope they are reestablished and we would like to urge your support especially on this point.

Thank you for this opportunity.

Mr. FLOOD. Thank you very much.

WEDNESDAY, MAY 15, 1974.

PROJECT BASELINE

WITNESS

DR. ARTHUR M. LEE, DIRECTOR, PROJECT BASELINE

Mr. FLOOD. Our next witness is Dr. Arthur M. Lee, who will tell us about Project Baseline.

Dr. LEE. Mr Chairman and members of the committee, I have a report which I will summarize. Then, if you wish to discuss any of the details, I will be glad to do so.

This is a report of Project Baseline, the national study of vocational education and manpower training which you requested be conducted by the National Advisory Council on Vocational Education. In it I have quoted a few of the statistics from our first two national reports, "Learning a Living Across the Nation," copies of which have been given to each member of this subcommittee.

Some of these figures, I believe, have been very significant, and they were not known to Congress or the National Advisory Council or even the executive agencies until revealed by the baseline study.

Mr. Chairman, I might say that among these figures we have now just compiled the 1973 data, and it comes as a disappointment. I don't like to have to report this, but the rather significant growth of vocational education each year over a 10-year period came almost to a dramatic halt in fiscal 1973. Whereas for each of the preceding 10 years the growth rate in vocational education enrollment was around 10 percent, sometimes more, in fiscal 1973 it was 2½ percent.

In secondary education, vocational education, the growth rate was about a half of a percent; in postsecondary about 1½ percent.

In adults vocational education the picture is more encouraging. The previous year the growth rate had been 7½ percent; in 1973 it went up to 8½ percent.

Two of the most disappointing statistics from these latest figures are in the enrollment of handicapped and disadvantaged children. In the previous year the handicapped and disadvantaged enrollments were running about 14-percent increase over the previous year. In 1973 handicapped enrollment dropped slightly and disadvantaged enrollment dropped nearly 6 percent.

The full report will be distributed to the subcommittee and the agencies and the public in the fall.

In the process of collecting all the information that the States have about their programs, and putting it all together, the sheer bulk seems formidable. There are 299 tables, and 907 pages, in the first two volumes covering fiscal years 1971 and 1972.

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We have become increasingly familiar with the way information is being channeled all the way from local schools and training institutions to the Office of Education, the Manpower Administration, and the Congress.

And we have become equally familiar with the problems inherent in present reporting systems which prevent information from reaching the Federal level.

Two years ago I first suggested to this subcommittee that data we were spending a quarter of a million dollars annually to assemble from the States in imperfect form were available in the local schools and training institutions in the form of administrative records, and that these data could be the basis of a national automated educated information system.

We were to have started implementing such a system this year, but have not done so. The U.S. Office of Education did not make the additional funds available to us which were to have been used for this purpose, since the National Advisory Council did not request them.

The Council called in a panel of consultants to review a report of the system we were proposing and the panel disagreed with our design and as a result nothing has been done this year.

We are now working directly with the Office of Education in redesigning the implementation procedures.

Mr. Chairman, I would like to emphasize that we are getting involved in information systems just to have something to do. Present methods of collecting and reporting almost all educational information in the United States, I feel, are quite inadequate.

We have been able to compile and report a great deal just by going into the States and getting what they have. It is what most of the States do not have—and therefore we cannot report nationally—that bothers me.

We are not giving you complete cost data, only Federal expenditures for vocational education and Federal allocations for manpower training.

We cannot tell you what any program actually costs compared to other programs. Nor can we tell you what vocational education or manpower training costs per instructional unit—whether that be full-time equivalent, contact hour, course, or program.

We cannot tell you what kinds of students are enrolled in different kinds of occupational programs, which ones do well and which ones do not, how handicapped and disadvantaged compare with other students, where different kinds of training are available, and how many students can enroll in various kinds of training if they want to.

If you need to know who is being prepared for what, how much it costs, and what happens to them afterward, you are getting perhaps 20 percent or 30 percent of that information, and the rest is still a mystery.

Moreover, the information you are getting is good from some States, and much less than satisfactory from others.

Finally, none of this information is available to you on a nearly current year basis. Project Baseline has reduced the time lag by 1 to 3 or 4 years, but we are still reporting fiscal year 1973 data late in 1974.

What we propose to do to correct this situation in the vocational education and manpower training, if the new CETA programs can be included, which will be partly automated and partly manual to begin with, eventually becoming entirely automated, using a statistical sample of unit data.

In my report, Mr. Chairman, I have outlined what we recommend be done next year to begin to bring this data base into operation and to know how long it will take to complete and how much it will cost.

It is my recommendation that the same amount of funds be designated for fiscal year 1975 as were designated for 1974, nearly half of which were not used, to support this national study and the development of the data base for vocational education and manpower training.

I also recommend and strongly urge, Mr. Chairman, that $1 million more than the President's budget as requested be appropriated for vocational education research. This will support the national study without taking these funds away from the States where they are also needed for the States' own research and development programs. The appropriation for this item in the budget would then be $19 million instead of $18 million.

If you have any questions about this report or the national study, I will be glad to answer them. We will also appreciate very much any suggestions you may have.

Thank you, Mr. Chairman and members of the subcommittee.

[The statement follows:]

REPORT TO THE HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON APPROPRIATIONS
FOR LABOR AND HEALTH, EDUCATION AND WELFARE

By Arthur M. Lee
Director, Project Baseline
May 15, 1974

Mr. Chairman, and Members of the Subcommittee, I appreciate the opportunity to report to you again. Project Baseline--the national study of vocational education and manpower training which you requested be made--is in its third year. You have recently received published copies of the first two reports. Xerox copies were given to some of you earlier.

You have also received a fact sheet dated February 15, 1974, containing summary figures showing the impact of the Vocational Education Act of 1963 and the Amendments of 1968 as reported by fiscal year 1972. That fact sheet is included for the record in this report, updated with preliminary figures for 1973.

Project Baseline, as I understand it, was the result of a need by Congress for information you were not otherwise able to obtain. The Project staff and the National Advisory Council believe it is serving that purpose.

For example, in fiscal year 1974 nearly two billion dollars of Federal funds were appropriated for vocational education and manpower training. But neither Congress, nor the National Advisory Council on Vocational Education, nor the U.S. Office of Education, nor the Manpower Administration knew even two years ago for every $100 of Federal expenditures per student in vocational education, more than $8,000 were allocated per trainee in the Economic Opportunity training programs, and more than $4,000 per trainee in the MDTA training ~~training~~ programs.

(Actual figures for FY 1972: VE--$46.52 Federal expenditures per student; EOA--$4,326.24 Federal allocations per trainee in occupationally reported programs; MDTA--$2,028.74 Federal allocations per trainee.)

No one knew--certainly not Congress, and not even the Manpower Administration--that only 346,066 actual trainees could be identified in an occupationally reported program in all the manpower training programs in the Nation in fiscal year 1972. In the same year there were 9,984,416 students enrolled in vocational education above the eighth grade.

That was two years ago. In less than ten years since the Vocational Education Act of 1963 was passed, vocational education enrollments at the high school level alone had increased from less than 20% to over 40% of the Nation's high school population.

The increase of vocational education enrollments at all levels--secondary, post-secondary, and adult--per 1,000 population between 1961 and 1972 was 130%, more than 10% per year.

No one knew whether the ethnically disadvantaged groups for whom vocational education was intended to offer special opportunities were really benefitting. Now we know, at least, that they are enrolled in proportionately larger numbers than the percentages ~~percentages~~ represented by each group in the total population.

I could go on at considerable length. There are 299 tables altogether, and 907 pages in our first two national reports, and only a small fraction of what they contain about vocational education and manpower training had ever been published before.

I have been asked on several occasions why we are collecting the same information the U.S. Office of Education and the Manpower Administration collect. The answer is that we are analyzing these data more thoroughly than has been done before, and we are assembling additional data which the States are already collecting but which have not been reaching the Federal Government.

In the process of doing this, we have become increasingly familiar with the processes by which information is channelled all the way from local schools and training institutions to the Office of Education, the Manpower Administration, and the Congress.

And we have become equally familiar with the problems inherent in present reporting systems which prevent information from reaching the Office of Education, the Manpower Administration, and the Congress.

Two years ago I first suggested to this Subcommittee that data of the nature we were spending a quarter of a million dollars annually to assemble from the States in imperfect form were available in the local schools and training institutions in the form of administrative records, and that these data could be the basis of a national automated education information system.

You authorized us to explore this possibility, and we have done so. We have found it to be technically sound, and, we believe, within the realm of economic feasibility. That is what we need to know and propose to find out next year.

Our study has demonstrated a need for uniform data to be collected in prescribed format, to serve as a national data base. We now propose, in the fourth year of this national study, to begin putting together such a data base from the elements already available in the States and local schools, and to provide Congress with detailed procedures complete with costs necessary to complete the system.

Last year you directed that additional funds be used for the Baseline project, and my recommendation for the use of those funds had been to begin implementing a

national automated information system in fiscal year 1974. We have not done so because the funds were not made available to us.

The reason is that the National Advisory Council on Vocational Education called in a panel of consultants to advise them on the technical questions involved, and the panel was opposed to the design we were suggesting. They did not question the concept, and they strongly endorsed the need to establish an automated system. Without the Council's approval, however, the Office of Education would not release the funds.

We have now modified the implementation procedures, and I am recommending that funds be designated in the fiscal year 1975 appropriation to implement the initial development of a vocational education and manpower training data base.

When I made by recommendation last year, we were only about half way through our initial exploration of the concept. I could not give you a detailed recommendation. I will do so now for the year ahead.

First, I would like to summarize the situation we are in at the present time. Project Baseline is collecting all of the data available about vocational education and manpower training in each of the States which can be reported nationally. We are compiling statistics, making analyses, describing programs, identifying significant findings, making recommendations, and publishing the results.

We are gratified by the expressions of appreciation received from Members of Congress and the vocational education community.

It is what we have not been able to do that bothers us.

We are not giving you complete cost data, only Federal expenditures for vocational education and Federal allocations for manpower training.

We cannot tell you what any program actually costs compared to other programs. Nor can we tell you what vocational education or manpower training costs per instructional unit--whether that be full time equivalent, contact hour, course, or program.

We cannot tell you what kinds of students are enrolled in different kinds of occupational programs, which ones do well and which do not, how handicapped and disadvantaged compare with other students, where different kinds of training are available, and how many students could enroll in different kinds of training if they wanted to do so.

If you need to know who is being prepared for what, how much it costs, and what happens to them afterward, you are getting perhaps 20% or 30% of that information, and the rest is still a mystery.

Moreover, the information you are getting is good from some States, but much less than satisfactory from others.

Finally, none of this information is available to you on a nearly current year basis. Project Baseline has reduced the time lag by one to three or four years, but we are still reporting fiscal year 1973 data late in 1974.

What we propose to do to correct the situation in the shortest time possible is to establish a data base for vocational education and manpower training, if the new CETA programs can be included, which will be partly automated and partly manual to begin with, eventually becoming entirely automated, using a statistical sample of unit data.

Three steps can be taken immediately which will give us a substantial part of the data base, and I recommend we do these in fiscal year 1975.

First, take advantage of the automation that has already been developed in vocational education reporting. About half the States have automated their student reporting systems, and many of them have instructional personnel and program data also. A few have financial data of one kind or another in computers. In addition, a great many individual school districts and educational institutions have automated data which the States do not have. We propose to bring together into a single processing center as many as possible of the data elements needed from these sources for national reporting.

Secondly, find out what would be required to complete the automation of both vocational education and manpower training information systems in every State. We need to know the amount and location of data processing equipment that now exists, and the amount required for a total national network. We must have an accurate estimate of the cost for capital outlay, and a similar estimate of the cost of operating the system once the hardware is in place.

Third, since it would take some time under any circumstances to completely automate all vocational education and manpower training information systems, assuming this is possible, a combination of manual and automated records must be used in the meantime which will produce more complete, up-to-date and reliable data than we have now.

We believe this can be done by collecting unit data from a statistical sample of manual records where automated records are not available. These can be combined with unit data from the same statistical sample of automated records, thus reducing the quantity and therefore the cost of the data which must be processed. Each year as hardware is added and automation increases, the cost and effort of sampling manual records will diminish, and the accuracy of the results will increase. We propose to develop and field test the sample next year for use the following and subsequent years.

The basic principles which these procedures follow are those used in Project Baseline's research from the beginning and the concept of an automated information

system which I discussed with you during the second year of this project. They are as follows:

1. Build the data base on the foundation already established by the local schools and the States. We should not duplicate or replace what they have already done. We do not have to, and it would be an inexcusable waste of time and money to do so.

2. Work through the States, not directly with local schools and training agencies. Every State needs the same kind of an information system as the Federal Government needs, and it would be extremely ill-advised to by-pass them.

I believe it should be a cooperative effort, not one in which the Federal Government dictates what should be done. On the other hand, although Project Baseline is being conducted by an outside agency, it is the U.S. Office of Education and the Manpower Administration which must maintain the data base when it is in operation, and they should have the same role in its development at the national level as the State agencies have at the State level.

3. Use source data, not secondary information. By source data I mean a statistical sample of unit data elements from local school and training institution files, transmitted on punch cards or magnetic tape to the State level where they are used in the States' management information systems, and the Federal level for tabulation and analyses nationally. Our biggest problem at the present time with the data we are getting is that they represent compilations made by local schools and State agencies, each using its own version by what the data are supposed to be. It is impossible at the national level to know with any great amount of confidence what has been added together. In using source data, two other advantages are achieved: they can be reported more rapidly; and in unit form they provide a great deal more information.

4. Never collect names and addresses or identifying numbers. It is not necessary, and the confidentiality of personal records can thus be absolutely protected at the source.

What I am proposing here is the design Project Baseline has now developed to implement the concept of a national automated information system. It will be more fully described in a new report to be published and distributed in the near future. The design has been developed with assistance from several experts in the field, and appropriate officials in the U.S. Office of Education.

When fully implemented it will provide Congress, the National Advisory Council on Vocational Education, the U.S. Office of Education, and the public with a much more complete picture of Federally supported job training in the United States. Your Subcommittee will then know in the kind of detail you need what the money is being used for that you appropriate each year and what it is producing.

Then we can go one step further, and your Subcommittee will finally have the kind of information I believe you really need. You can use a computer to find out what the results would be if X dollars are appropriated for a particular program as compared with Y dollars, or Z dollars.

This is essential, it seems to me, whether or not we have categorical aid programs or revenue sharing or consolidation.

Under the present categorical support for vocational education it would give you the only kind of detailed, accurate, and up-to-date information about the results within each category that would tell Congress if each program is working and what it is producing in relation to its cost.

Under revenue sharing or consolidation it would give you the same information. Congress would know what happens to such appropriations each year, how the money is used, what it produces, and how efficiently this kind of a delivery system works.

Mr. Chairman, there is one more thing that has to be said about this or any other data system: it costs money. Your present system, inefficient and inadequate as it is, costs money. A system that really works will cost more than the one you have now. We do not yet know how much more, and that is one of the things we propose to find out next year.

Congress will then be in a position to make a choice between continuing to depend on the kind of program and cost data you have now or paying for better data. Since local schools and the States need the same data, the cost can very likely be shared. At some point in time a recommendation can be made, based on the information we collect next year, to pro-rate the cost of remaining development, or the cost of maintaining and operating the system, or both.

It is my recommendation, then, that funds be designated as they have in the past for the continuation of this national study in fiscal year 1975, and that we use a portion of the funds designated to implement the initial development of a data base for vocational education and manpower training as outlined above. The actual cost of doing this will not exceed the amount recommended and designated to be used this year.

I also recommend and strongly urge that the appropriation for vocational education research, from which these funds are taken, be increased $1,000,000 over the budget estimate of the President. That would make an appropriation of $19,000,000 instead of $18,000,000. Project Baseline would then no longer be supported by funds which would otherwise go to the States. The State and local agencies' needs for these funds in continuing to carry out the changes mandated by the 1963 and 1968 legislation is critical.

Thank you, Mr. Chairman and Members of the Subcommittee. If you have any questions, I will be glad to answer them. If you have any suggestions, the National Advisory Council as monitor and the Baseline staff will be most grateful to have them.

PROJECT BASELINE FACT SHEET

IMPACT OF FEDERAL LEGISLATION

BY
Arthur M. Lee

May 15, 1974

This is a capsule report on the status of vocational education in 1971-73 as a result of the Vocational Education Act of 1963 and the Amendments of 1968. While many factors have contributed to the results as they are shown here, the major factor in each case has probably been the Federal legislation.

Categorical Support	1963 Act	1968 Amendments		Results by End of 1973: 1971-72 Excluding Below Grade Nine	1971-72 Including Below Grade Nine	Preliminary 1972-73 Including Below Grade Nine
Basic grants to the States	Authorized, separate appropriations	Authorized, separate appropriations	·Total VE enrollment reported	9,984,416	11,589,948	11,882,092
			·Total VE enrollment per 1,000 population	48.49	56.28	57.70
			·Increase per 1,000 population since 1961	129.86%	166.73%	173.46%
			·Total VE enrollment increase over previous year .	9.25%	10.54%	2.52%
Secondary Students*	Authorized	Authorized	·Secondary VE enrollment reported .	5,617,334	7,222,867	7,234,075
			·Secondary VE enrollment as a percent of total population, age 15-19, in the U.S. . .	29.19%	37.87%	37.93%

*Results also included in Basic Grants to the States.

Categorical Support	1963 Act	1968 Amendments		1971-72 Excluding Below Grade Nine	1971-72 Including Below Grade Nine	Preliminary 1972-73 Including Below Grade Nine
Secondary students (continued)			·Secondary VE enrollment as a percent of total secondary school enrollment in the U.S. . . .	40.59%		(Still being tabulated)
			·Secondary VE enrollment increase over previous year . .	9.05%	10.55%	0.16%
Post Secondary students*	Authorized	15% of State allotment required	·Post-secondary VE enrollment reported	1,303,052	1,303,052	1,321,570
			·Post-secondary VE enrollment as a percent of total population, age 20-24, in the U.S.	7.86%	7.86%	8.07%
			·Post-secondary VE enrollment increase over previous year . . .	14.28%	14.28%	1.42%
Adult students*	Authorized	Authorized	·Adult VE enrollment reported . .	3,064,030	3,064,030	3,326,447
			·Adult VE enrollment as a percent of total population, age 25-64, in the U.S. . . .	3.38%	3.38%	3.70%
			·Adult VE enrollment increase over previous year . . .	7.59%	7.59%	8.56%

*Results also included in Basic Grants to the States.

Categorical Support	1963 Act	1968 Amendments		1971-72 Excluding Below Grade Nine	1971-72 Including Below Grade Nine	Preliminary 1972-73 Including Below Grade Nine
Handicapped Students*	Authorized	10% of State allotment required	·Handicapped enrollment reported in VE	220,745	220,745	219,812
			·Handicapped enrollment increase over previous year	9.26%	9.26%	-0.42%
Disadvantaged students*	Authorized	15% of State allotment required	·Disadvantaged enrollment reported in VE . .	1,606,558	1,606,558	1,512,282
			·Disadvantaged enrollment increase over previous year . . .	15.24%	15.24%	-5.87%
Cooperative Work Experience Programs	Included	Authorized, separate appropriations	·Total reported VE enrollment in Co-op programs (Parts B & G) .	449,843	449,843	
			·Co-op enrollment increase over previous year .	18.88%	18.88%	
Work Study Programs	Authorized	Authorized, separate appropriations	·Total reported VE enrollment in work study programs	31,947	31,947	32,355
			·Work study increase over previous year	11.84%	11.84%	1.28%

*Results also included in Basic Grants to the States.

Categorical Support	1963 Act	1968 Amendments		1971-72 Excluding Below Grade Nine	1971-72 Including Below Grade Nine	Preliminary 1972-73 Including Below Grade Nine
Research	10% of basic grants to the States required**	10% of basic grants, half directly to the States, required**	•Number of States with research coordination units	47	47	47
			•Number of new projects this year	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)
			•Number of continuing projects this year	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)
State Planning*	Authorized	Required	•Annual and long range State plans in every State			
Citizen Advisory Councils	National Committee Authorized	National and State Councils required, separate appropriations	•National Advisory Council met 6 times this year; sponsored various operational programs, issued 3 reports			
			•State Advisory Councils in 54 States and Territories, with total membership of 1,080 participated in State planning in each State, sponsored independent studies, issued reports, and made annual evaluations of each State VE program.			

*Results also included in Basic Grants to the States.
**Authorization not fully carried out after FY 1967, except in 1971. Authorization will separate appropriation instead.

Categorical Support	1963 Act	1968 Amendments		1971-72 Excluding Below Grade Nine	1971-72 Including Below Grade Nine	Preliminary 1972-73 Including Below Grade Nine
Exemplary Programs		Authorized, separate appropriations	·Number of new programs this year .	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)
			·Number of continuing programs this year	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)
Consumer and Homemaking	Included	Authorized, separate appropriations	·Enrollment reported this year	2,581,851	3,162,732	3,104,954
			·Enrollment increase over previous year . . .	5.41%	7.96%	-1.71%
Curriculum Development	Authorized	Authorized, separate appropriations	·Number of new projects this year	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)
			·Number of continuing projects this year	(Still being tabulated)	(Still being tabulated)	(Still being tabulated)

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 16, 1974.

MULTIDISCIPLINARY CENTERS FOR THE AGING

WITNESSES

HON. SIDNEY YATES, A REPRESENTATIVE IN THE CONGRESS FROM THE STATE OF ILLINOIS
HON. NEIL HARTIGAN, LIEUTENANT GOVERNOR OF THE STATE OF ILLINOIS
DR. ETHEL SHANAS, UNIVERSITY OF ILLINOIS

Mr. FLOOD. Today we have the privilege and pleasure of hearing from a distinguished colleague of ours, the distinguished gentleman from the State of Illinois and a member of the Appropriations Committee, the Honorable Sidney Yates. He is accompanied by the Lieutenant Governor of Illinois, Governor Hartigan, and Dr. Ethel Shanas.

STATEMENT OF HON. SIDNEY YATES

Mr. YATES. Mr. Chairman, first, may I thank you very much for giving us the opportunity of testifying here today. I am privileged to introduce two very distinguished people in the field of problems of the aging. The first is the Lieutenant Governor of the State of Illinois, the Honorable Neil Hartigan. Accompanying Mr. Hartigan is Dr. Ethel Shanas, who is one of the worldwide experts in the field of gerontology.

They are appearing here in support of a request for an appropriation of $12 million for the multidisciplinary centers which is authorized in the Older American Act under title IV, part C. The University of Illinois at Chicago Circle has filed a letter of intent with the Office of the Aging to establish such a center, seeking Federal assistance which would come under title IV, part C. Such a center, we hope, will be located in the city of Chicago.

With the permission of the chairman, I should like now for Lieutenant Governor Hartigan to testify.

Mr. FLOOD. Yes, Governor.

STATEMENT OF HON. NEIL HARTIGAN

Governor HARTIGAN. Thank you very much.

Mr. Chairman, Mr. Yates, Dr. Shanas, I have submitted a copy of the prepared statement in support of the multidisciplinary center under title IV. I would like, if it's permissible, to comment in a broader vein on the attempts in Illinois and why we think this particular provision would be so helpful.

[The statement follows:]

TESTIMONY OF NEIL F. HARTIGAN, LIEUTENANT GOVERNOR, STATE OF ILLINOIS

Representative Flood and members of the committee: It is an honor to testify here today on what I consider to be one of the most important social issues of our time—that of aging and how to cope with it. Today all of us have one thing in common. We are all continuously growing older. I believe this over-

simplification is important when discussing aging because when we speak of aging, we are not speaking only of those over 65 but of the biological and psychological process all of us undergo. We must direct our thinking and efforts as a nation to accept this basic fact in order to establish sensible programs for this Nation's elderly.

Therefore, I come today to testify in favor of full funding of section 4, part C, of the Older Americans Act. In Illinois I have been privileged to be involved with the adequacy of Government's response to the needs of our senior citizens. In order to begin to address the entire problem, last year the Illinois General Assembly passed the Illinois Act on Aging which created a Department on Aging. The Department on Aging in Illinois has the capacity to act as an advocate for seniors—and it can do so as an equal with the other State agencies. The Department administers the Older Americans Act—but more importantly—is responsible for coordinating the entire effort of State government in this vital area.

The creation of the Cabinet-level State Department on Aging in Illinois was the first of any major State in the United States as the result of commitment by our seniors and responsiveness by the legislature. Now, as a result of the recent enactment of the Comprehensive Service Amendments to the Older Americans Act—we have viable national and State structure for the delivery of services to the elderly. We also have an active private sector involved in this field. But what we desperately need is the "fourth piece"—multidisciplinary centers on aging. These centers are a logical extension of the initiatives already undertaken by the Congress—the service amendments—and the recently passed Institute on Aging. While we deliver many needed services today, we must plan appropriate programs and train the personnel for the future. Only by interrelating the disciplines—the biological sciences and social sciences with the professional schools of law, social work and medicine can we achieve the goal of designing human-care programs that are relevant, comprehensive and effective.

In our State, as I am sure in most States, there is a need for these centers in order to promote the cooperation among diverse expertise now represented on the many campuses of higher learning. These centers could provide the needed focus and forum for collaboration among scholars from not only state supported schools but private institutions as well. The center could be a bridge across many disciplines now represented by only one or a few scholars at each campus. The center, having a multidisciplinary approach, assures that there will be an integration of traditional subject matter boundaries in order to increase our understanding of aging as a process—as well as the aged as a specific segment of our population.

Another critical area is that of training. Not only the direct training of practitioners who will work directly with the elderly—but also the training of trainers—which can only be accomplished in a center of this type. A recent report by the Department of Health, Education, and Welfare indicated an urgent and increasing need for personnel to serve in the field of aging. According to this study, in 1980 the need for trained workers is expected to be at a level two to three times above that of 1968. The centers could develop the capacity to respond to the immediate training needs of the community, including short-term institutions for area agency personnel, extended education programs and long-range curriculum changes. At one level these centers can facilitate communication among scholars, practitioners, and Government officials and on another level they can respond to the need for policy formulations and the planning of effective programs.

Full funding of section 4, part C will enable our institutions of higher learning to begin to organize and possibly expand existing efforts including these at the University of Michigan, Southern California, Pennsylvania State, Syracuse and the University of Chicago. The Advisory Council to the National Institute of Child Health and Human Development, after an indepth study of existing programs and training needs in 1968 unanimously recommended to the Department of Health, Education, and Welfare that:

> Existing university programs, substantial enough to warrant it, should become true regional centers and receive the necessary support to extend their programs and resources of expertise into surrounding regions, and where suitable university aging centers do not exist, they should be created.

That firm recommendation was made fully 6 years ago. We cannot wait anymore for studies documenting need—we know the needs.

A commitment now can possibly multiply the effect of the funds many-fold because the knowledge generated will be from many scholars and diverse disciplines—it is a sound investment.

The timing could never be more appropriate. As the Congress begins to consider, in a very positive and indepth manner, the significant issues of national health insurance and pension reform, the campuses across the country must be in a position to apply the fruits of these efforts to the approximately 22 million senior citizens currently living in the United States. The impact of the deliberations on these issues will be immeasurable to this group. We must harness the true wealth of talent in this Nation to bridge the gap between what the aged themselves want and need and what we can and must provide to meet those needs.

We in Illinois government have created a program with department level status to recognize the dignity of our senior community. We have done it so that it can function in harmony with the recent actions of the Congress. What we need is a parallel effort by the academic community One, with the assistance of the Federal Government, wherein we can meet future needs by adequately preparing for them now.

Thank you.

We see, with the conflicting demands for the social service dollar and the increased needs of the aging within our State—there are now 1 million in over 65 median income—within this conflicting need an increased need for an improved level of the qualitative nature of our services. We see an area with a great deal of good will and massive confusion.

We have attempted within our State to identify—and I would like to present to the committee, for the record, two documents—both the State programs, partially federally funded and solely funded by the State; the programs from the private sector; and begining the needs of an assessment for the gaps within those programs.

The first document I would like to submit is entitled "A Matter of Dignity" which was the basis for the Department on Aging, which has been established at cabinet level in Illinois.

Pursuant to the activity of this committee, we have attempted to follow their example at the State level so that our activities would interface. We have seen that 70 percent of our activity is purely within health care and that we are in fact ignoring needs in transportation and supplemental income, preretirement training, and an infinite variety of nonmedical needs. We are treating one section of the problem but we are not really treating the whole person.

We also have the problem that we are not receiving the benefit of the immense contribution that 15 percent of our population is more than willing and able to make in the meeting of our own social needs of society as a whole.

We attempted to move from the founding of the department, which was accomplished last year, to a program of coordination and of planning our programs for the aging.

We found that there was no one within the State of Illinois who could tell you what the State programs were, how much they cost, how many people are being served, and how well they are being served. The quantitative and qualitative portion of the programs for aging were really caught up in a great deal of bureaucratic red tape and far too much confusion in terms of point of service for the aging.

We have now attempted to go back. That is the second document I would like to submit.

We recently completed, I think for the first time in the country, a profile of these programs. We started out thinking 2 years ago that there were 23 State programs. We have now found 44. We have tried to answer three of the four questions—the quantitative questions on the costs and how many are being served.

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Within our department we have a council on aging which is comprised of the majority of those over 65. They are doing the qualitative piece. In our appropriation process at the State level, the budgets for those 44 programs are being held until the qualitative analysis of those programs is accomplished. We think we are beginning to get a handle on the State programs.

The second piece, as I said, is an analysis of the programs in the private sector. The third piece is the needs assessment.

But we have come to the realization, and in depth, that without better coordination we are going to continue to reinvent the wheel. We have programs in one section of our State that 5 years later are being developed in another section of our State. We don't have the benefit of the best thinking in the academic community across the country. So this multidisciplinary gerontological center concept is extremely important. We hope to establish it at our State University in Chicago because of its potential for coordination of the best thinking from around the country and within the State.

We can take the same dollars, Mr. Chairman, and apply them to programs presently in existence and get to the basic needs, the income maintenance, the nutritional programs, the outreach programs. We attempted last year, with the circuitbreaker, to give cash grants of up to $500 to people who had been paying taxes for 40 years in our State. We found we were able to only provide that service to 44 percent of the eligible people. They are isolated. They are cut off from the service. So $26 million in funding lapsed after is had gone through the whole process.

We think with this kind of a concept, a multi-disciplinary gerontological concept, in our State and across the Nation we can take what we learned in these different programs, take the same dollars and see that they are used in a far better manner to meet the multidimensional needs of the individual senior in our State.

I have come this morning with Dr. Shanas, who is internationally recognized as a gerontologist, to ask the support of the committee for Federal funding in this area. I think it's an investment that will pay dividends many, many times over because it will allow us to take the same dollars we are now spending at the State level, Federal dollars and State dollars, and use them far more effectively than we presently are doing.

We need the coordination, we need the planning, we need to train the people who are going to be working in this field. All of those aspects we think are far more likely to be capable of accomplishment if we have this multidisciplinary gerontological center that we have come before your committee to ask your support of today.

Mr. YATES. Mr. Chairman, may the documents that the Governor has with him be placed in the committee file for the use of the committee?

Mr. FLOOD. Yes. Without objection that will be done.

Mr. YATES. May I now present Dr. Shanas to this committee.

STATEMENT OF DR. ETHEL SHANAS

Dr. SHANAS. Mr. Chairman, I am Ethel Shanas, professor of sociology at the University of Illinois at Chicago Circle, and professor of health care services at the school of Public Health, University of

Illinois at the Medical Center. I am chairman of the all-University Committee on Gerontology at the University of Illinois. This committee includes representatives of our three campuses, Urbana-Champaign, Chicago Circle, and the Medical Center. This year I am also president of the Gerontological Society, the national society in aging devoted to research and education. I am testifying today to urge that appropriations be made to fund multidisciplinary centers of gerontology authorized under title IV of the Older Americans Comprehensive Services Amendments of 1973.

Governor Hartigan has told you very eloquently what our needs are in Illinois, so I will refer to those only in passing and testify on a more general level.

My testimony will cover two points: the rapid growth in the older population and its implication for research, education, and training in the field of aging, and the need for multidisciplinary centers in universities and colleges as a focus for such research and education.

There are now 21 million Americans aged 65 and over, 10 percent of the American population. In 1950, there were 12 million Americans aged 65 and over, 8 percent of the population. In the 24 years since 1950 the population of the United States has increased by about 38 percent while the population 65 years and over has increased by about 75 percent. For every 4 persons in this age group in 1950, there are now 7.

According to the estimates of the U.S. Bureau of the Census a large aged population will be with us indefinitely. By 1980, it is estimated that Americans 65 years of age and over will number roughly 24 million, by 1990, 28 million, and by the year 2000, 29 million. Between now and the year 2000 the number of older people will increase by 8 million persons. For every 4 persons in this age group now, there will be between 5 and 6 in the year 2000. This estimated increase in the numbers of older people is nominal since it assumes no major breakthrough in medicine which will conquer our killer diseases. If we find a cure for heart disease, or a cure for cancer more Americans will have a chance to grow old. The elimination of just one cause of death—major cardiovascular-renal diseases—would increase the expectation of life of the average American by 10 years.

The rapid increase in the older population in the last 25 years and the estimated future growth of this population has made research in aging and education in this field a socially critical area. We not only need to know more about all aspects of aging, we have to educate persons to work in this field. It seems essential that the universities and colleges which are the focal point for research, education, and training for community service in our society should be supported in their efforts to meet these critical needs.

This was recognized by the 1971 White House Conference on Aging which stated:

> Multidisciplinary research and training centers of excellence in gerontology with a relationship to service delivery systems should be developed, and research and training should be fostered in a wide range of colleges, universities and other institutions.

This need was recognized by the Congress when it authorized the establishment of multidisciplinary centers of gerontology under title IV of the Older Americans Comprehensive Services Amendments of 1973.

Why are such centers needed now? Such centers are authorized to conduct research on a variety of factors which effect older Americans: work, retirement, leisure, housing, economics, and social services, among others; to provide consultation to public and voluntary organizations in planning and developing services for older people; to act as repositories of information on aging; and to provide an opportunity for innovative multidisciplinary efforts in teaching, research, and demonstration in aging. The center structure is ideal for drawing together interested faculty members from many disciplines with a common interest in aging and in giving them an overall structure within which they can exchange ideas and carry forward programs of research and teaching. Operating centers can serve as a base of regional consortia of universities and colleges who together can engage in such research and education. A center gives visibility to problems which need attention. It serves to recruit students into a field of work. Courses offered under the auspices of such centers improve the competence of students in all fields which effect the older population.

It is encouraging that an increasing number of young persons are making aging a career choice. The Gerontological Society, for example, has almost 500 student members. We need to provide academic resources and programs which will prepare these students for leadership careers in this important field. At the University of Illinois, the major public institution of higher learning in that State, we are engaged in the necessary evaluation and planning which would enable us to establish a multidisciplinary center of gerontology. We need Federal support together with State support to make such a center viable.

In summary, Mr. Chairman, I would like to request that in response to demonstrated needs that $12.5 million be appropriated in fiscal year 1975 for multidisciplinary centers of gerontology. Such funds will help support centers already under development and will encourage additional educational institutions to make the study of aging an area of major concern.

I appreciate the opportunity to appear before this committee to speak in behalf of research and education in gerontology.

Thank you.

Mr. FLOOD. Thank you, Doctor.

Mr. YATES. Thank you, Mr. Chairman.

Governor HARTIGAN. Thank you very much.

THURSDAY, MAY 16, 1974.

NATIONAL ASSOCIATION OF SOCIAL WORKERS AND AMERICAN ASSOCIATION OF PSYCHIATRIC SERVICES FOR CHILDREN

WITNESS

NORMAN LOURIE, EXECUTIVE SECRETARY OF PUBLIC WELFARE IN PENNSYLVANIA

Mr. FLOOD. The National Association of Social Workers and American Association of Psychiatric Services for Children, Mr. Norman Lourie.

Mr. LOURIE. Thank you, Mr. Chairman, I appreciate the opportunity to be here. I would like to ask permission for our statement to be filed in the record.

Mr. FLOOD. That will be done.

[The statement follows:]

STATEMENT OF NORMAN LOURIE, NATIONAL ASSOCIATION OF SOCIAL WORKERS AND AMERICAN ASSOCIATION OF PSYCHIATRIC SERVICES FOR CHILDREN

Mr. Chairman and distinguished members of the committee, I am appearing here today representing the National Association of Social Workers and the American Association of Psychiatric Services for Children.

The National Association of Social Workers has 60,000 members in 172 chapters in the 54 States and territories. Its members directly provide or supervise a major portion of the services delivered by the programs in the budget you are considering.

The American Association of Psychiatric Services for Children is an organization of more than 200 agencies which provide mental health treatment for children and their families through multidisciplinary teams.

Both of these organizations are greatly concerned with the deficiencies in the administration's fiscal year 1975 budget, especially the withdrawal of vigorous leadership by the Federal Government from programs of direct concern to our members and the children and families they serve.

While the interests of both organizations cover most of the items in the Department of Health, Education, and Welfare budget, we would like to direct our testimony to four areas of our greatest concern, those which we think reflect the major failings of attention and support by the Department of HEW and the administration.

First, we believe children and youth fare very badly in the items requested for fiscal year 1975.

Second, we think the mentally handicapped are not going to be adequately served by the administration's recommendations.

Third, we are deeply concerned by the withdrawal of support for development and training in these areas. In other words, we are troubled by the neglect of resource stimulation and manpower requirements for quality programs that already exist.

And finally, we have a major concern that the administration, although claiming a desire to move in the direction of reform of the service delivery system, has provided neither the funds nor the leadership to carry this out. Instead, it has sought to withdraw all support from many of the programs whose very existence is necessary for service delivery reform.

We would like to discuss each of these areas in greater detail and to give our specific recommendations.

CHILDREN AND YOUTH

We think a brief history and review would be helpful in illustrating the central role that the Federal Government has taken in the past to assure a useful range of programs for children and youth.

Back in the years before the first World War, with the creation of the Children's Bureau, President Theodore Roosevelt recognized the necessity for the U.S. Government to assume major responsibility for the welfare of the country's children. When President Nixon first took office, he called for "a national commitment to providing all American children an opportunity for a healthful and stimulating development during the first few years of life;" an honorable objective with which we agree. It is not reflected in this budget.

Today, when more than one-half of the U.S. population is under 25, when more than one-fourth of the population is under 18, when over 40,000 children under the age of 20 are in public mental hospitals, and when close to 50 percent of all arrests for serious crimes involve persons under 18, it is particularly important that the Federal Government provide leadership in the area of programs for children and youth. An examination of existing programs indicates that they are scattered throughout the entire Department of Health, Education, and Welfare without any coordinating mechanism. HEW today has no major focus for children.

We are distressed by the fact that the administration continues in its refusal to recognize the basic distinction between children's services provided under titles IV.A. and IV.B. of the Social Security Act. Services for children under IV.A. are available under a means tested categorically related program. The IV.B. child welfare services do not require a means test, and are available to states for support of child welfare and related services in all counties in the United States. IV.B. includes the provision of services in and out of their own homes to dependent, neglected, delinquent, abandoned and abused children, children with mental and physical disabilities. The program is concerned with adoption and with preserving family life. It safeguards children through foster home, institution and community group home programs. The child welfare agency in many communities throughout this country is a logical agency to carry out the coordination of a variety of services to children. It is a generalized central focus for children's services at the county and frequently at the city or State level of government. Congress recognized the significance of title IV.B. when it authorized $211 million in fiscal year 1974 and $226 million in fiscal year 1975 for the provision of these child welfare services. The administration's fiscal year 1975 budget request of $46 million is grossly inadequate and represents a decrease of $1 million from the fiscal year 1974 appropriation. Adequate funding of title IV.B. is one key way of enabling the Federal Government to once again provide leadership and assume its responsibility for the welfare of our children. We would like to request that at least $10 million be added to the administration request as a first step in enabling IV.B. services to attain their potential as a significant coordinated service delivery program for children. Our plea is that the Appropriation Committee's mandate use of some of these funds for HEW staff to give leadership and technical assistance to states in the child welfare field.

The maternal and child health program is another program about which we would like to express our concern. This has been the only Federal program devoted exclusively to improving the health and well-being of children and their mothers. By legislative mandate, this program has concentrated its efforts on high-quality preventive health services to mothers and children living in economically depressed areas. Recent administration actions affecting the staffing of this program have resulted in the submerging of the identity of the maternal and child health program. Since 1970, manpower assigned to the MCH program has both declined and been diverted to support of other health activities. In addition, the principle of applied and mission-oriented research incorporated in this program (a principle supported by the administration) has been decimated through erosion of budget resources.

The effectiveness of MCH projects has been well documented—infant mortality rates are lowered in areas with effective maternal and infant care projects; the average cost per child under the MCH children and youth projects is less than the national average, the length of hospital stay, when required, is less than that for indigent children not enrolled in a project. It is vitally important that your committee provide funds under section 516 of the Public Health Act to enable the continuation of the existing maternal and infant care and children and youth projects.

We are requesting $36 million for this purpose in addition to full funding for the State formula grants under section 503 of the act. Only with the appropriation of $36 million to continue the provision of services in the communities now receiving them can the integrity of this program be maintained. We understand the strategy of moving to a formula grant program. But we believe that during the transition projects already underway in communities throughout the country should be maintained. Why decimate good programs and have to start over.

MENTALLY HANDICAPPED

The provision of mental health services to children is an area about which both these national organizations have great concern. Using data obtained from the NIMH Biometry Division, we note that between the years 1966 and 1971 the psychiatric case loads for the 0 to 18 age group doubled. During this same period, while the inpatient case load for the rest of the population declined, there were significantly more 0 to 18-year-old inpatient residents of State hospitals, general hospitals and under treatment in community mental health centers. Not only are hospital admission rates increasing for children and youth, but resident patient rates as well. Furthermore, suicide rates in the 15 to 24-year-old age group have risen at an alarming rate in the past 10

years. These data clearly indicate that the mental health service needs for our children and youth are increasing significantly. At a time when the major thrust in the mental health field is toward community-based services and away from institutionalization, increasing numbers of mentally disturbed children are still being cared for in institutions.

We have good evidence that the largest percentage of these children and youth can be effectively treated in the community much more economically than in resident institutions. But not enough dollars have gone into the development of community-based program models to treat these children outside of institutions. We believe the Committee should go on record indicating its intention to support funds at the authorized level for the new community mental health program which it is anticipated will be enacted by Congress before it adjourns. The ultimate appropriation should include full funding for children's programs—part F of the present act. If there is not a new act we support full funding of the present extended authorization levels through a continuing resolution or a supplemental appropriation.

The administration cites the impending enactment of a national health insurance program as its rationale for requesting no new moneys for the CMHC's. The proposed administration budget contains no moneys for a national health insurance program, thus making Secretary Weinberger's argument that "the Department provides financial assistance for a number of health services activities at the local level . . . includ(ing) community mental health centers . . . while honoring our commitments to existing projects, our general policy is to start no new projects before comprehensive health insurance is enacted" somewhat inconclusive. Until a national health insurance program is actually in place, budget dollars to develop community-based mental health services in every community must be continued as a future economy measure. We need to have a health service delivery system in place that will make national health insurance viable; that will allow for lower cost deinstitutionalized, community-based treatment programs. For that, we must have moneys for new starts for the CMHC program, including the children's part. The administration has requested $198,897,000 in continuation moneys for the CMHC staffing program. We suggest adding $64.9 million for new starts for this program when the new authorization bill passes, plus $20 million for new starts for children's programs, making the total appropriation $263,767,000. We look on this as a long term economy measure to hold down the ultimate cost of any national health insurance scheme. The NIMH already has a total of $30 million in approved but unfunded staffing grants for CMHC's. Just as it is wise to develop health maintenance organizations in every community, complete coverage of the country by community mental health centers is wise. Indeed these institutions, along with some others, might well be combined into local human services institutions through a variety of coordinating mechanisms. Another factor, often not recognized, is that the Federal CMHC dollar has stimulated massive State expenditures as partners with the Federal dollar in this field.

We request that the full $20 million authorized under Public Law 93–247, the Child Abuse Prevention and Treatment Act, be appropriated by the committee. This legislation was enacted to prevent child abuse and neglect as well as to increase and expand child abuse prevention efforts. An estimated 60,000 children are subjected to serious harm and abuse each year. The full $20 million is necessary to get underway child abuse prevention and treatment programs throughout the country.

We are mindful of the fact that the Child Abuse Law (93–247) calls for coordination of its funds with those of other programs for children. We hope that the Appropriations Committee, as it appropriates funds for children's programs would emphasize this provision of this law.

We urge the full funding of $218 million for programs for children with special learning disabilities. (The administration asked for $149 million, $100 million plus about $50 million in the yet unpassed Consolidated Education Act. Last year's appropriation was $157 million.) These moneys include support for the special target programs for deaf/blind early childhood, learning disabled children. They support the regional resource centers, the media services, research, and manpower development programs of the Bureau of Education for the handicapped as well as the grants to the States for special education services. The BEH programs are looking to develop innovative delivery systems for educating the handicapped child, and are developing new assessment, identification, diagnostic and prescriptive teaching methods for the learning disabled child. Full funding for these programs is imperative so that these children can develop to their fullest potential.

DEVELOPMENT AND TRAINING

The administration proposes $124.8 million for the National Institute of Child Health and Human Development which is $6 million less than the fiscal year 1974 appropriation. We think this program should have a 10-percent increase to $143.2 million just to maintain current programs commensurate with inflationary cost raises.

In respect to children's mental health programs in NIMH, no development funds are provided. We need new starts in this area, particularly to test new methods of outpatient community treatment and care for the mentally disabled children if our deinstitutional programs are to be successful, if we are to develop more economical methods of treatment than those in constantly increasing cost inpatient facilities. We request an additional appropriation of $10 million for this purpose.

We do want to call to your attention one item in the rehabilitation of the handicapped budget request. In the Rehabilitation Act of 1973 (sec. 120) there is a continuation of an incentive program to assist the States to create new resources and programs under expansion and innovation grants. This is especially important now that the mandate is for the rehabilitation program to work with the more profoundly disabled, such as spinal cord injury and severe renal damage.

For these expansion and innovation programs the administration has not requested any funds. In the comparable appropriation last year the amount the Congress granted was $29 million. The authorization level is $35 million and we urge that full funding of $35 million be granted. We believe the zero dollar request would end this incentive and thwart congressional intent.

The administration's budget request proposes no new starts for mental health manpower programs using the rationale that the mental health manpower pool is now adequate to meet this country's service needs. Data produced by the NIMH indicate that neither our service nor our manpower resources are adequate to meet the existing mental health service needs of our Nation. Assuming the most conservative estimates of need (2 percent of the population) less than 50 percent of those in need of mental health services are actually receiving them, because we do not have available the trained manpower pool to meet our mental health service needs.

Federal support for the training of psychiatrists, social workers, psychologists and psychiatric nurses has provided from 10 to 50 percent of the support for these manpower training programs in the last 5 years. There is no indication that State governments will be picking up on the funding of these programs should the Federal support be terminated as the administration proposes. At a time when the proposed NHI (National Health Insurance) will further increase the demand for service it is imperative that our capacity to produce trained manpower to meet the service needs must not be reduced.

In general the approach of the administration has been to restrict funds for both basic and applied research, to phase out Federal support for institutions and to greatly curtail student grant programs shifting to student loans. In addition, they have tried to redirect Federal participation from academically based professional degree programs to agency-based short-term training. We think all of these changes on the part of the administration are ill-advised, short-sighted and we oppose them.

We think it is imperative that mental health research and training in the Alcohol, Drug Abuse and Mental Health Agency be increased above the administration's proposal. We believe the research should be increased to a level of $95.2 million instead of $84.4 million, plus $10 million for a new children's effort. This would allow these programs to be maintained at about their 1974 appropriation level when inflation cost increases are accounted for. The administration request for mental health training of $65 million assumes continuation of the phaseout of all training activities. While we would agree to shifting some of the rigid categorical training to State developmental, creative training, we find the phaseout unrealistic and unacceptable. We need $110 million to keep a decent manpower effort alive. The Appropriation Committees previously provided $8.5 million for social work training in SRS.

The administration requested zero dollars for this item but we believe that there is a significant need for trained social work manpower to provide social services such as child welfare services, services for the detection and prevention of child abuse, services to the aged who are poor and isolated, services to the disabled welfare recipient, and health services to the poor.

We believe that, as in past years, the committee should insist that this appropriation be used for long-term degree granting programs, principally in social work. We are not convinced that the manpower needs in the social work field can be met by short-term training or by State assistance.

While short-term and inservice training are important, they should be supported generally under the State-local training programs in the SRS budget which can support both long-term degree granting programs and short-term inservice programs.

These same principles should be applied in all HEW training programs.

Service Delivery System

In our view there are two distinguishing characteristics of the current Human Services Delivery System.

First, there are disjunctures and gaps alongside of duplications and overlaps in programs, regulations, administration and funding procedures.

Second, there is no effective, credible focus for children and youth programs and services within the present Federal structure.

Some of the historically identified agencies which might have taken this coordinating role such as the Children's Bureau and Maternal and Child Health Service, have been reorganized again and now languish in new bureaucracies without a clear mandate to provide leadership for children's programing and without adequate funding for existing programs. When the Office of Child Development was created, partly through the efforts of the congressionally created Joint Commission on the Mental Health of Children, we had high hopes that—at last—the Secretary of HEW would have a children's advocate with leadership in his office. But, alas, it quickly was turned into an operating program agency—one among many. And as you well know, no one categorical agency can lead or coordinate its peers. What is more, the OCD operates only a fragment of HEW's children's programs. In some instances it has only the standard-making authority; another HEW agency has the dollars.

During the last two Congresses, the debate on welfare reform, the adoption of the $2.5 billion ceiling on service expenditure and most recently the Social Service Amendments to H.R. 3153 have made very apparent the confusion that exists about the nature of these programs. Furthermore, the administration's stated distaste for these categorical programs and the slipshod monitoring of them by Federal and State governments have made it almost impossible to identify and strengthen the effective ones and discontinue those that are ineffective, much less achieve service delivery point coordination.

To their credit the administration has proposed the Allied Services Act (H.R. 12285) which recognizes the need for coordinated planning for service delivery, and requests $20 million for this program should it become enacted. We do support the expenditure of $20 million as being one step in the direction of creating a more rational service delivery model.

However, there are two faults we find with the proposed legislation. First, some of the very programs that represent the most experienced are exempt from the incentive plan for coordinated services.

Secondly, we believe that the inability, to date, of categorical programs, to operate coordinately at the customer point, cannot be solved entirely by a separate, new act. We believe that the imperatives for coordinated effort have to be written into the legislation of each categorical program.

We do not believe in getting rid of categorical specialties. This would be as unrealistic as getting rid of surgery and pathology in the general hospital.

We do believe that we need something like a Young Americans Act, a Children's Act, which deals with children's rights, and strengthens the ability of the categorical programs to work together in the best interest of the children they serve. The mandate in such an act, along with amendment of existing acts, would allow the continuance of categorical programs for specific populations among this age group but would also provide an overall and unified administration. The services delivered would be integrated with those of public, nonprofit and private agencies and would be related to other elements such as income maintenance, health and educative programs. Our criterion for effectiveness is simple: The programs should know the children at risk; know their needs and guarantee that systems are in place that guarantee that the needs are met.

We are mindful that this is an appropriation subcommittee and that the realization of our concept lies with the authorizing committees.

We could go on in detail but we hestitate to repeat what so many other witnesses have said about cutbacks—other fields where problems are yet unsolved and are sometimes growing—alcohol and drugs, for instance.

This Congress, and particularly your committee, has given careful attention to the human services problems of the American people. You have, and we know you will again, propose a realistic budget that will allow human services agencies to tackle human services problems vigorously and realistically.

We appreciate this opportunity to express our concern and to offer our points of view.

Thank you very much.

Mr. LOURIE. My name is Norman Lourie. I am executive secretary of public welfare in Pennsylvania. Usually I testify for the Commonwealth. The Commonwealth does agree with the substance of the remarks I will make. But today I am representing the National Association of Social Workers whose 60,000 members perform a good deal of direct service or supervise or administer many of the programs that are funded under the HEW budget, and the American Association of Psychiatric Services of Children, which is a group of more than 200 mental health services in the United States which provide direct mental health services to children.

I am not going to dwell in detail on the substance of the remarks we are submitting for the record. I just want to cover three or four major points.

In the first place, our document does call for a series of increases in the dollar request the administration has made. We deal with child welfare matters, with community mental health center matters, and with material and child health. We ask for a special effort with respect to developing modalities for the deinstitutionalization of children in mental hospitals. We deal with child abuse. We call for full funding of the programs for children with learning disabilities. We ask for an increase in the appropriation for the NICHD and we deal with issues of research and training.

We are concentrating on children in this particular piece of testimony, Mr. Chairman. We call your attention to the fact that one-half of the United States population is under 25; that one-quarter of that population is under 18; that there are 40,000 children in mental hospitals; and that 50 percent of the serious crimes that are committed in this country are committed by individuals under 18. From 1966 to 1971, Mr. Chairman, the psychiatric inpatient caseloads of children from birth to 18 have doubled in this country at a time when older age groups have had a declining inpatient caseload rate.

We would like to emphasize two or three things in respect to the budget which are not specifically necessarily line budget items.

In the first place, we would like to emphasize that national leadership on the part of the Federal Government with respect to children has seriously eroded. The programs are fragmented. They are scattered throughout the Government. A lot of the major leadership thrusts that started with Theodore Roosevelt have disappeared. We hope that the Appropriations Committee will give some attention to this. We call your attention to the fact that, insead of just spending money on categorical programs, the Federal Government has a responsibility for giving leadership to improve the ways that money is spent.

Secondly, we would like to emphasize the fact that the Federal Government should take responsibility in the area of coordination of programs to children. As was pointed out by Lieutenant Governor Hartigan from Illinois and the president of the American Gerontological Association, in the field of the aging there is this tremendous

fragmentation and we are not getting maximum use of our dollar so too this fragmentation exists among children's programs. We think the Federal Government could do a good deal more than it's doing in getting programs coordinated for children.

We think one of the ways of producing this coordination is to have the Appropriations Committee, as it appropriates categorical dollars, say to the Department of HEW that they must put it together better at the street level where the operations are. We think that the full details of what we have to say is in our testimony and I will not take any further time, sir.

Mr. FLOOD. Thank you very much. I have two or three questions I won't have time to ask. I would like to submit them to you and ask that you provide answers for the record.

Mr. LOURIE. Thank you very much.

[The information follows:]

NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.,
Washington, D.C. May 17, 1974.

Mr. DANIEL J. FLOOD,
Chairman, Subcommittee on Labor, Health, Education and Welfare, House Appropriations Committee, U.S. Capitol, Washington, D.C.

DEAR MR. CHAIRMAN: Enclosed is the material which you requested from me to be submitted for the record following my testimony of May 16, 1974. If you have further questions you may, of course, call me.

I again want to thank you for the opportunity to make this presentation and for the attention and receptivity which you gave to my statement.

Sincerely,

NORMAN LOURIE.

Enclosure.

Mr. Chairman, the following is in response to the three questions you have posed to us. We submit the following replies:

Question No. 1. Is it true that cost of inpatient hospital care for mentally disabled children is increasing and is extremely costly? Do you have suggestions for nonresident treatment programs which might substitute for hospital care and treat the same children effectively? Has there been research and demonstration in this field? Do you have plans for such cost saving activity?

Response: Inpatient care of mentally handicapped (mentally ill and mentally retarded) children has risen to over $100 per day in good inpatient treatment settings.

This type of expenditure is not necessary for a large percentage of the children who need treatment.

A good beginning has been made already in community treatment facilities for children. As evidence we cite such quality outpatient treatment programs as those in:

Philadelphia Child Guidance Clinic, Children's Hospital, Philadelphia, Pa.
Institute of Juvenile Research, Chicago, Ill.
Children's Service Center of Wyoming Valley, Wilkes-Barre, Pa.
Hazelton-Nanticoke County Mental Health Center, Nanticoke, Pa.
Western Pennsylvania Psychiatric Institute, Harrisburg, Pa.
Pittsburgh Child Guidance Clinic.
Milwaukee County Child Psychiatry Clinic.
The Berkshire Mental Health Center Child's Service, Pittsfield, Mass.
Union County Psychiatric Clinic, Plainfield, N.J.
Division of Child Psychiatry, University of Kansas.
Community Family Service and Mental Health Center, LaGrange, Ill.
Division of Child Adolescent Psychiatry, University of Virginia, Charlottesville.
Des Moines Child Guidance Center, Des Moines, Iowa.
Children's Mental Health Service of Houston, Houston, Tex.

However, this type of outpatient program needs development. There is an enormous need to expand and replicate these kinds of programs throughout the country.

We need a lead Federal investment to allow these outpatient facilities—potentially those which also have inpatient beds (i.e. the Philadephia Child Guidance Clinic—Children's Hospital) to experiment—to test the limits—to see what degree and kind of child disability can be treated in the much less costly outpatient treatment system.

Our recommendation is that in the research part of the National Institute of Mental Health budget, at least $10 million be earmarked for this purpose.

The administration has requested $84.4 million for research in the budget. We believe that mental health research and development should go to $95.2 million plus $10 million earmarked for demonstrations in deinstitutional of mentally disabled children, making a total of $105.2 million for mental health research.

Further, we should like to emphasize that if some form of national health insurance is on the way—new, less costly approaches are urgent to develop, test, and refine.

Potential national health insurance makes urgent both testing, less costly, new outpatient methods of treatment as well as a maintenance of effort in research and manpower development.

Question No. 2. You described a fragmented delivery of services for children. How can an Appropriations Committee contribute to solving what is clearly a substantive legislative question?

Response: We believe that in your committee report you can make explicit the expectation you have often expressed that the Secretary of HEW specifically and more vigorously address this problem of service fragmentation and coordination in children and youth programs.

Your committee can suggest he create a single focus for the Federal effort, that whatever staff is required, be assigned to give Federal leadership and technical assistance to the States, and that coordination of Federal and State efforts is one of the outcomes you expect—at the point where the program meets the consumer.

The committee can stress in its report that the committee would like the HEW fiscal year 1976 budget request to start with a report to your committee on the progress made by HEW to identify the specific steps taken to coordinate now fragmented children and youth leadership within the Department and to integrate more effectively the several categorical programs serving children and youth.

Question No. 3. I notice that you have only requested an increase of $10 million for child welfare services. This is modest in light of what past congressional committees have authorized and what other groups have asked for. Why?

Response: Mr. Chairman, this increase is indeed modest in view of the critical needs of our children. However, a review of the past incremental history of child welfare appropriations indicates that this modest request follows the committee's pattern.

As was indicated in our testimony and in the testimony of others such as the American Public Welfare Association and Child Welfare League that a central problem today is the fragmentation of responsibility and lack of national leadership and direction.

There is no national system of information sharing or even of meaningful data collection. These lacks make an effective child welfare system coordinated with other children's service difficult if not impossible. Mr. Chairman, we believe that $10 million spent to strengthen the capacities of DHEW to provide the meaningful leadership required would be an investment in economy as well as in children—to make the existing dollars go farther.

Our modest suggestion should not be misunderstood. We do support the request of others to move from the fiscal year 1974 $47.5 million in IV–B—$50 million minus the 5 percent "Presidential discount"—to $100 million. (The authorization for fiscal year 1975 is $226 million.

The total national IV–B child welfare expenditure is about $600 million. Ninety-two percent of this sum is State and local money. We would urge that whatever increase in title IV–B is provided by the committee should be accompanied by a maintenance of effort provision and should insist that preventive programs be emphasized. It should not go primarily for foster care .

THURSDAY, MAY 16, 1974.

MENTAL HEALTH

WITNESSES

DR. JOHN SPIEGEL, PRESIDENT, AMERICAN PSYCHIATRIC ASSOCIATION, PROFESSOR OF SOCIAL PSYCHIATRY, BRANDEIS UNIVERSITY, WALTHAM, MASS.
DR. JUNE JACKSON CHRISTMAS, VICE PRESIDENT, AMERICAN PSYCHIATRIC ASSOCIATION, COMMISSIONER, NEW YORK CITY DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION SERVICES
DR. LEO MADOW, CHAIRMAN, DEPARTMENT OF PSYCHIATRY, MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA, PA.

Mr. FLOOD. The American Psychiatric Association, Dr. John Spiegel.

STATEMENT OF DR. JOHN SPIEGEL

Dr. SPIEGEL. Mr. Chairman, and members of this distinguished committee, I am honored and privileged to testify before you on behalf of the American Psychiatric Association, which represents 21,000 of the 25,000 psychiatrists in the United States.

I am John P. Spiegel, M.D., incoming president of the American Psychiatric Association, and professor of social psychiatry at Brandeis University in Waltham, Mass.

With me to present specialized perspectives in two areas of vital importance to the field of mental health are Dr. June Jackson Christmas, vice president of this association and commissioner of the New York City Department of Mental Health and Mental Retardation Services, who will speak on mental health manpower, and Dr. Leo Madow, chairman of the Department of Psychiatry of the Medical College of Pennsylvania in Philadelphia, who will address the subject of mental health research.

Due to the limitations of time of this committee, I respectfully request that the full text of the association's prepared statement on mental health appropriations for fiscal 1975 be included in the record.

Mr. FLOOD. Yes, indeed.

[The statement follows:]

STATEMENT OF THE AMERICAN PSYCHIATRIC ASSOCIATION

The American Psychiatric Association, which represents 21,000 of the 25,000 psychiatrists in the United States, the medical specialists who concern themselves with the detection, diagnosis, treatment, prevention and followup of mental and emotional illness, is pleased to present its recommendations to the chairman and Subcommittee on Appropriations for Labor and HEW for fiscal year 1975.

Testifying in behalf of the association are John P. Spiegel, M.D., just entering his elective term of office as president of the association, June Jackson Christmas, M.D., newly elected vice president of the association, and Leo Madow, M.D., association member.

Alfred M. Freedman, M.D., who has ended his term of office as president of the association, stated in last year's hearings on appropriations before this very committee that: "Mental health is one of the areas which has been singled out by the present administration for severe cuts in some programs, and complete

elimination of other programs. Research is being cut, training is being phased out, Federal support of community mental health centers abandoned, and child mental health programs severely curtailed."

Those in the mental health field have been playing the same broken record for the past 3 years. Fortunately, these misguided policies of the present administration have been reversed by Congress, and sustained by the courts. Nevertheless the administration remains inexorable in the pursuance of its destructive policy against mental health using every possible legal and administrative maneuver to implement its objective, even when it is clear that the will of Congress is being thwarted.

John P. Spiegel, M.D., in his response as president-elect at the American Psychiatric Association's annual meeting, May 6-10, 1974 in Detroit, Mich., summed up the grant total of the administration's negative policies toward mental health in four specific areas: Research, education, services, and general policy. These observations will provide the overview for the statement of the American Psychiatric Association before this distinguished committee: Dr. Spiegel stated, "In the area of research, the current administration has:

1. Drastically reduced financing for behavioral science research.
2. Threatened the abandonment of the pursuit of new knowledge.
3. The dismantling of programs of research training.
4. Disrupting the function of expert review committees by introducing factors other than acknowledged scientific and scholarly competence in the selection of committee members.

In the area of education, the Nixon administration has:

5. Eliminated support for training mental health practitioners in the face of substantial unmet needs for more manpower.
6. Drastically reduced the administrative staffs of Federal agencies which are needed for monitoring in an orderly fashion the distribution of funds appropriated by Congress.
7. Failed to support the program for continuing education of mental health specialists—apparently because of an inability to recognize that continuing education is an indispensable element in the maintenance of quality health care in the United States.

In the area of services, the current administration has:

8. Halted the development of integrated human service programs, severely limiting care for the mentally disabled and increasing the vulnerability of the poor to emotional disability.
9. Created the illusion of support for mental health services under the guise of revenue sharing—a policy which, to date, has shown no capacity to meet mental health needs at the State or local level:
10. Engaged in contradictory and misleading behavior in regard to the community mental health programs, by praising their development while cutting off their funds.
11. Submitted two health insurance bills. The first one totally ignored the mentally ill, and the second one, while a vast improvement, remains quite inadequate in its coverage of the mentally ill.

With respect to general policy, the Nixon administration has:

12. Used vetoes and impoundments to thwart the intentions of Congress in support of mental health programs—an attempt to dominate policy through budget management procedures.
13. Engaged in politically motivated reorganizational ploys, disrupting the orderly functioning of Federal health agencies while ignoring professional recommendations in regard to the staffing of the new agencies.
14. Finally, the public statements of White House officials and the widely circulated opinions of the Office of Management and Budget have treated employees of Federal agencies as adversaries rather than colleagues within the executive branch. This has created a turbulent atmosphere—a climate of mistrust—so virulent that mental health personnel are leaving or refusing to accept employment in the mental health area.

These policies have all contributed significantly to the erosion of the national mental health effort. The Federal mental health supports have been developed through the years in such a may that the success or failure of one component deeply affects the other. If our training effort lags, service delivery fails for want to skilled mental health professionals and paraprofessionals. If research is deemphasized, we inhibit new discoveries in the treatment of mental illness, that take pressure off, the delivery system. If community mental health

fails to grow, we burden our institutional systems, and begin to turn to inpatient care, which mental health has drastically reduced as a general policy consonant with more effective therapy.

The association wishes to focus in on the areas of mental health manpower research, community mental health centers, mental health of children, alcoholism, and drug abuse, with its recommendations in each area for fiscal 1975 appropriations by the Congress.

MENTAL HEALTH MANPOWER

The National Coalition for Mental Health Manpower, chaired by Joseph Noshpitz, M.D., president of the American Academy of Child Psychiatry, has presented its view to your committee on the importance of developing sufficient mental health manpower.

We might underscore that this issue takes on a more compelling priority at a time when we are moving toward national health insurance. Unquestionably, national health insurance will contain benefits for the mentally and emotionally ill, and we must insure the capability of the mental health field to provide those benefits. Moreover, the proliferation of health systems, such as health maintenance organizations, community mental health centers, and the like, will all require manpower that will be able to do the job. It would be inane to make health services available to a greater number of the American people, and subsequently not be able to deliver those services.

The current administration first proposed the elimination of Federal supports for psychiatric residency training in the fiscal 1972 budget, but the Congress acted to restore the initial cut of $6.7 million of this $32 million program. The budget for fiscal 1973 repeated this planned phaseout, but the Congress reiterated its intent to continue this vital program. Two Presidential vetoes of the fiscal 1973 Labor-HEW bill placed this program in serious jeopardy, and the fiscal 1974 and 1975 budget proposals continue the policy of eliminating this program without congressional consent.

Although the Congress has acted to restore this program through the appropriations process, nevertheless erosions in this vital area have been brought about by across-the-board percentage cuts in health programs that the Congress acted upon in order to avoid further Presidential vetoes. To illustrate this, the spending level in mental health manpower was $120 million in fiscal year 1972, $110 million in fiscal 1973, and $104.5 million in fiscal year 1974.

The American Psychiatric Association and mental health has been sustained in this area by the Congress, but it is clear that these programs have been slipping badly, especially when one takes inflation into account. It is now necessary, with the advent of national health insurance, that deficiencies be corrected as much as possible. Whatever mental health manpower has been lost can never be made up, but we must now start on a new footing.

If the administration succeeded in its policy of eliminating the psychiatric residency program which has been receiving Federal supports of approximately $33 million in the past 2 years, no new applicants would receive Federal funds at the beginning of July 1, 1975.

Equally serious are the implications to the teaching programs and faculty, since these supports provide for teaching costs as well as for student stipends. This teaching capability has been built up over the past 25 years, and there exists no substitute for this funding at the present time. Teaching costs take up approximately half of the Federal funding. The other half is given to student stipends.

The psychiatric profession has demonstrated that 35 percent of all psychiatric residency training positions would be lost as a result of this action. This amounts to 1,500 positions out of the current pool of 4,600 psychiatric residents in training.

National implications of this action would be disastrous since psychiatric residents deliver from one-third to two-thirds of psychiatrists services to the poor, to minorities, and to the deprived. These constitute quality services which receive proper supervision. If these services provided by residents were to be paid for, the cost of the Nation would be around $84 million. Elimination of Federal support would also result in a loss of from 20 to 50 percent of faculty time for education. These Federal supports provide training for psychiatrists, psychologists, psychiatric social workers and nurses, and paraprofessionals.

The total impact would be a vastly diminished capability to deliver mental health services and to train primary physicians in psychiatry since psychiatric departments also teach behavioral science to medical students. The result would be to eventually cut the national cadre of psychiatrists by one-third instead of providing for essential program expansion in a time of accelerated need for psychiatric services. The ranks of other mental health professionals would also be seriously reduced.

As an example, June Jackson Christmas, M.D., Commissioner of the New York City Department of Mental Health and Mental Retardation Services has reported that: "in connection with psychiatric residency programs and mental health worker programs, several institutions have notified our department of substantial service contractions in response to Federal funding curtailments.

The impact of the elimination of this program is already being felt around the Nation. Many institutions looking ahead to the impossibility of filling residency positions they have relied heavily upon in the past for the delivery of mental health services are in a serious dilemma. Those in inner city areas must consider the idea of closing down and moving to suburban areas where they can attempt to survive by changing their operating context to a fee-for-service basis. In those cases, it would be the poor and minority groups who would suffer the most.

Training institutions would have to cut their operating capacities and would not be able to gear up to their present level of operation for years to come. With the advent of national health insurance, this would create an unconscionable dilemma.

The aims and objectives of the psychiatric profession in the area of manpower development are to produce a sufficient number of well-trained psychiatrists to meet national needs.

Other mental health professionals and paraprofessionals would not be able to take up the slack. Psychiatrists train and supervise much of the work that is done by other mental health workers. Although mental health paraprofessionals can counsel and advise some anxious and disturbed people, they cannot treat serious depressions and other conditions that require extensively trained professionals.

Mental illness remains the Nation's No. 1 health problem. When we talk about mental illness, we are talking about behavioral problems such as drug abuse and alcoholism, seriously debilitating neurosis, psychosis, depression, suicide, crime, violence and juvenile delinquency, which affect many millions of Americans. One out of 10 are directly affected by mental or emotional illness. As another example, 2 to 4 percent of the population will suffer from a significant depressive episode sometime during their lifetime, and a national survey has shown that 15 percent of the population has reported symptoms of depression.

We certainly cannot afford to severely limit mental health manpower which produces the professionalism to help these ill people in dire need.

Accordingly, we recommend that the amount of $150,106,940 be appropriated by the Congress for fiscal year 1975. This recommendation uses the fiscal year 1972 congressional appropriation as a reference point, adding less than 10 percent per year from that time for modest program expansion and inflation. Unfortunately, this amount would barely cover the inflationary spiral at this point in time.

MENTAL HEALTH RESEARCH

Research administrators stress that there is a premium on stability in any research project if it is to succeed. Unfortunately, stability has been found lacking because of the policies of this administration. Twenty percent of the research staff of the National Institute of Mental Health has been lost over the past 6 years. In addition to these policies which have inhibited talented researchers and those with great potential from either engaging in intramural or extramural research activities under the aegis of the Federal Government in the area of mental health, has been the termination of the military draft of physicians which has provided some mental health researchers.

If mental health research is to achieve its potential, we must encourage these vital research programs, and not permit an austerity program, especially when we are so close to many dramatic breakthroughs. Like mental health manpower, we are witnessing an erosion of the mental health research effort in this country. $24 million in approved research projects by the National Advisory Mental Health Council could not be funded last year.

Much progress has been made in brain function and behavior, in the depressive illnesses, and in biological aspects of mental illness. Research in neurophysiology, schizophrenia, high-risk children, rehabilitation of alcoholics, reaction to stress, impact of family life on children and adolescent behavior reactions are but a few areas which are being investigated. An NIMH laboratory in brain evolution and behavior is testing the relationship of the nervous system and hormones in aggression, social behavior, neuroanatomy, and mating in animals. Many researchers now say that it is a pity and a tragedy that we must blunt our efforts due to regressive administration policies when we are so close to important discoveries in many areas of mental health research.

Research will enable prevention and real cures in mental and emotional illness, when at the present time we are only able to provide stabilization in many mentally ill people through the psychoactive drugs and psychotherapy. To be able to understand and possibly reverse the causes of a number of mental illnesses is an effort of vital importance to us all.

As reported by the Division of Extramural Research Programs of the National Institute of Mental Health, among the priority areas for fiscal 1975 are clinical and psychopharmacological research, biochemical correlates, and psychotherapeutic and somatic treatments for schizophrenia and depression; child development, including the influence of languages in the attainment of ego development, particularly in disadvantaged minority group children, and; the role of genetics in coping patterns and cognitive functioning. What little "new money" in research will go into the foregoing, though not nearly enough. An additional $3 to $5 million is needed for adequate ongoing research in this area.

New collaborative programs in depression will be impeded by lack of funding. The following important areas will receive little if any attention in new research projects because of the funding situation:

1. Neurosis—the whole range of psychoneuroses including anxiety, hysteria, obsessive-complusive disorders, problems of daily living, coping under stress, etc.
2. Psychosomatic problems—a wide range of psychosomatic illnesses including asthma, ulcers, and certain aspects of cardiovascular diseases which require collaboration with other institutes and including basic studies of biofeedback mechanisms which involve the acquisition of conscious control over involuntary bodily processes.
3. Evaluate studies of innovative new psychotherapies.
4. The efforts of TV violence on social behavior both for children as well as adults.
5. Studies of the development of social role and sexual identity in men and women.
6. Studies of basic psychological processes including learning, memory, and perception, particularly as these affect learning disabilities and retarded development.
7. The function and evolution of aggressive behavior in man and animal.
8. Aging—including specific research emphases such as:
   (a) The psychological impact of aging and retirement;
   (b) Cognitive, intellectual functioning, including the role of disease in intellectual impairment in the aged;
   (c) Changes in personality, characteristics (such as psychological rigidity, passivity, introversion);
   (d) Alternatives to hospital or nursing home care for the elderly.
9. Psychopharmacology—includes research in the following areas:
   (a) Basic psychopharmacological studies of the effect of drugs on neurotransmitters and behavior, and the effect of drug methabolism on therapeutic response in schizophrenia, depression, and anxiety;
   (b) Adverse drug reaction studies such as monitoring toxic and side effects of psychotropic drugs, and the study of tardive dyskinesia (neurological side effects);
   (c) Studies to improve and evaluate the use of psychotherapeutic drugs in clinical practice.
10. Family structure—including the impact of divorce, separation, marital counseling, and the emergence of new life styles such as communal living.
11. Sex mores—changes as related to increased premarital sex experiences, abortion, family planning, sexual dysfunction, and sexual liberation.
12. Child abuse and neglect—including the development of high risk profiles, and experimentation with intervention techniques to improve parental capacities for effective child rearing.

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The American Psychiatric Association recommends the amount of $12,437,760 for mental health research for fiscal year 1975, calling for modest program expansion and allowance for inflation, based on appropriations for previous years.

COMMUNITY MENTAL HEALTH CENTERS

The American Psychiatric Association has been a long-time advocate of community mental health, and has fought vigorously for continued Federal support of community mental health centers. It is convinced that the successful growth of this national network will depend on permanent Federal support in some aspects of CMHC operation, such as startup grants, and consultation, education, and evaluation services. Continued Federal funding for the growth of this program will be essential, at least until such time that the centers are financially viable through national health insurance, and other sources of funding.

The administration has been saying that Federal support no longer is necessary since the program has proven so sucsessful that funds can be raised locally, or through other sources. This rationale is fallacious because there are many communities that have been waiting years for Federal support to initiate a center and have not been able to do so on their own. Moreover, it would be the poorer areas without existing centers that would stand to suffer the most, since these very areas do not have the financing capability to initiate new programs or to sustain them after they have been started.

The National Council of Community Mental Health Centers has cited before the House and Senate health committees the source of funding weaknesses extant in most of the centers around the country, disproving the administration's claim that the centers can operate without Federal funding. The States have contributed substantially to the centers, but aside from this funding and modest amounts of local funding, real sources of support do not exist.

The original intent of the legislation was to establish a sufficient number of centers to serve the entire population. This has now been estimated at about 2,000 centers. We still have a long way to go, with 546 federally funded centers at the present time, 453 of which are fully operational.

Community mental health centers have played an important part in the discharge of large numbers of mental patients from State mental hospitals, and now constitute one of the most important components in the continuum of services for the mentally ill.

It is imperative that we continue to build and maintain this system, if we are to provide for improved services. Centers should be able to provide services for children, the aged, alcoholics, drug abusers, and to give effective followup services for those who are discharged from State mental hospitals. But, in order to do this, centers need adequate continuation funding.

The administration has proposed $172,053,000 for continuing staffing obligations for existing centers. However, no funding has been provided for new starts to support the continued growth of this program.

The American Psychiatric Association concurs with the administration's request for continuation funds, but also recommends $33,300,000 for new staffing grants to continue the expansion of the centers program. This will allow the initiation of more than 100 new centers. At the same time, the association recommends that continued efforts be made to develop additional sources of funding, and that Federal funding be continued permanently to take care of those components of community mental health, which, of their very nature, will require Federal support.

MENTAL HEALTH OF CHILDREN

The major problems in the effort for the mental health of children are the severe shortage of child psychiatrists and insufficient Federal funding to permit community mental health centers to mount programs for child mental health.

Present renewal legislation would place children's mental health programs in CHMC's on a new footing by mandating them.

Many mental disorders affecting children are not discovered until the child is in school, at age 6 or older. Statistics indicate that 2 to 3 percent of all school children require psychiatric care and perhaps 7 to 12 percent need some kind of help for emotional problems. There are only 3,000 child psychiatrists to fill these needs, and there is also a shortage of mental health facilities for these children. As a result, the number of children in State mental hospitals has doubled in number to 55,000. Because of the scarcity of specialized children's facilities, the young are too often put in adult mental hospitals or sent to "training

schools" or other correctional institutions. Appropriations by the Congress have been too limited to ameliorate this situation, and as a result, only a very small percentage of children who require mental health services receive them.

This association also wishes to make reference to title IV, Mental Health of Children of Public Law 91-211, Sec. 271(b)(1)(B) which states that where there is no community mental health center serving the community where facilities for the mental health of children are to be situated, that grants may be made for appropriate utilization of existing community resources needed for an adequate program of prevention and treatment of mental health problems of children. We must be sure that such needed services are provided for children, and that funds earmarked for CMCH's for children be utilized in some other appropriate manner if a CMHC does not exist in a particular area.

Mental health of children is the biggest area of payoff, inasmuch as it provides preventive treatment, and enables the child to develop properly and not enter a debilitating or chronic condition which may persist throughout his or her adult years. By paying proper attention to children, we will be insuring a healthier population in the years to come.

The American Psychiatric Association recommends that $8,140,000 be appropriated for new children's money and that $26,844,000 be appropriated for continuation grants.

DRUG ABUSE

Great strides have been made in the area of drug abuse and drug addiction since the advent of the Special Action Office of Drug Abuse Prevention, and as it passes into the new National Institute for Drug Abuse next year.

As Robert L. DuPont, M.D., Director of this office stated before Congress this month, although drug abuse is a serious problem, evaluation has uncovered that it is not as serious as was generally believed and quite a lot has been accomplished in the way of providing effective treatment facilities and modalities. The estimated number of addicts dropped to about 250,000 from an estimated twice that many in 1971. Heroin addiction remains the most serious addictive narcotics problem, with over 100,000 persons in treatment.

The education and prevention component of this program directed by the Federal Government has been particularly effective in educating schoolchildren and the general population on the dangers of drug abuse. Research on long-acting narcotic antagonists has also uncovered innovative and effective ways of treating heroin addiction. Other efforts conducted in the campaign against drug abuse have been the outreach program covering a wide spectrum of human systems and institutions, rehabilitation to once again make the drug abuser a productive citizen, and interagency coordination so that cooperation may be established with existing government and civilian programs.

The Federal Government has decided to give the States more initiative to conduct programs on their own following the establishment of the Federal initiative. It has accordingly raised its recommended budget for drug abuse prevention to the States from $15 million in fiscal 1974 to $35 million in fiscal year 1975. At the same time, since there is evidence that we are well on the way to containing what was once described as an epidemic of national proportions, the Federal Government has cut project grants from $160 million in fiscal year 1974 to $122 million in fiscal year 1975. The American Psychiatric Association concurs with the President's budget request for fiscal year 1975 in this area.

ALCOHOLISM

The National Council on Alcoholism characterized alcoholism as "* * * Number one in the hit parade of deadly drugs." Volumes have been spoken and written about alcohol abuse and alcoholism during the past 5 years. The American Psychiatric Association has strongly supported the initiative begun by Senator Harold Hughes on alcoholism, and the NIAAA has directed a fine effort, though impeded by lack of adequate funding for the kind of national effort that is needed.

It is being stated by the experts that while the incidence of drug abuse is diminishing, that alcoholism is on the rise. There is preceptible evidence that many children and young adults in our population are developing dependence on alcohol.

Here again, as in the effort against drug abuse, it appears that the educative and preventive effort through the media has been thorough, but perhaps we are beginning to witness the phenomenon of substitution. Alcohol has been by and large acceptable, and rather deeply ingrained into the fabric of our society.

The consequences that we impose on the alcoholic are mild as compared with the heavy hand law enforcement has used on the drug abuser. (The consequences however, may be as great or greater.) Perhaps this explains the eminently "good sense" of many of our young population who have switched from drugs to alcohol.

Since we have passed that time in our history when we have stopped treating the alcoholic as a criminal, we must be able to provide the necessary facilities, programs, and methods to facilitate his or her rehabilitation. Since alcoholism is not really understood in the scientific sense, we must also concentrate more research efforts in this area.

Some of the big problem areas in alcoholism are the drunken driver who accounts for thousands of traffic injuries and fatalities each year, the Indian alcoholism problem, and the high incidence of alcoholism among the poor.

In view of what can properly be described as a national delemma, this association cannot accept the regressive funding that this administration proposes.

Accordingly, the American Psychiatric Association proposes that formula grants to the states be raised from the President's request of $45 to $52 million, and that projects grants be raised dramatically from $32 to $82 million. This is not the time to phase down the national effort against alcoholism. All indicators show that this is the time to get the rising problem of alcoholism under control.

MANAGEMENT

In order to achieve an effective system of evaluation and accountability for the optimum use of Federal funds, adequate management staffing must be maintained in the government, centrally and in the field.

Federal mental health administrators and managers are severely hampered because of inadequate staffing in this area. A sufficient number of experts with intimate knowledge of the operation of mental health programs are required for the kind of effort that incorporates the essential component of continuing selection and evaluation.

Unfortunately, this requirement is not being met satisfactorily, and in some cases funds are not being expended in the best possible manner.

The American Psychiatric Association recommends that this effort be brought up to par. If special management training courses must be developed to build a strong cadre of managers and evaluators, this step should be taken. This aspect becomes even more significant with the expansion of the federal effort toward national health insurance.

BUDGET RECOMMENDATIONS OF THE AMERICAN PSYCHIATRIC ASSOCIATION, FISCAL YEAR 1975

[In thousands of dollars]

	Fiscal year—		
	1974 appropriation	1975 President's request	1975 APA recommendation
1. Mental health (NIMH):			
(a) Research	89, 289	84, 468	122, 438
(b) Training	110, 000	65, 101	150, 107
(c) CMHC construction	15, 000		
(d) CMHC new staffing	30, 300		33, 330
(e) CMHC continued staffing	133, 398	172, 053	172, 053
(f) Child mental health (new)	7, 400		8, 140
(g) Child mental health (continued)	12, 600	26, 844	26, 844
2. Alcoholism (NIAAA):			
(a) Formula grants to States	48, 000	45, 600	52, 800
(b) Project grants	75, 322	32, 051	82, 083
3. Drug abuse (NIDA):			
(a) Formula grants to States	15, 000	35, 000	35, 000
(b) Project grants	160, 777	122, 000	122, 000

Mr. Chairman, it appears an enigma that at a time when this Nation is moving rapidly toward a system of national health insurance, that the present Administration should systematically and relentlessly attempt to drastically curtail certain fundamental programs in

mental health, such as research and training, and to eliminate Federal support for community mental health centers. It is evident that such a policy would cripple the nation's ability to deliver essential mental health services, most especially those for the poor.

As this committee is well aware, this is not a negative strategy that has befallen us suddenly. It became fully apparent as a fiscal and management objective of the present Administration when the President's budget request for fiscal 1972 was announced to the Nation. That budget announced the phasing out of the psychiatric residency training program. Mr. Chairman, your committee, Senator Magnuson's committee, and the Congress as a body has sustained the Federal effort for the treatment of the mentally and emotionally ill during this extremely difficult period, and, as you know, we have also resorted to the courts to uphold the intent of Congress in maintaining appropriations levels for mental health. When success became evident with the courts' concurrence that Congressional intent had been abrogated and should be restored, the Administration initiated destructive administrative policies which would have made it impossible to implement the federal effort.

Mr. Chairman, we will long remember your compelling words of support when you wrote to the Secretary of DHEW opposing the "RIF" of NIMH personnel, stating that: "We are eating the funeral meats before the body is buried."

The dramatic retrogression in Federal support for mental manpower to the President's fiscal 1975 request of $65 million, when 3 years ago it was a level of almost twice that amount ($120 million); the inadequacies in mental health research funding which permit but a minimum of projects approved by the National Advisory Mental Health Council (an excess of $24 million in approved projects could not be funded last year); a lack of fiscal and policy security hardly conducive to encouraging any type of long-term research project, or to institutional commitments for training; and the understandably low morale of Federal mental health personnel, has created a de facto situation destructive of the national mental health effort.

National health insurance will not provide these continuing efforts. It has already been amply demonstrated that other sources of funding cannot supplant the Federal effort for community mental health centers at this time, and that there are no proposals for research and training for a national health insurance system yet to be instituted. National health insurance will create greater demands for mental health personnel, as it will for all others in the delivery of health services. The Nation's population is growing, mental and emotional illness becomes no less a problem, and we must keep up with the demands. We also believe, that since Federal support for psychiatric residency training cannot be replaced at this time, that the Nation will stand to lose one-third of its residents who provide a majority of the mental health services to the poor and underprivileged. The development of psychiatrists should continue to receive categorical funding, as this committee has so wisely recommended during the past 3 fiscal years. It is also important to continue the effort to develop supporting personnel in mental health. Physician education and undergraduate medical training in aspects of psychiatry are also vital in this area.

Important breakthroughs are being made in biological studies relating to mental illness, and in brain function and behavior. Psychiatry is becoming eminently successful in the treatment of depressive disorders, and the effort must be accelerated, since we are so close to dramatic discoveries.

Mr. Chairman, we are basing our recommendations for mental health appropriations in research and training for fiscal 1975 on a 13-percent increase over our recommendations for fiscal 1974, for modest program expansion, and to partially neutralize the inflationary spiral. Our total recommendation for mental health research is $122,437,760, and for mental health manpower is $150,106,940. We realize that these recommendations represent large increases over the President's request for fiscal 1975, but they are predicated on a modest level of progress through the years, and not on the dismantling of some programs and the severe curtailment of others. Our full recommendations for the other mental health areas of Federal funding: community mental health centers, child mental health, alcoholism, and drug abuse are appended to the text of our full statement.

Mr. Chairman, I will now turn to Dr. June Jackson Christmas, vice president of the American Psychiatric Association, and commissioner of the New York City Department of Mental Health and Mental Retardation Services who will relate Federal mental health manpower training supports to her own experience.

STATEMENT OF DR. JUNE JACKSON CHRISTMAS

Dr. CHRISTMAS. In New York City the past 2 years of Federal impoundments and decreases in Federal funding have caused specific service cutbacks; disrupted the planning of comprehensive mental health services; jeopardized special mental health training, particularly child psychiatry and nursing; halted further expansions of training of paraprofessional mental health workers; and, created a budget crisis causing rivalries between hospital administrators and clinicians. In several instances local hospitals have had to resort to budget transfers, which historically are taken from programs generally given low priority, such as mental health.

The community mental health center program has encouraged the flexible development and use of multidisciplinary personnel. This innovative trend in staffing and service provision is now threatened.

The services rendered by these mental health trainees are particularly significant in economically deprived communities. Municipal hospitals serve the poor and racial minorities not only by providing inpatient and ambulatory services, but also frequently serve as the receiving hospitals for the medically and psychiatrically indigent. A survey of the eight municipal hospitals which have psychiatric residency programs revealed a roster of over 300 residents. Thirty-five percent of these residents provide nearly two-thirds of the total psychiatric services in these institutions. Many of these programs receive Federal funding. Thus, any curtailment would adversely affect the provisions of services to disadvantaged people.

At Bellevue Hospital, which had 1,138 admissions this past year, psychiatric residents provided nearly 50 percent of all psychiatric care. In addition to substantial work in admitting and emergency rooms, the residents have pioneered in outreach services in a welfare

hotel, whose clients, many of whom are recent dischargees from State mental hospitals, receive psychiatric evaluation and treatment. A loss of psychiatric residents would seriously curtail these services, and severely limit the potential contributions to medical education of the psychiatric faculty.

Another example is Metropolitan Hospital which serves East Harlem, ranked 16th in poverty among New York City's 49 catchment areas, and whose patients are 90 percent medicare-or-medicaid eligible. Nearly one-third of their 58 residents provide the bulk of primary psychiatric services to this population. Without continued Federal grants for psychiatric residencies, this poverty area and many others like it will be grossly deprived.

Kings County Hospital, which serves as the receiving hospital for Brooklyn's 2.4 million population, faces a similar loss in service if psychiatric training grants are terminated. In order to maintain existing levels of service, a contingency plan is contemplated which will delay the acquisition of essential equipment for the operation of the hospital. Psychiatric residents provide more than 20 percent of all psychiatric services to a borough population already inadequately covered with available mental health care. One hospital administrator accurately observed that proposed termination of psychiatric residency grants will perpetuate the second class psychiatric service that marks the municipal hospital system.

In the 16 voluntary hospitals providing psychiatric services in New York City a similar situation prevails as Federal cutbacks have already had a major impact on residency programs. As a result, the valuable contributions of psychiatric residents to patient service will be diminished. Even though private physicians provide a substantial part of these services, the basic ongoing care, under supervision, is implemented through psychiatric residents.

We are especially concerned over the possible loss of citywide child psychiatric residency programs, inasmuch as our department has recently embarked on a $4 million diagnostic, evaluation and treatment program for children and adolescents. These efforts will be fruitless if the manpower shortage in available residents in child psychiatry continues.

The importance of Federal grants for training is further demonstrated by the successful 2-year new mental health careers project, in which 198 mental health paraprofessionals were placed in entry level, career-oriented jobs in 27 agencies located in New York City and 97 additional paraprofessionals were upgraded. After an impressive start during the first year of the program in which 169 workers were trained, Federal cutbacks reduced this number to 29 during the second year. This year funds were unavailable for the continuation of this much needed service. This project has had a major impact on increasing community based services, by recruiting and employing local residents especially in underserved areas. The discontinuation of the project will result in a substantial egression from a sociopsychological orientation to a more rigid and less effective medical model.

No new moneys can be expected from State and municipal treasuries, which are facing difficult times in meeting existing levels of service, nor can we depend upon National Health Insurance to provide for mental health training.

In view of the inability of localities to meet this national mental health manpower need, the continuation of Federal grants for manpower training at a high level of funding is essential, not only to provide quality comprehensive community mental health services today and tomorrow, but to develop an adequate pool of mental health manpower of varied disciplines for the years ahead.

Mr. FLOOD. The important thing is, of course, the mere fact of your presence.

Dr. CHRISTMAS. May I say one final word. We are concerned also about the cutbacks in other specialty areas and particularly in mental health workers who provide an added service by working closely with the psychiatric training personnel. Thank you very much.

STATEMENT OF DR. LEO MADOW

Dr. MADOW. It is most unfortunate that thought is being given to lower the level of support for mental health research by the Federal Government at this period. A number of breakthroughs are occuring, and if support is withdrawn at this time, we will not only be failing to make new and important discoveries, but also much of the progress accomplished to date would be irrevocably lost. Research in mental health and psychiatry can be divided into two major groups; clinical research and basic research.

In clinical research there are a number of very important issues being studied which will have practical consideration for many of the members of our society. For example, in our own department we are seeking support for a project to investigate means of dealing with the battered child syndrome. In the past 3 months two children were brought into our emergency room battered by their own parents and both died. There were a number of others who did survive but who were very seriously injured. We are proposing a research project which will investigate means of preventing this kind of occurrence and, if we can work out ways and means of doing so, it can actually lead to the saving of lives.

It was through research that psychopharmacological agents were developed, the tranquilizers and the antidepressants which led to the marked reduction of the patient population in the State mental hospitals. For example, the Philadelphia State Hospital, which prior to the advent of these drugs had 6,000 to 8,000 patients, now has 1,500 patients. Those who have been discharged, however, need care in the community. We are now encountering the "revolving door phenomenon" and unless research can be conducted to find ways of maintaining these people properly in the community, the benefits of the precious research can be largely negated.

There are a number of clinical research projects to find methods of delivering mental health care services in the community including investigations in family therapy, group therapy, child rearing, effective care for the mentally retarded, to name just a few. Some have been working effectively; others have not. Much more information and knowledge is needed, and there are many clinical research projects being proposed to investigate ways and means of accomplishing these ends. These projects, too, will have to go by the wayside if research support is withdrawn.

Equally exciting are a number of the investigations taking place in basic research. These range all the way from the discovery of which chemicals in the brain may be causing mental disturbances (including a number of the recent studies in catecholamines and indolamines) to basic studies in biofeedback and in electrical activities of the brain, all of which will lead to practical applications in treatment of people seriously handicapped by virtue of their mental and emotional problems.

The issue in research is not that funding is being sought for esoteric subjects which have little practical application, but rather that support must be forthcoming for many studies which will eventually lead to the improvement of the mental health care of all of us. Unless this research is continued, it will be a great loss to our Nation.

Mr. FLOOD. Thank you very much, Doctor.

THURSDAY, MAY 16, 1974.

CHILD WELFARE SERVICES

WITNESS

HERSCHEL SAUCIER, DIRECTOR OF COMMUNITY SERVICES DIVISION, GEORGIA DEPARTMENT OF HUMAN RESOURCES, ON BEHALF OF THE AMERICAN PUBLIC WELFARE ASSOCIATION

Mr. FLOOD. The American Public Welfare Association, Mr. Saucier, director of the Community Services Division from Georgia.

Mr. SAUCIER. Thank you, Mr. Chairman.

We appreciate the opportunity to appear before this subcommittee, again to recommend an increased appropriation for title IV–B Child Welfare Services. In conjunction with such increase—and equally important—we seek your encouragement of the Department of Health, Education, and Welfare to focus on providing that creative leadership which for some years has lain dormant at the Federal level for this truly essential program. We seek also your encouragement of State and local agencies to use increased funding to build the service capacity envisioned by titile IV–B of the Social Security Act, for the benefit of children.

We are talking about all children and, though the truth becomes almost trite through repetition, they are any nation's most precious resource. More precious than oil and weapons, more precious than food and fertilizer, more precious and more vulnerable than other groups of people. We value all these other things, basically because we think they relate in some way to our children—which is to say, to our future.

I. THE STRUCTURE

To place our recommendations in perspective, there are sketched below the basic components for a program of services to protect the welfare of children, to be carried out through a combination of local, State and Federal responsibility.

For this purpose, many would agree there should be public agencies to act as advocate and guardian for the well-being of all children who have needs that cannot be met, or problems that cannot be solved, by the family or a parent acting alone. Their objective should be to see to it that every child has an opportunity to live with his parents in a home environment that will enable that child to develop—to the extent of his physical and mental ability—into a self-realized, adult contributor to society. These agencies should strengthen the sheltering, caring, guiding, and supervising capabilities of families, because families are the primary and best guardians and guarantors that a child may traverse safely the distance between infancy and worthwhile adulthood.

Indeed, there are such agencies in several thousand counties and 50 States. And many of them have been around a very long time.

Many would agree there should be a Federal law which provides such agencies with a broad mandate and funding support to develop this function, specifically with respect to dependent or neglected or abused children, those in danger of becoming delinquent, runaways—in fact all children in need of services, whatever their economic status. In tandem with these grants there should be funds for social research on specific problems involving families and children, funds for demonstration projects that can serve as models for new programs in other localities and other States, funds for training specialized professional staff in child welfare services. The law should require the top official of the concerned Federal agency to guide and assist State efforts, specifically through plans jointly developed.

Indeed, as we all know there is such a law—title IV–B of the Social Security Act—and it provides for all these things.

Many would agree there should be authorized to be appropriated sufficient funds to carry out these purposes at the Federal, State and local level. There are such authorizations. Congress has faithfully and regularly increased them, most recently in 1972, up to the level of $226 million for fiscal year 1975, $246 million for fiscal year 1976 and $266 million for fiscal year 1977 and thereafter.

So, the components of a nationwide program of services operated at State and local levels to protect the well-being of children need not be created. They exist. The problem is that while the pieces are all there, the glue appears to have given way.

II. CURRENT CONDITIONS

State and local child welfare services agencies are indeed in place, but they are out there rather alone and in the dark insofar as Federal assistance and guidance are concerned. Each is struggling in relative—and certainly unwanted—isolation to get a handle on family-related problems that beset our people without regard to their State of residence or their income. Each must attempt to assess needs, develop pilot programs, evaluate them, expand successful programs, develop management and program information systems, and set up mechanisms to coordinate their programs with other services available so as to avoid overlap and to fill up gaps. Absent strong Federal agency leadership and guidance, and program information exchange mechanisms, each State and local agency is somewhat in the position of having to reinvent the wheel, over and over again, with respect to conditions that all must cope with.

Beyond this, and largely on its own, each agency must educate the public on the social hazards that impede wholesome child development and specifically on the resources available in the community to help avoid or correct them. They must gather support as well as information from the public.

Last, but not least important, each agency must struggle, and sometimes plead, to obtain additional funding just to maintain programs at present levels, though few are convinced these levels are fully adequate in any State, and there doubtless exist huge gaps in the programs of some. But the fact is, State and local government are already carrying about 91 percent of the combined Federal, State and local expenditures for child welfare services—quite aside from title IV–A funds, which can be used only for specific purposes and specific categories of people.

As for the law—title IV–B of the Social Security Act—it is exemplary. It provides the broadest possible mandate for the Federal Government to assist all States in developing an integrated program of services to children, without regard to economic status. Yet, at the Federal level over the past several years, the child welfare services program under title IV–B has almost been lost from sight. Needed program information is no longer gathered or disseminated. Direct program assistance to States to build the capacity to operate effective programs, with a full range of essential services, is almost unheard of. Programs specialists are nearly nonexistent in regional offices—and in those regions where persons are assigned, their responsibilities are generally so extensive as to preclude spending the required time with any one agency. That problem cannot be solved by having consultants fly in, on a one-shot basis.

At HEW's central office, IV–B responsibility is shared among separate divisions reporting to different chiefs. Social and rehabilitation service (SRS) has the IV–B formula grant program. Office of Human Development (OHD) has 90 percent of the IV–B sec. 426 funds for research, training or demonstration projects. OHD is concerned with long-range planning for the broad spectrum of human development programs falling within the purview of health, education, and welfare. SRS has operational responsibility for vocational rehabilitation, assistance payments, medical assistance and title IV–A social services—and is preoccupied with management techniques and accounting systems. Somewhere the child welfare services program has fallen into a crack and out of sight.

The fragmentation was recently spun out further by placement of responsibility for implementing the Child Abuse and Neglect Act (Public Law 93–247) in OHD/OCD (Office of Child Development), while the State and local agencies which operate child welfare service programs, including those for abuse and neglect, must relate to SRS/CSA (Community Services Administration). Who then is the advocate, who is in charge?

Title IV–B calls for a joint effort between the Secretary and the States in developing each of the State plans. This unique provision of the law really enables the Secretary, with his overview and knowledge both of problems nationwide and of what other States are doing successfully—together with his capacity to initiate research and establish demonstration projects—to help States develop balanced programs (rather than going overboard for foster care or adoption programs at

the expense of services aimed at keeping the family intact, for example), to build upon the experience of other States and localities, and to transfer successful pilot projects into their own programs. This unique role has been turned over to the preprint plan, which is no planning at all, in the true sense of the word. It is putting a checkmark in a box.

With respect to section 426 of title IV–B, the law provides that these funds shall be used (1) to demonstrate new methods of providing child welfare services, (2) to demonstrate in State and local agencies the utilization of research to encourage experimental and special types of services and (3) to fund special training programs within institutions of higher learning for personnel who work in the field. It is interesting to note that while the formula grant program has languished at $46 million since fiscal year 1967, R. & D. funds moved steadily upward, with the fiscal year 1974 plan providing for expenditures of $16.88 million. That means R. & D. expenditures are the equivalent of more than a third of the entire Federal IV–B formula-grant program. Yet, if one were to ask any State or local child welfare services administrator how these millions are benefiting State and local programs in general, there would be no ready answer other than knowledge that a demonstration project might be operating in that State or training funds are coming in. If there is a Federal record of utilization of research and demonstration expertise, that is, translation into developing programs assisted by the formula grants, it is not readily available.

As to the adequacy of authorizations for appropriations for title IV–B, there has been no lack of congressional interest. The problem is that the $46 million requested for fiscal year 1975 is the same appropriation received since fiscal year 1967—inflation, population growth, and social breakdowns notwithstanding. (Last year's modest $4-million increase, though sincerely welcomed as a breakthrough, was subjected to the 5 percent impoundment feature) The fact is, $46 million represents only a fifth of what Congress thought should be available almost 3 years ago, and therefore authorized.

Clearly, the Congress is not helped to recognize the urgency of needed appropriation increases when the concerned Federal agency, year after year, asks for no increases at all. But the results of the abandoned Federal agency advocacy role can be quite easily perceived. States are not able to meet the challenge of the law to extend "with a view to making available by July 1, 1975, in all political subdivisions of the State, for all children in need thereof, child welfare services . . .",[1] if that challenge is construed to mean a range of services to deal with such family situations as inability or incapacity to provide parental guidance, support or care; physical, mental or emotional disability; resources inadequate to provide proper shelter, nutrition, developmental opportunities, or necessary supervision; destructive family relationships. These are the conditions that result in such problems as juvenile delinquency (including drug and alcohol abuse), runaways, pregnancies of unmarried teenage youngsters, child abuse and neglect. These are among the very conditions the language of title IV–B specifically speaks to. The family and child considered as a unit are what child welfare services are all about, not just one or another specific problem that results from family breakdown.

[1] Under the present jumbled reporting system, there is no way HEW can readily determine whether or not, and to what extent, that goal is being reached. States take the mandate seriously, but have no guidance on what it would be construed by HEW to mean, and certainly very little assistance in carrying it out.

Here is another byproduct of inadequate program funds and the absence of Federal agency leadership and advocacy. Though all the components for effective child welfare serviecs exist and are in place, Congress recently found it desirable to enact a separate program for child abuse and neglect because the problem wasn't getting sufficient recognition or action. [However, only 20 percent at a maximum of the funds appropriated may be allotted to the State agencies which are legally responsible for protective services, and these under conditions which, it is widely agreed, will require States to spend additional funds so as to be eligible for such assistance.] Furthermore, other legislation is in the works to establish separate programs and authorizations for runaway youth, adoption services, and juvenile delinquency—all pieces of Child Welfare Services. Perhaps, though title IV–B speaks specifically to this circumstance, there will some day be a separate program for unwed teenage mothers, with a new administration in HEW to oversee it, for this is now in fact a very serious problem. And so, on with fragmentation.

We by no means decry a national focus on specific problems relating to the well-being of children. It can be helpful, and often has been necessary. But we question the wisdom of scattering programs and funds at random when there are in existence, in every State and probably every country [1] in the United States, agencies whose sole purpose is to work with the families and children who have these problems. It seems equally irrational not to support these agencies with leadership, guidance, advocacy, and program funds, when the authority to do all these things is written into law—though largely overlooked by HEW for some years now. This is what we mean when we say the glue appears to have given way.

III. RECOMMENDATIONS

We would respectfully recommend to the members of the Appropriations Subcommittee, as we have in part recommended to the Secretary of HEW, that:

(1) The fiscal year 1975 appropriation be doubled at least, and that the committee report reflect the intention that the increases shall be used (*a*) in activities for building agency capacity to assess State and local needs for services, identity target groups, provide comprehensive information and referral services, coordinate child welfare services and resources available from a range of public and private programs and funding sources, develop program information systems that will service the program-planning evaluation and accountability requirements peculiar to the State or local agency concerned or, (*b*) to develop and test new service programs or (*c*) to provide seed money to startup projects that would ultimately be supported by State, local, or other funds or (*d*) to extend needed services to communities not presently receiving them or, (*e*) to install programs tested and proven in other States or demonstrated elsewhere through federally funded (sec. 426) projects.

(2) That the committee in its report encourage the Secretary, HEW, to (*a*) undertake a vigorous advocacy and leadership role for child welfare services, (*b*) resume the practice of developing State

[1] The numbers and identity of political subdivisions providing services, and the extent of those services which are provided are another example of the nationally unknown.

plans jointly with the States, (*c*) utilize section 426 funds in tandem with the formula grant program to strengthen State and local child welfare services programs, consulting with States as to their needs, (*d*) consolidate program responsibility within HEW, (*e*) provide basic national information exchange services in such areas as runaway youth, adoption, child abuse, and (*f*) staff regional offices with sufficient numbers of program specialists to provide ongoing guidance and technical assistance to States in the development, expansion, and improvement of their programs of child welfare services.

Again, we sincerely appreciate the opportunity to present our concerns and recommendations to the members of this committee. As examples of need, we have attached to this statement some of the projects, programs, and activities which need to be and could be undertaken in four different States, were additional IV–B funds made available by the Congress. Clearly the degree to which these activities could be developed in any State would depend upon the size of the appropriation increase. The point is, plans and needs are not lacking. Funds and leadership are.

[The attachments follow:]

[Attachment to May 16, 1974, statement by APWA and NCSPWA]

EXAMPLES SUBMITTED BY FOUR STATES OF PROJECTS, PROGRAMS, AND ACTIVITIES WITHIN COMMUNITIES AND COUNTIES OF THE STATE THAT NEED PRESENTLY UNAVAILABLE IV–B FUNDING SUPPORT

EXAMPLE I

PART A. PROGRAM EXPANSION OR IMPROVEMENT POTENTIAL IF STATE ALLOCATION OF FEDERAL IV–B FUNDS WERE QUADRUPLED IN FISCAL YEAR 1975

1. Funds for a statewide leadership staff on a project basis to develop more effective child abuse programs and to offer intensified staff development training in the area of prevention and treatment of child abuse for county welfare agency staff.

2. Use funds to establish a State office of child development until it could be funded out of the State budget. Such an office would coordinate programs for children, particularly young children in areas of placement services, day care, health, early childhood education, along with good basic services to children in their own homes.

3. Startup funds for developing resources for children; day care; group care; 24 hour emergency shelter care, and so forth.

4. Use of funds to intensify staff development training around placement of "hard to place children" involving all divisions that place children, voluntary child placing agencies and county welfare agencies.

5. Funds to intensify public education to the needs of children for specialized family placement resources.

6. With more funds, reach out to unmarried mothers so that more than one offer of service can be made. A high percentage are seen so early in their pregnancy, they do not recognize the need for service and reject it; others are seen too late (after the birth of the child).

7. Use funds to develop 24-hour facilities for unmarried mothers. With the increased number of unmarried mothers under age 20 and especially under age 18, many mothers are poorly equipped to care for their child but keep the child. Facilities should be developed or expanded to teach and train these mothers in independent living, adequate child care and parenting, home management and housekeeping, and how to get employment.

8. With additional funds, assist unmarried mothers under age 18 with cost of medical care and residing outside of the family home (in a maternity home or foster home). Many families are ineligible for AFDC because family income is considered in determining eligibility for an unmarried mother under 18. Such families are unable to assume extra medical and living expenses away from the family home.

9. Use funds to add staff to provide services to post adoptive placements for older, handicapped, retarded and transracial children.

10. In some of the large day care centers or coordinating several day care centers, develop a social services unit to work directly with the staff of the Center, the children and parents of the children, to specifically offer supportive and referral helps and to foster better child parent relations. This service could be termed a "preventative service."

PART B

Requests received by State for IV–B funds for projects in fiscal year 1975

1. Fiscal support for Governor's Committee on Child Advocacy	$35,593
2. Native American Liaison and resource staff for child welfare program	11,263
3. Department of Health and Socal Services Committee on foster care and foster care regulations	20,626
4. A demonstration program involving the use of behavior modification techniques in a program coordinating child care, social service and educational aspects of a residential treatment program	1,000
5. A demonstration equipment Loan Resource and Workshop Center and centralized purchasing for Nursery School, Day Care Centers, Family Day Care Home Systems and after school programs	20,052
6. Educational advocacy program on child abuse and preparation of a handbook on Civil and Criminal Prosecution of Child Abuse and Neglect	2,500
7. State Child Center—orientation of parents—transportation of parents	1,200
8. Evaluation of Children treated in residential treatment centers utilizing target referral behaviors	10,350
9. Establishment of a regional information service on day care services for a large seven county area	26,904
10. A demonstration of the effectiveness of family therapy and residential treatment (4-year project)	2,000
11. Counties (two) shared social work supervision projects	17,600
12. Talent search and development among Chicano youth—nine counties	18,920
13. Development of group home resources in one city	2,000
14. Family camping for division of family services foster families	2,640
15. Demonstration project of adoption of children from a residential treatment center	40,000
16. An approach to child protective services using male-female teams	39,000
17. Community welfare counselor to provide counseling, information and referral and agency liaison on one Indian Reservation	7,100
18. Study center—summer tutoring for Indian children	1,250
19. Foster home recruitment—A public information project	1,800
20. American Indian child placement and development program—to overcome the barriers to successful placement of Indian children in homes sharing their cultural heritage through development of a licensed Indian child placement agency	50,000
Total requested	311,000
Total awarded [1]	86,000

EXAMPLE II

1. For fiscal year 1974, the State received $2,195,278 in title IV–B funds. Of that amount, $1,433,404.80 was allocated to local agencies for various child welfare programs. The remaining amount was needed by the Department for State needs (including salaries, staff development and special State projects). For fiscal year 1974, county requests for title IV–B funds totaled $4,221,860, or three times more for requests than funds available. This does not take into account that many more requests would have been received if counties knew additional funds would be available. For example, we received requests for title IV–B for fiscal year 1974 for group homes totaling $799,857, and were only able to allocate

[1] Most of the requests were not granted because of limited availability of Federal Child Welfare Services funds.

$200,000 for group homes. We received requests for $1,332,808 for special care/residential treatment, but were only able to allocate $500,000 for that service. We received requests totaling $514,305 for comprehensive care—unmarried mothers—but were only able to allocate $100,000.

2. With not all requests for title IV–B funds for fiscal year 1975 received as of this date, it appears requests for fiscal year 1975 will exceed requests for fiscal year 1974. We also are aware of an increased amount for title IV–B needed for staff development needs for fiscal year 1975. The minimum need for fiscal year 1975 is $700,000, and could go as high as $1 million. Needless to say, at the present level of title IV–B allocations from Federal, we will not be able to fund staff development needs at more than 25 percent.

3. More and more agencies in the State are realizing the benefits for children derived through group home placement. Most counties are attempting to establish group homes, but in many cases are dependent on title IV–B funds to establish such homes, We will only be able to respond to a small number of requests for group homes.

4. With State legislation pending calling for an evaluation of each child in placement by agencies to be conducted at least annually, there will be need for funding to cover the cost of such activities.

5. There is an increasing interest among the local agencies to develop and fund special demonstration projects in the areas of children's protective services and placement services for children. Many agencies are recognizing the need for new and innovative approaches to services such as foster home and adoption recruitment. Usually, local funds are not available for such activities, and the agencies are turning to the State for title IV–B funds. Other counties would like to develop or expand activities in the areas of foster parent education and need title IV–B to do so.

6. Simply by being able to allocate counties at the level requested, we would be able to expand most title IV–B funds allocated to the State if, for example, the allocations were quadrupled. This does not take into consideration increased State needs, such as staff development and increased special county projects.

EXAMPLE III

1. During 1974–75 counties will have to complete arrangements to meet the Federal mandate of full implementation for the provision of children's protective services for nonaided and nonlinked cases by July 1, 1975, a requirement enacted in 1968 by Congress and a State regulation since November 1, 1969. In order to meet this program deadline, counties which have not served families nonaided and nonlinked to AFDC will have to hire social services and supportive staff to do so. Some of the other counties have given on a limited basis protective services to abused or neglected children in nonneedy families; they will now have to expand this program. It is estimated that the counties will be required to increase the present caseload by about 25 to 35 percent.

2. The heightened interest in child neglect and abuse prevention programs will undoubtedly result in an added drain on social services funds. The State must meet specific requirements in order to assure continuance of Federal IV–A funds.

3. Although the Federal regulations have not been issued, undoubtedly there will be new costs to the State as the result of the Mondale Act.

4. Counties have repeatedly asked for a broadened range of social services for which title IV–B funds might be spent. This approach merits especially serious consideration with the limitation placed on title IV–A Federal social services funds. Currently, the major expenditures of IV–B funds are made for social service staff and 14-day emergency shelter care for children. In an effort to try to reduce foster care and keep children in their own homes, smaller county caseloads and greater use of homemakers should be encouraged in the protective services program.

EXAMPLE IV

1. Provide a greater array of services to enable children to remain in their own homes.

2. Services to natural parents of children in foster care.

3. Expand training of staff dealing with Child Welfare Services, with the use of expert consultation from the medical profession, court services, and university specialists.

4. Much expanded adoption program, including (*a*) More subsidized adoption; and (*b*) More use of adoption as an alternative to long term foster care.

5. Identification of children in school at an early age to spot children with problems.
6. Provide resources for short-term foster care where there is some indication that the child will return home.
7. Expand training for foster parents. This would involve a full-time worker working with the 2,500 licensed foster parents. Attempt could be made to professionalize foster parents, possibly have a career ladder leading to certification of foster parents.

Mr. FLOOD. Thank you very much.
Mr. SAUCIER. Thank you, Mr. Chairman.

THURSDAY, MAY 16, 1974.

OPPORTUNITIES INDUSTRIALIZATION CENTERS

WITNESS

DR. LEON SULLIVAN, CHAIRMAN OF THE BOARD, OIC

Mr. FLOOD. The Opportunities Industrialization Centers, Dr. Leon Sullivan. We have a letter from Congressman William A. Barrett of Philadelphia, which brings to our attention your appearance, Dr. Sullivan, which we will place in the record.
[The letter follows:]

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HOUSING OF THE
COMMITTEE ON BANKING AND CURRENCY,
Washington, D.C., May 16, 1974.

Hon. DANIEL J. FLOOD,
Chairman, Appropriations Subcommittee on Labor-HEW, 2358 Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: A meeting this morning on the 1974 housing bill prevents my accompanying Dr. Leon H. Sullivan on his appearance before your subcommittee.

I am very familiar with Dr. Sullivan's work and the Opportunities Industrialization Centers (OIC). I wish to take this opportunity to indicate my strongest endorsement and support for the continuation of this program which is so vital to the welfare of our Nation.

With kindest personal regards, I am
Sincerely yours,

WILLIAM A. BARRETT.

Dr. SULLIVAN. Mr. Chairman, I would like to express my appreciation to you and to the members of the appropriations subcommittee for the opportunity to testify this morning with regard to the Labor-Hew appropriations for fiscal year 1975. I am here to request support for a program that was conceived, designed, and developed to help build America.

We believe that it is important for a process to be developed in the country to help the unemployed and unemployables with attitudes and skills so that they can get off of welfare and into the mainstream of the American economy. We are convinced that most people who are poor do not want handouts, but rather handups. Therefore, we are engaged in motivating people—black, red, white and brown, for self-improvement—motivating them for self-improvement—believing that by improving the lot of individual Americans we are helping improve America.

Beginning 10 years ago in an old abandoned jailhouse, this self-help program began to do its work. Now, after training approximately

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200,000 citizens and expanding into 115 cities in 41 States, this program has proven that it is possible to overcome almost insurmountable problems.

Today, OIC is recognized as one of mankind's most effective manpower programs of national scope serving people of all races and creeds.

Because of its proven effectiveness, we have been included philosophically and by intent in the new manpower bill, the Comprehensive Emoplyment and Training Act of 1973, and specified in the definition section of the manpower bill in the lead designation of programs qualified a community-based organizations to be supported by the act.

Because we have successfully reached the unreached and met the unmet needs of black ghettos, brown barrios, white appalachian hollows, and even Indian reservations, we now enjoy the broad support of a cross section of the American community as an all-American program. We have established linkages with industry and churches and community groups, as well as vocational education people, the employment service and the public schools; we are now regarded as supplementary to, rather than substitutes for, other training programs.

Because we have specialized in motivational and attitudinal training to build self-respect, pride and belief in the worth of work, we are now supported by more than 30 of America's leading corporations who regard the OIC label on trainees as representing quality such as the name "sterling" on silver.

Because we have worked into the new decentralized manpower planning process and cooperated with the new manpower law, getting 80 percent of our programs into the plans of the mayors, we have come to be regarded as a demonstration of how to make the Comprehensive Employment and Training Act work in poverty communities.

Appropriating Federal money for efficient, effective training programs such as OIC will mean fewer and fewer people on welfare rolls and greater and greater numbers contributing to the tax base of our society. Also, OIC's, because of their success, have been stabilizing influences between innercity residents and business and industry.

OIC's have been building bridges of understanding and cooperation rarely seen in America before; but this stability can no longer be guaranteed.

Mr. Chairman, our need is for adequate funding to continue a job that has been done well. We are result oriented. We are cost effective, and we are producing.

We have made it clear to both the Labor Department and the labor committees of the Congress that OIC can fit into a decentralized, coordinated, comprehensive manpower delivery system like a hand fits a glove.

However, we cannot be fragmentized, and cut up, and have our proven capability to serve its people destroyed as a result of city plans that cut us out of their manpower budgets because they say they do not have enough money under title I in C.E.T.A., and who say we would like to have you in our plans but there are no funds available for you.

Too, we cannot see why our good work with drug addicts, ex-offenders, migrants, veterans, and youth cannot be included in the

allocation of funds by the Secretary of Labor under title III in C.E.T.A. The language in this title authorizing support for OIC is clearly stated in several sections of that title.

Mr. Chairman, we have already struggled through the cutbacks of 30 percent of our funds, beginning in January 1973. We have closed night classes, cutting our trainees by 50 percent while long lines of applicants have waited to come into OIC training. We have cut our technical assistance capability drastically and forced dedicated employees to often work 7 days a week to provide technical support to our programs.

We feel, Mr. Chairman and members of the committee, that OIC is like a good tree in the forest. We don't feel that the good trees should be cut down, but rather they should be helped to grow, and more of them should be planted.

The cooperative working together in American communities of leaders of business, leaders of religion, and leaders of local community groups is the key to our community-based OIC concept. This concept works—we help the whole man help himself. He is recruited from the street corner, counseled, placed in motivational training, counseled and placed in skills training, counseled and placed on the job and counseled while on the job. The same counselor gives the trainee individual personal attention. Our 80-percent retention rate on the job results from this approach of following the trainee through from the beginning to the actual job situation.

We feel, Mr. Chairman, that after a 10-year track record of proven effectiveness with the OIC approach, that every possible assurance should be given to see that OIC's work continues and expands. We now have operational programs in 115 cities and are getting prepared in an additional 100 cities to help build America by building individual Americans into self-confident, taxpaying, responsible citizens. Also, many additional OIC interest groups are forming across the Nation.

We know that of the 500 prime sponsor groups eligible for funding, we now have OIC groups active in some 300 of them. Also, we have leading national and local corporations and businesses and thousands of people in churches and other organizations ready to do their part to help expand the work of OIC in their communities.

We now have an Industrial Advisory Council made up of 30 of the leading American corporations ready to help us work with the mayors in these communities providing technical assistance, equipment, volunteer staff support, and funds from the private sector.

These corporations are requesting their subsidiaries in all the communities where OIC's are involved to form industry consortiums to provide technical backup support, equipment, volunteer manpower needs where required, even space where required, in the true spirit of self-help and the participation of American community in all the cities in all the country.

The executive director of the OIC National, Mr. Jolly, has a map here, sir. This map has blue, red, and golden stars on it. All these stars represent where there are OIC's, either actually demonstrating or where there are OIC active interest groups or where there are groups developing now to form OIC's.

The red stars represent the American Indian. These are where OIC

interest groups or developmental groups are forming where there are American Indians.

The gold stars represent Chicanos. Throughout the West and the Southwest there are communities where OIC's are developing where the populations are heavily Chicano, but not altogether because we are an all-American program serving people of all races, colors, and creeds.

Where you see the blue stars, they are interracial. In some areas there are 99 percent black, where the incidence of population is largely black. In New York City you have one center that is largely oriental, another section has centers that are largely black—in Harlem and in Brooklyn and in some areas they are mixed with whites, depending upon the composure of the community. All over America, these OIC's are developing.

In Appalachia, in Roanoke, Va., 60 percent of the trainees are white Appalachian. In Erie, Pa., more than half of the programs are Appalachian whites. In some areas of America, where there are mostly all whites, they are developing interest groups where they think Sullivan is a white priest. They don't know I am a black fellow.

The OIC program has become a program of hope for populations all across America. In every community where OIC's go, our industrial support follows through to help the communities. Every church group in America—Protestant, Catholic, Jewish, Muslim, has participation in OIC work as we see it develop across the country.

The OIC has become a partner with industry, church groups, but most of all with the individual American city. There are hundreds of thousands of returned Vietnam veterans on street corners. Of the tens of thousands of the 50,000 people on waiting rolls, at least one-half of these are returned Vietnam veterans whom we are unable to service in our programs now. Drug addicts are coming to OIC's for help. Prisons are asking for the establishment of OIC units in prisons.

We have thousands of people in churches and other organizations ready to do their part to help continue, expand, and develop the work of OIC in their communities.

We see a period of 3 years as an opportunity to prove that support from the private sector can be developed to cut down the need for Government funding.

We see the OIC system operating effectively in 200 communities during the first year, fiscal year 1975. We see a total of $75 million making possible the training by OIC of 75,000 unemployed, of which 25,000 would come off the welfare rolls.

We see $60 million channeled through title I of C.E.T.A. to the prime sponsors assuring them that they will not lose money by including OIC in their plans.

We see $15 million channeled through title III of C.E.T.A. to the Secretary of Labor assuring adequate funds for him to pick up the OIC programs that will not make it into the prime sponsor budgets for political or other reasons and the special OIC programs that service migrants, Indians, veterans, chronic unemployed, ex-offenders, and ex-drug addicts.

I am therefore here today, Mr. Chairman, to request that your committee consider prayerfully and carefully the possibility of including specific language in the manpower appropriations bill for fiscal year 1975 that will designate a sum of $75 million to include OIC in the new decentralized comprehensive system.

Please help us do this job that must be done!

We see OIC as a weapon in the war against rising unemployment and running inflation.

We see OIC as a tool in the hands of the Secretary of Labor to prove that special manpower revenue sharing and the reprivatization concepts of the administration can be made to work in poverty communities.

We are afraid that the industrial partnerships we have worked to develop are being diluted—we are afraid that the ecumenical involvement of the church is being discouraged, as well as the citizen support so broadly formed behind these efforts.

We are afraid that mayors who are interested in having OIC's developed in their cities and Governors who are interested in having OIC's developed in their States will be frustrated in ther efforts to promote the OIC self-help program.

We are for building America, not destroying it. We are for building cities, not destroying them. We are for building our institutions, not tearing them down. Help us build!

It is our aim to change the feelings in our cities and our rural areas from depression and despair to hope and promise. Help us build!

We will work with the agencies of government, with our city government and the mayors, with our State Governments and the Governors, with our Federal Government and our elected leaders. Help us build!

And whereas before, we heard the cries that disturbed us of "burn, baby burn," we will hear new cries that will thrill our hearts and give hope to the new generations of "build, brother build."

Chairman Flood and committee members, please help us build!

Provide us with the money that will help us do the job. Over the last 10 years, the U.S. Government has already invested $100 million in our work. Thirty-two Senators and more than 40 Congressmen co-sponsored OIC bills to assure our inclusion in the final bill that passed the Congress.

The President's 1974 Report on Manpower gives us high marks for a job well done. Assure us of the minimal funding that we need in such a manner that it cannot be taken away, as long as we fit into the Comprehensive Employment and Training Act (C.E.T.A.) plans of the Department of Labor, and do our job well and prove cost-effective in our work.

Please help us build! Help us build for America!

Mr. Flood. Thank you, Doctor.

Thursday, May 16, 1974.

Programs for the Aging

WITNESSES

JOHN MARTIN, CONSULTANT TO THE AMERICAN ASSOCIATION OF RETIRED PERSONS AND NATIONAL RETIRED TEACHERS ASSOCIATION

LAWRENCE LANE, STAFF MEMBER

Mr. Flood. Now the American Association of Retired Persons and National Retired Teachers Association, Mr. John Martin. We remem-

ber Mr. Martin as the former Commissioner on Aging who has appeared before this subcommittee many times.

Mr. MARTIN. It's a pleasure to appear before you again, Mr. Flood. I have a statement which I would like to put in the record.

[The statement follows:]

TESTIMONY OF JOHN B. MARTIN, CONSULTANT TO THE AMERICAN ASSOCIATION OF RETIRED PERSONS AND THE NATIONAL RETIRED TEACHERS ASSOCIATION

I appreciate the opportunity to testify today on behalf of the 6½ million members of the National Retired Teachers Association and the American Association of Retired Persons who have a vital interest in the matters before this committee. The question before you is whether we shall mark time or move aggressively forward in meeting the needs and problems of the aging. The 1975 budget in the main marks time despite the fact that inflation has seriously weakened the impact of these programs and that millions of older Americans are in need of the kind of help envisioned by the Older Americans Act.

Thus we find that funding proposed for title III of the Older Americans Act is identical in fiscal 1975 with fiscal 1974 at $96 million. It is true that within that figure a reduction in model projects of $11 million permits some increase in area planning and social services but the increase is small and the appropriation is far below the authorization of $130 million. In title III we are seeking to build a structure of area agencies on aging which will give impetus to careful planning for the elderly at the local level and will seek to maximize resources available to meet the needs of the elderly in each community. Without such a forward thrust it will not be possible to move the area agency concept to a level of successful operation. We think that there ought to be an increase from $68 million in 1974 for area planning and social services to not less than $90 million.

Research in the Administration on Aging is continued in the 1975 budget on a plateau of $7 million as in fiscal 1974. We believe an increase to $10 million would reflect an interest in pursuing additional needed research. Training is totally omitted from the 1975 budget despite action by Congress to provide $10 million in 1974, despite testimony before congressional committees as to the need for personnel trained in the aging field and despite the fact that the title III and title VII programs of the Older Americans Act are now maturing with an extensive need for new personnel.

It appears to us urgent that support continue to be given to the 40 or more university-related programs which have been preparing students for careers in the field of aging. Gerontology programs which began in 1966 have grown slowly. The attempt by the administration to chop them down by substituting greater student aid took no account of the fact that these programs were a tender growth not like schools of medicine and engineering. They need encouragement and need development. We need trainees at both the baccalaureate and graduate level. We also need short-term training for less difficult jobs or for those already on the job who can improve their performance. A minimum appropriation of $12 million to enable the development of both long- and short-term training is indicated. We are in disagreement with the administration's position that simply furnishing students with funds to take whatever they want is the best way to provide adequate trained personnel in the aging field.

More than this, we need multidisciplinary centers of gerontology where a rounded program can be developed which includes the many disciplines in colleges and universities having something to say about problems of the elderly. Such centers can recruit and train personnel, conduct research on work, leisure, education, living arrangements, social services and other related areas of the lives of older people. They can provide consultation to public and private voluntary organizations in planning and developing services for the elderly and serve as a repository for information developed through research. Such centers can be a resource of tremendous value to everyone interested in the elderly and can help to develop training programs on aging in schools of social work, public health, health care administration and education. Within each institution they can bring to focus a concern for older people and their problems.

We believe that funding for such multidisciplinary centers should be not less than $4.5 million under an authorization for fiscal year 1975 of "such sums as may be necessary."

Funding for the title VII nutrition program presents a question as to whether this program is to move ahead to meet undoubted need or to come to rest on a

plateau of 200,000 meals. Authorization for the program for 1975 has been approved by the House at the $150 million level. It appears that the program will reach $104.8 million, the full level of 1974 funding, by June 30, 1974. We believe that a step forward in the program to $150 million will be possible by 1975 and that the appropriation should not be less than this. Instead, the budget request is cut back to $99.6 million. Experience with this program has shown that its congregate meals are important to participants not only for the food provided but for the opportunity for many withdrawn older people to mix with others and to again become part of the human stream. Most nutrition programs have many more applicants than they have places to fill. Consequently, many older persons are denied the opportunity to benefit from the nutritious food and companionship provided by the program. It would seem consonant with congressional intent in establishing the program to steadily increase its scope by adequate appropriation.

Testimony taken by the Subcommittee on Education of the House Committee on Education and Labor strongly reflects the need to be able to use some part of nutrition program funds for State administration of the program. By statute, 10 percent of such program funds could be used in fiscal 1974. It is urged that language be included in the 1975 appropriation which will again permit up to 10 percent of program funds for State administration.

Title VIII of the Older Americans Act, which is known as the Higher Education Act amendment, provides authorization for the Commissioner of Education to make grants to institutions of higher education to assist such institutions in planning, developing, and carrying out programs specifically designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing problems of the elderly living in rural and isolated areas. This new section of the Higher Education Act has not yet been funded. We believe that it is time to initiate action through the continuing education programs of the colleges and universities. The Office of Education and Administration on Aging are in a position to work closely together in developing a program and in fact are required by the statute to consult with each other. The new section gives discretionary authority to the Secretary in administering the program and makes it possible to develop these program areas. The authorization is open for "such sums as may be necessary." It is our belief that a funding figure of $3 million would be adequate for the present and we strongly recommend that an appropriation for this amount be provided for in the 1975 Appropriation Act.

The Older Americans Act Amendments of 1973 provided a title IV for Older Readers Services under the Library Services and Construction Act authorizing "such sums as may be necessary." The amendment would provide a program of library services for older persons to include:

1. The training of librarians to work with the elderly;
2. The conduct of special library programs for the elderly;
3. The purchase of special library materials for use by the elderly;
4. The payment of salaries for elderly persons who wish to work in libraries as assistants for programs for the elderly;
5. Provisions for in-home visits by library personnel to the elderly;
6. The establishment of a program to notify the elderly of the library services available to them; and
7. The furnishing of transportation to enable the elderly to have access to library services.

The need for such services is unquestionable. However, the relatively high cost of specialized library services to meet the needs of older Americans makes Federal support for such programs essential. No funding was provided for this program for the fiscal year 1974. The program is a much needed one, however, and now ought to be funded adequately. It is believed that an amount of $6 million would provide sufficient funding for fiscal year 1975.

Title IX of the Older Americans Act has been funded in fiscal year 1974 for a total of $10 million, against an authorization of $60 million. It is hoped that an additional $10 million will be available in 1974. For fiscal year 1975, we believe that title IX should be funded at $80 million, in the belief that 1974 funds will be largely used in 1975. The program is now ready to proceed on a broad national basis. Its effectiveness has been fully proven in the conduct of Operations Mainstream. Unsettled business conditions have resulted in additional unemployment for the older worker and this program is the only resource upon which the older worker can rely other than Operation Mainstream itself which the administration is planning to phase out at the end of 1975. Title IX gives a statutory basis to a

program designed for the low income, unemployed elderly worker. Without it, we have no doubt that the older worker will find himself increasingly in the ranks of the unemployed. We believe that action will be needed to further extend the authorization for title IX beyond 1975 and we believe that meanwhile the program ought to be adequately funded through fiscal year 1975.

I wish to comment also on the necessity for an adequate appropriation for the National Institute of Child Health and Human Development.

As Dr. Marrott Sinex of the Gerontological Society has testified at an earlier date, we are in the process of technological breakthroughs on various aspects of aging research which need desperately to be followed up. Examples contained in his testimony are illuminating. We are making progress on the study of the susceptibility of older people to infectious disease and cancer. We are gaining greater knowledge on the causes of senile dementia. We have important insights on the initiation of atherosclerosis and the effect of drug usage in the treatment of hypertension. These are all enormously important areas of study and we need to press forward actively in further research along these lines. Essentially the question is how the quality of life can be maintained until terminal illnesses begin and how long such terminal illnesses can be put off. These are important questions to which the answers can be forthcoming if we devote sufficient research time and money to seeking those answers. We have examined the Administration budget and believe that it can be amplified by a total of $6 million to the great benefit of needed research in the aging field. We would apportion this increase in the following manner: $5 million to the extramural research program, one-half million to intramural research and one-half million for contract research for the testing of intervention techniques. This increase would provide enough leeway to enable the aging research program in the medical, biological and behavioral fields to go forward aggressively.

Mr. MARTIN. I would like to discuss the statement as briefly as I can and stay within my 10 minutes.

Mr. FLOOD. All right.

Mr. MARTIN. I am here this morning with Mr. Lawrence Lane, who is also on the staff of the American Association of Retired Persons and the Retired Teachers Association.

I would like this morning also to discuss particularly the provisions of the Older Americans Act and in particular the recent amendments, some of which have not been funded at this point.

The broad question that I want to raise is whether we should mark time on this program or whether we should try to get off a plateau and get moving forward from where we are.

The title III appropriation request is exactly the same for 1975 as for 1974. It's $96 million. The amount for area planning and social services has been increased somewhat, but we think that that figure ought to be increased from $76 million to $90 million, which would make the title III appropriation $110 million, instead of $96 million. We think that, because the object of title III is to develop a structure of agencies on aging throughout the country and if they are going to do this, they need to be pushing forward aggressively.

Title IV is the research section. Research has been on a plateau in sociological research for sometime at about $7 million. We think that ought to be increased, as evidenced by the additional job there is to be done, from $7 million to $10 million.

Training does not appear in the President's budget at all. Last year the Congress gave the AOA $10 million to function on. That $10 million has been distributed. We think that the appropriation for this coming year ought to be $12 million. The reason for this is that the title III program and the title VII program are maturing now and there is a tremendous need for trained personnel.

The 40 universities and colleges which have developed gerontology programs are a slow growth. We don't agree with the administration's

idea that if we just give money to students they will not necessarily decide to go into gerontology. We think that the program itself which has developed in the universities and colleges is an incentive to them and that it should be encouraged.

Under that same title there is a provision for multidisciplinary centers of gerontology which can recruit and train them in the field, which can engage in research, which can act in consultation with public and private organizations, and which can develop training programs.

We think that there is a need to develop these multidisciplinary centers to focus on the disciplines of a number of universities and colleges on the aging.

We would suggest an appropriation of about $4½ million as a minimum. We don't disagree with the higher figure, which I understand was suggested here this morning, and we think ultimately that may be necessary. But as a startup and as a minimum, we think $4½ million would be adequate.

Title VII is the nutrition program, sir. We were somewhat surprised to find that the nutrition program, although it has gone forward very nicely and is now operating in some 665 parts of the country, is actually cut back in the budget from $104 million to about $99 million.

The House has recently approved a new authorization for the nutrition program and suggested $150 million as the proper authorization for 1975. We think that that authorization is a fair one and that it would enable the program to move on forward in 1975 from its present base and that $150 million would be the right figure.

The Administration on Aging is doing a fine job on this program to bring food and social contact to older Americans who need it. We want to see it encouraged, if that can be done.

We think that there ought perhaps to be a 10-percent allowance for administrative costs allowed in 1975 as was allowed in 1974, because our inquiries around the country have indicated that for many of the managers of these projects, there will be serious problems if the administrative costs can't come out of their nutrition funds and have to come from some other source.

Another title to the new amendments was title VIII, which amended section 110 of the Higher Education Act. There has been no funding for that program. The program was designed to apply the resources of higher education, to transport patients and housing problems of the rural and isolated elderly. It seems to us that there is a basis for a good program here that the Office of Education and the Administration on Aging can work together well. The Commissioner of Education can make the grants and there should be some appropriation as a starter for this program, perhaps as much as $3 million.

Title VIII also provided an amendment to the Library services and Construction Act for Older Readers Services. It provided, among those services, the training of librarians, special library programs and materials, in-home visits of librarians to elderly who were confined to their homes, and payment to elderly persons as assistants in the library program.

No funding has been provided for this program. We think the figure ought to be somewhere in the neighborhood of $6 million.

Title IX was the last amendment to the Older Americans Act. It is, as you know, a program of unemployment for low income or unem-

ployed persons. As a pilot program it was proven through the use of Operation Mainstream, but it now is the only statutory program for older people. The Labor Department really intends to phase it out, if they can, Of course, we are opposed to that. The last authorization for that will be for 1975, and we think new authorization will be required.

In 1974 Congress appropriated $10 million and an additional $10 million has been requested. We don't know whether that will be available or not, but we hope so. We believe that for 1975 an amount of $80 million for that program would be a proper sum, in view of the fact that the 1974 money will also be spent in 1975.

The program is, we think, a well-designed one. We have conferred at length with the Labor Department on it. They are issuing regulations, but there is every indication that when the authorization runs out they expect to phase it out and homogenize the program into the rest of the Comprehensive Employment and Training Act programs.

Finally, the National Institute of Child Health and Human Development has had testimony here. Dr. Sinex talked to you about some of the breakthroughs in the studies of susceptibility to disease and the progress in retarding, senile dementia, and the effect of drugs on high blood pressure. These are things that are vitally important to older people, and further research on the quality of life here is vitally necessary.

We are trying to delay the terminal illness as long as possible and to make the earlier period as full of satisfaction as possible.

We propose, therefore, that there be added to the budget request for the aging research program of the National Institute of Child Health and Human Development $5 million for the extramural program, $500,000 for the intramural and $500,000 for contract research. The aging research program of NICHD would then be approximately $19.6 million compared with the 1975 budget of $13.6 million.

Mr. Chairman, this is a very rapid review of a number of very important programs. You have always been sympathetic to the needs of the elderly. We have tried to keep you fully advised as to what those needs are as we moved along.

We believe that the requests that we have made in our statement here and in the formal statement are in line with keeping the program moving forward gradually but effectively to accomplish what we are after.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 16, 1974.

NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

WITNESSES

PETER J. SALMON, DIRECTOR, NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

HARRY SPAR, ASSOCIATE DIRECTOR, NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

Mr. FLOOD. The National Center for Deaf-Blind Youths and Adults, Peter J. Salmon, director.

Mr. SALMON. Mr. Chairman and members of the subcommittee, It is a pleasure to appear before this subcommittee again because I have

good news to bring to you. First, allow me to identify myself. I am Peter J. Salmon, director of the National Center for Deaf-Blind Youths and Adults, located in temporary headquarters at New Hyde Park, Long Island, N.Y.

Mr. Chairman, you and your subcommittee have been most generous in your consideration of the needs of the National Center. Through your help, we have sufficient funds to carry forward the construction of permanent facilities for the Center; and, indeed, we are well underway with this construction, having commenced it on January 7, 1974. We expect to complete the construction in the fall of 1975. This will represent a tremendous achievement in the interest of deaf-blind persons throughout the Nation and will provide a model for future similar endeavors throughout the world.

May I refresh your memory by saying that the National Center for Deaf-Blind Youths and Adults is operated by the Industrial Home for the Blind, with headquarters in Brooklyn, N.Y., under a written agreement with the Department of Health, Education, and Welfare. It is a permanent program, originally established pursuant to the 1967 amendments to the Vocational Rehabilitation Act and now authorized by section 305 of title III of the Rehabilitation Act of 1973.

The program began in June 1969 and has progressed very well, even with the limited space available at its temporary headquarters. There are four regional offices which have been set up in Glendale, Calif.; Atlanta, Ga.; Chicago, Ill.; and Philadelphia, Pa. Others are contemplated in the future as need for them develops and funds become available.

The main problem that needs to be overcome—some preliminary steps have been taken in this direction—is to make sure that the operating funding for the National Center is put on a permanent basis so that funds will be available by the end of each of its budget years for operating in the ensuing year. To accomplish this, it is necessary that the needs of the National Center be considered by HEW in consultation with the National Center before the budget of HEW is finalized. To date, we have been working on a year-to-year basis. We have been treated as a research and demonstration project, with the constraints of the time and focus limitations which this entails. The National Center must be considered as an ongoing program with long range and diverse needs which cannot be precisely predicted because it is breaking new ground and has little or no precedent to determine in detail the scope of its development. We would hope that the operating budget of the National Center, subject to the most careful audit, could be sufficiently flexible to permit it to meet needs that cannot be anticipated so as to enable us to provide the kinds of services—in the locations, and at the times, where they are needed—that will best serve the very unique needs of persons who are both deaf and blind. These services, of course, would be subject to consultation and review by appropriate persons representing HEW.

Mr. Chairman and members of the subcommittee, the providing of reliable funding is the one remaining step that needs to be taken to make sure that the substantial amount of money that has already been appropriated for the work of the National Center will be used in the best interest of the deaf-blind persons for whom it is intended and in a way that will best carry out the mandate of Congress and the administration.

The appropriation which you have under consideration for the National Center is in the amount of $1,780,000. This includes funds in the amount of approximately $1,444,000 which we have requested for operating the Center in our next budget year and in the amount of approximately $336,000 for operating the Center during the last 4 months of our current budget year. The latter sum is made necessary by the fact that only $600,000 were appropriated for the operation of the National Center in its current budget year. We had indicated that approximately $946,000 would be required for the operation of the National Center in this year; but, because of the absence of any provision for advance consultation between the budget people of HEW and the National Center, only $600,000 were included in the administration's current budget for the operation of the National Center.

Administrator James S. Dwight, Jr. has appointed Dr. Douglas C. MacFarland, director of the Office for the Blind and Visually Handicapped, as the project officer for the National Center and has designated an ad hoc committee to work with him on matters related to the National Center, including budgetary needs. This is a step in the right direction and should prove very helpful to the National Center, provided that the budgetary needs of the Center will be considered in consultation with the Center before the administration's budget is finalized. This will make it possible for us to work together on the basis of agreed upon budgets for the Center and will avoid placing us in the uncomfortable position of having to plead for and wait for additional funds beyond those included in the administration's budget.

Mr. Chairman and members of the subcommittee, we want you to know that the past few years that have been spent in the initiation of this vital program for deaf-blind youths and adults have produced most gratifying results, far exceeding our earlier expectations. We believe that your confidence in us has been justified. When the permanent facilities for the National Center are completed in the fall of 1975 and we are able to fully implement the Center's program, the National Center will stand as a living testimony to our country's meaningful dedication to the fulfillment of its commitment to offer deaf-blind citizens the opportunity to enjoy the rights and assume the obligations that are properly theirs.

Mr. FLOOD. Thank you very much. We are glad you came.

Mr. SALMON. Above everything else, if there is anything the committee can do to indicate this need, and we won't be coming begging to you.

Mr. FLOOD. We have known you long and well. Thank you very much.

Mr. SALMON. Thank you.

THURSDAY, MAY 16, 1974.

PROGRAMS FOR THE AGING

WITNESSES

MS. REBECCA ECKSTEIN, ASSOCIATE DIRECTOR, NATIONAL COUNCIL ON THE AGING, INC.
MRS. JANE BLOOM, DIRECTOR OF POLICY

Mr. FLOOD. National Council on the Aging, Inc., Jack Ossofsky, Executive Director.

Ms. ECKSTEIN. I am Rebecca Eckstein, Associate Director of the Agency.

Mr. Ossofsky is ill.

I am accompanied by Mrs. Jane Bloom, director of our policy.

The National Council on the Aging welcomes this opportunity to appear before your subcommittee as it considers a measure which will largely determine the course of most Government-funded services for the elderly in the coming year: the fiscal year 1975 appropriations for the Departments of Labor and Health, Education, and Welfare.

We wish to focus our testimony today on three new programs authorized under the Older Americans Act Amendments of 1973—Public Law 93-29: Special projects for the elderly under the Higher Education Act; special elderly programs under the Adult Education Act; and a funding program for multipurpose senior centers. While each is designed to serve very different needs of the older population, the three programs share one unfortunate position: None have gotten underway—they have been lying dormant for the past 2 years for lack of funding. No specific dollar amount was authorized to be appropriated in the 1973 legislation for any of these programs, and—although language read that "such sums as may be necessary" could be appropriated—no appropriations were made in the fiscal year 1974 HEW appropriations measure.

Much congressional and advocate group support for Public Law 93-29 was based on the expectation that these new landmark measures would be funded and in operation within 1 year. NCOA certainly did not believe the three programs would be included "for the books" only. If this were indeed the sole purpose for the inclusion of these measures in the act, then a cruel hoax has been played on this Nation's elderly—who knew that this legislation had been enacted and who had been looking forward to the emergence of these programs in their local communities.

NCOA believes that this subcommittee, which has played such a supportive role in the past for elderly services, will not contribute to this hoax and will see fit to include their funding in the fiscal year 1975 measure. We urge your support for the three programs which we shall now briefly summarize and are grateful for your willingness to consider these critical matters in the days ahead.

I. SPECIAL PROGRAMS RELATING TO PROBLEMS OF THE ELDERLY, SECTION 110, TITLE I OF THE HIGHER EDUCATION ACT

Section 803 of the 1973 Older Americans Act expanded the Office of Education's community service and continuing education program by adding a new grants program on the aged for institutions of higher learning. Colleges and universities would develop and apply the resources of higher education to the problems of the elderly, "particularly with regard . . . to (those) living in rural and isolated areas."

Proposed activities include preretirement counseling, informational programs on social security, medicare/medicaid and other benefits to which the elderly are entitled, and training older persons to work in community service organizations on their own behalf. It is also proposed that workers in the field of aging—such as nursing home and social service personnel—would be trained to enhance their understanding of the elderly clients and to improve their capability in serving this group.

The community service and continuing education program under title I of the 1965 Higher Education Act was originally enacted in the belief that colleges and universities could provide valuable assistance in solving community problems through the continuing education of adults. Unfortunately, in the program's 8-year existence, funds sufficient to support a wide range of activities relating to the elderly have never been available. In fact, less than half of the States have ever used title I moneys for older persons; in fiscal year 1972, for example, only 13 States awarded 15 grants for activities relating to this population. And, as this committee well knows, without a specific earmarking of the funds for use with the elderly, such programs will continue to be, at best, spotty and haphazard.

In our extensive work with local service deliverers, we can report that very little tie-in now exists with the universities and colleges in the community. Indeed, it is the exception, and not the rule, where we have found the elderly and their agencies utilizing the vast resources which these institutions could provide. Moreover, we have found that the most service-hungry areas for the aged, the areas with the largest gaps and needs which could best benefit from the university resources, are the rural and isolated parts of our Nation. And by the 1973 congressional mandate, these are just the areas which would be given funding priority in the new section 110 program.

NCOA therefore urges that an appropriation be made of $3 million in the coming year to launch the program. This amount represents $2 million less than the $5 million authorized for section 110 in the original Older Americans Act amendments, vetoed in October of 1972. As you may recall, the compromise measure enacted in the following year changed the authorization language to "such sums as may be necessary" to meet the President's objections. We believe that $3 million would get the program underway and would generate enough initial projects for the Congress to evaluate the program's success and to make future plans for it at this time next year.

II. SPECIAL PROJECTS FOR THE ELDERLY, SECTION 310, ADULT EDUCATION ACT

Section 804 of the Older Americans Act authorizes a new grant program for the elderly under the Adult Education Act. It would fund State and local educational agencies and other public or private nonprofit agencies to provide projects for elderly persons whose ability to speak and read the English language is limited and who live in an area with a culture different than their own." The goal enunciated in the enacted legislation is to equip these older people to "deal successfully with the practical problems in their everyday life, including the making of purchases, meeting their transportation and housing needs, and complying with governmental requirements such as those for obtaining citizenship, public assistance and social security benefits."

NCOA believes the need for such a program is critical and long overdue, especially with regard to the elderly Indian and Spanish-speaking populations. The resolutions and recommendations from the 1971 White House Conference on Aging, such as those emanating from the special concern sessions on the Spanish-speaking, the Asian-American, and the elderly Indian, speak best to this problem and should leave no question in this committee's mind as to the dire need for the

program. All three of these special concern sessions stated in varying ways that their most pervasive handicap was the inability to communicate and to understand the system. As a result, their elderly groups are not receiving the benefits to which they are entitled and do not participate in the services and activities offered in the community.

The section 310 program was enacted to combat this handicap. It is time that the program get off the books and into the places that need them. To this end, we would urge that an initial demonstration program of $3 million be funded for section 310 of the Adult Education Act.

Finally, and perhaps most importantly—

III. MULTIPURPOSE CENTERS, TITLE V, OLDER AMERICANS ACT

For the first time, grants for the acquisition, alteration, renovation, and staffing of existing facilities to serve as multipurpose senior centers have been made possible by the enactment of title V in the 1973 Older Americans Act. Through this legislation, Congress clearly recognized the potential of the senior center as a focal point in the community for services and opportunities for older people. As noted by Senator Eagleton when submitting the report on the bill, "The locating of services in a single place is one effective way of making the range of services a person needs accessible to him or her."

In the measure vetoed by the President in 1972, staffing grants for title V totaled $10 million for each of 3 fiscal years and the purchase/renovation grants totaled $35 million for each of 3 fiscal years. In an effort to compromise with the administration, the next version of the bill reflected a considerable decrease for title V authorizations: instead of $35 million each year for purchase/renovation grants, the amount changed to $10 million for the first year, $15 million for the second, and $20 million for the third year. Staffing grants remained at the vetoed bill's level. The final and enacted version of title V, however, included no specific dollar amounts. And no appropriations for the program have, for 2 consecutive years now, been requested by the administration or been included by the Congress to support title V.

In the meantime, the need for center facilities and staffing has been growing. All too often, the architectural barriers found in makeshift facilities called senior centers—such as schools or unused churches—prevent older people from utilizing the services found in these places. In other cases, small buildings simply cannot handle all the elderly who wish to participate in the center programs.

NCOA's National Institute of Senior Centers, which is in contact with over 2,000 senior centers of all types, has amassed much information about the physical structures and needs for its member agencies. Comments have come to us, such as the following from a senior center in New Haven, Conn.:

> This center is in an old rundown building in a very bad neighborhood. Daily attendance has dropped because of fear of mugging. Negotiations are being made to move to a church parish house, but I hope . . . we could get funds for a new building of our own.

Or a letter from Alaska which noted:

> [that the community was making] every effort to establish a senior center . . . a small area (540 sq. ft.) is provided in the city in conjunction with Parks and Recreation. Since our membership is well over 100 and our town has a senior citizen population of nearly 800, we need more space . . .

From an economic viewpoint, the multipurpose senior center—with a facility large enough, safe enough, and well staffed—can provide a viable alternative to costly institutionalization. The costs which California, for example, must assume for each elderly person in institutional care is $6,000 per year. By comparison, the San Francisco Senior Center estimates its costs at less than $50 a year to provide essential services for an older person in two centers. Even more striking is the low direct cost of $1.27 per unit of service.

Currently, the cost of new construction is estimated at $40 per square foot. A building which can serve 250 persons requires approximately 10,000 square feet, for a total cost of $400,000. Renovation expenditures are estimated at 50 to 80 percent of new construction depending on the state of the existing facility.

The sums requested previously by the Congress are modest indeed in relation to the costs for facilities and to their growing need. While it would hardly cause a mushrooming of luxury facilities for older persons, NCOA believes that a fiscal year 1975 appropriation of $35 million for renovation, alteration, and acquisition of existing facilities and $10 million for staffing would mark the start of a national effort to further centralize the delivery of services and opportunities in the community for older people.

While we have concentrated our testimony on three programs for which no funds have been recommended in the last 2 years by either the administration or the Congress, NCOA is cognizant of and supports the many Older Americans Act provisions which have had the good fortune of being funded in fiscal year 1974 and which shall probably be funded in fiscal year 1975 with your approval. In fact, we believe that the initiation of the three programs outlined, if funded, will have a beneficial multiplier effect on the other continuing programs. For example, the funded title VII nutrition program would be much improved if placed in a more adequate senior center—with enough space, good location, and well-trained staff as provided in title V. Or, if the new adult education program were funded this year, it would most likely result in more non-English speaking elderly being alerted to the nutrition program and coming for the first time for a hot meal.

It is clear, through the passage of all these programs in the 1973 Older Americans Act, that Congress knew well of the interrelationships. With such major gaps in funding for these programs, however, the plans and hopes represented by the new law cannot be fulfilled.

We therefore urge the subcommittee to consider appropriations for the three programs discussed—not only for their intrinsic merit, but also for the many ways they will enhance the other programs for which appropriations have already been recommended.

Thank you.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 16, 1974.

NATIONAL INSTITUTE OF EDUCATION

WITNESS

HON. WILLARD WIRTZ, PRESIDENT, NATIONAL MANPOWER INSTITUTE, AND CHAIRMAN, CURRICULUM DEVELOPMENT ASSOCIATION, INC.

Mr. FLOOD. The Honorable Willard Wirtz, president of the National Manpower Institute; chairman of the Curriculum Development Association, Inc., and, incidentally, the former Secretary of Labor. It is a pleasure to see you again, Mr. Wirtz.

Mr. WIRTZ. Thank you, Mr. Chairman.

I have filed with the committee a statement which, if it may be made part of the record, will permit my speaking very briefly.

[The full statement follows:]

STATEMENT OF WILLARD WIRTZ

Mr. Chairman and members of the subcommittee, thank you for permitting this testimony. I present it as president of the National Manpower Institute—a private, not-for-profit, organization which is attempting to interrelate manpower and educational policies and programs—and chairman of Curriculum Development Associates, Inc.—engaged in the development and dissemination on a professional basis of certain elementary level teaching programs.

I testify in support of the administration request for the fiscal year 1975 appropriation for the National Institute of Education.[1]

My testimony, brief in compliance with the subcommittee's enjoinder, will be confined to what seems to me the particular importance of the NIE's attention to the educational "process"—as distinguished in some respects from educational "policy." I mean to include in "process" here a variety of things which don't lend themselves to easy categorization: The educational delivery system; the balancing in education between individual interests and institutional interests; the related balancing between emphasis on pupil needs, teacher input, and teaching materials—although this is a poor putting of it; the interrelating of education with whatever it is, in addition to learning itself, that education is for; the economics of education; the ever-to-be-hoped-for development of some kind of rational evaluation of the results of what we are doing by way of education.

I think we probably have a surer, even if rough, sense today of sound educational policy than of effective educational process. And if those engaged in this or any other already institutionalized process can reasonably argue that they are in a superior position to develop new policy, the fairminded among them would recognize that they are handicapped seriously in changing the process itself. This is simply the law of institutional inertia with respect to its own structure and procedures.

Instead of speaking further in general terms, I refer very briefly to three illustrations of already emerging initiatives by NIE on the "process" front. They involve (i) the "delivery system" problems arising in connection with the development of new types of teaching materials, especially those involving "teacher development" and "curriculum development" elements; (ii) the interrelating of education with what comes after it—including particularly, but not exclusively, work; and (iii) the reestablishment of broader community participation in the educational program.

It is now thoroughly established as a matter of educational policy that the enrichment and individualization of elementary and secondary education depends on the development and availability of a variety of teaching materials—instead

[1] I note, in what is probably an excess of concern about possible "conflict of interest" misunderstanding, that the National Manpower Institute held a series of career education conferences 2 years ago for the Office of Education, is currently preparing a discussion paper for an NIE conference on local youth councils, and is indirectly involved in a response to a small NIE request for proposal.

of a relatively small selection of hard-back textbooks. But the process problems involved in making this change have received little attention.

Both the development and dissemination of these newer types of materials involve substantial additional expense. Their use does not fit easily into either established publisher sales systems or into the "adoption" procedures in various States and large city school systems. There is the added problem that the use of the most sohpisticated and potentially effective of these new materials characteristically depends on making arrangements for special teacher-training courses—also expensive. The value of feedback arrangements—so that the results of classroom use can be built into revisions of the materials—is recognized; but this involves additional cost factors. It becomes increasingly plain that an approach built basically around various series of isolated courses offered in one "grade" and then another is at best an inferior answer; and there is increasing recognition among teachers and education administrators of the need for broader curriculum development of one kind or another.

As a more specific illustration of a related point: Suppose you conclude—as we at Curriculum Development Associates and others have—that one of the most serious obstacles in a lot of children's learning arithmetic is in the communication problem they run into right at the start. The words "plus" and "minus" and "times" are total strangers to many youngsters, especially those from homes and environments in which they never encountered them—or if they did, it may have been in another language). When they are taught a multiplication table, one through ten, they learn by rote ten different facts. No one of those ten facts is applicable to anything else. They don't get the "times" *idea*. Every next step all the way through arithmetic is a new step, harder and harder.

It has proved possible to develop arithmetic materials which don't have a single written word in those designed for the first and second grades. It turns out in now fairly extensive field tests that children—especially those considered "disadvantaged," but others as well—learn arithmetic infinitely better from these materials (using "standard" tests). The "learning policy" answers appear comparatively clear.

There emerge here, however, some formidable "process" problems. Developing materials of this type is substantially more difficult and costly than putting together traditional arithmetic text books. Relatively simple but nevertheless special teacher training arrangements have to be made to permit the effective use of these materials; and although this can be done easily, the explanation to whatever may be the "adoptive" bodies proves harder. Tying this approach in the early primary grades into the subsequent stages of the arithmetic curriculum requires some adjustments. An insistence on constant revision of the materials based on teach-user feedback of experience is only the last straw in prompting traditional school book publishers to draw back in virtual terror from a job which obviously can't be done through a traditional sales organization, or, as a matter of fact, at any substantial financial profit.

The N.I.E. is already starting to cope with these "process" problems. They are going into the "learning policy" of individualizing education, and restoring the priorities, which have some way gotten reversed, among (i) student's needs, (ii) teacher needs, and (iii) teaching materials. But they are also taking up these questions of how new and different teaching approaches can be accomplished—when it means taking on, in a sense, the established institutional processes. Their "research" is already beginning to include research into how to implement what policy clearly dictates.

This is a job which experience suggests strongly can be most effectively done by an office which is outside the established "line" of institutional authority. The reasons for this appear perhaps clearest in terms of a second specific illustration.

It is virtual orthodoxy now, so far as the policy of it is concerned, that there must be a closer interrelating of education and the rest of the life experience. But how to do this, as a matter of process, has so far defied effective analysis and constructive action. A large part of the reason for this is that at the Federal and State and local levels, this effort cuts across so many established institutional lines.

If I may be forgiven a personal reference it would be to claim a considerable experience in trying to draw closer together the functions of the various Department of Labor and HEW agencies in the education-manpower area. I believe I know the problem of "too many agencies" well enough to express a judgment on the question of whether "one more" can even conceivably make any sense. My judgment is that the NIE can be a significant catalyst of clarification of both

policy and responsibility in this area, involving the interrelating of education and work, which has today become almost discouragingly confused, even chaotic.

There are three interrelated reasons for this belief. One is the conviction that the critical common denominators of education and manpower policy are most likely to be identified by an agency, such as the NIE, which does not have operational responsibility; and only when those critical common denominators are made clear will there be any real hope of an effective integration of operational programs.

The second reason is that it seems to me simply inevitable that established operational agencies will think and act in terms which include a large measure of what become essentially institutional concerns; but I think the right answers are going to emerge here only as we concentrate on people's needs.

Third, I don't believe we are going to get the right answers in this area until we set our goal as being to provide as part of the entire human experience a life-time continuum of opportunity for an intermix and interchange of educational and work-experience. Only a comprehensive education-work policy and program will be effective.

Is this too much to expect, realistically, of the National Institute of Education? I frankly don't know. We ask ourselves the same question about our own National Manpower Institute attempt on the private side to pull together a critical whole which has become separately institutionalized.

The stakes, though, are so high that some venture investment here is simply imperative.

An unemployment rate of over 15 percent and rising in the 16-to-19 year age group—at the traditional interface between education and work—is simply intolerable; and nothing in either present manpower or present educational programs will, alone and separately, meet that problem. The suddenly increased currency of proposals for work-study and cooperative education programs is bringing the realization that changes are necessary in institutional structure and process as well as in program design. In fact, very little work experience is conceived of in an educational context. Where schools become involved in creating work opportunities, such as in traditional work-study or Neighborhood Youth Corps programs, the purpose served is typically viewed quite narrowly in terms of income maintenance or drop-out prevention, and is primarily available only to the most obviously disadvantaged.

There is an increasing sense of the loss and cost in both human and system terms of the failure to provide midcareer educational and retraining opportunities for women who want to move on from motherhood's preoccupation to something else, for people who lose their jobs to machines, for those who simply find or decide that there are other things they want to do * * * and could if there were a retraining opportunity. Much has been said and written about the need for new educational options for individuals and particularly for the development of opportunities for recurrent education throughout one's lifetime. The discussion so far seems to be focused on financing schemes, but other issues will have to be addressed, such as what these option are for, how they will be created, how their quality will be assessed, how the present void of educational and training guidance for adults will be filled.

Our credentialing processes often constitute barriers to new career paths, promote the lockstep educational pattern from high school to college, and prevent many, including women reentering the work force, from pursuing the careers they desire. Educators and employers must continue to seek ways of measuring what a person can do rather than depending on a number of years of schooling achieved and degrees attained.

The productivity of American industry is dependent to a large degree on the skill level of its workers, yet little is known about the nature and amount of the training provided directly by employers. From what we do know about this training, most of it, both for new employees and for upgrading existing workers in a firm, is far more likely to be for specific job skills, rather than for general skills that would be applicable to other jobs and other employers. In the interests of the economy and the individual, we should be more intensively developing information on industry training and exploring incentives for employers to provide more general skill training.

It is only a matter of time until we realize the fallacy of counting leisure, particularly retirement, a totally unskilled occupation—and until we recognize the good sense of providing the educational opportunities which would make honest the poet's fantasy about the best for which the rest was made.

Primary education? Secondary education? Postsecondary education? Vocational education? Career education? Occupational educafion? Adult education?

Youth employment? Employment of disadvantaged? Equal employment opportunity? Full employment?

Yes, all of these. But not as separate programs, separately conceived of, separately administered, separately financed.

We are aware now of new imperatives resulting from an approach to limits of growth determined by finite and depleting natural resources. But what of the potential for larger development and use of the literally infinite human resource?

We have accepted now the desirability of decentralizing various educational and manpower programs. But what do we know of the real dynamics of change in the local administration of these programs?

When are we going to start actually evaluating all these things we are trying—other than by makeshift and feeble measurements which the operating education and manpower agencies devise to justify whatever programs they have instituted?

This will seem, because of the strictures of time here, a disparate and almost random listing of suggestions and questions. It is an inadequate attempt to say that the central lesson I find in experience in the education and manpower areas is that there must be considered and appraised as a whole what has become in some ways a grab bag of separate policies and programs.

We have in the NIE a new agency whose life is still counted in months rather than years, whose concerns are expressed in the promising terms of taking a hard look at a number of critical education and work issues involving both conceptualization and social action, whose program has already supported projects important to these issues, and whose strategy is not confined by the narrower and more immediate concerns of other agencies responsible for day-to-day program operation.

Finally, I find in the exploration by the NIE of the idea of local youth councils new promise that the hardest process question of all—how to reinvigorate community participation in the education and education-work-programs—will now be the subject of the serious and concentrated attention it demands. I think it is fair to expect that this attention will not come in significant measure from any other agency . . . at least without the stimulation NIE can provide.

One illustration of the potential involved here must, under the strictures of time and space, suffice. The most serious identifiable element in the present breakdown at the school-to-work gap is the failure to develop an adequate guidance and counseling system. The high schools have undertaken to develop such a system. But they simply can't do it alone. It is a problem demanding the cooperation of schools, employers, and various other institutions—including the family, which used to provide so large a part of the guidance and counseling function.

It isn't possible yet to be in any way sure that the NIE Local Youth Council will work out. We are trying in the National Manpower Institute to develop privately a variant of the same idea. But it is on some basis as broad as this that not only the counseling and guidance but also the youth job placement and other related problems will have to be approached.

In conclusion: I recognize the possible paradox that may at least appear to underlie this testimony. It proceeds from a recognition that one of the largest questions about the NIE involves its alleged redundancy: That there are already so many agencies and offices in this area that adding another one doesn't make sense, and that some of these other agencies and offices . . . and teachers and school administrators even more . . . are in a position to develop whatever new learning policy is necessary. And then the testimony argues that it is particularly with respect to the whole process (which in fact these other agencies and offices actually constitute) that there is a vacuum which needs greatly to be filled.

I don't believe this is paradox. It is the correction of the process itself with respect to which those engaged in that process find it hardest to be innovators . . . unless they have argument and evidence assembled someplace else to rely on. If I may draw once more on the experience which used to bring me before this subcommittee, it would be to say that the shortcoming I used to feel most was not about a lack of new policy ideas but about the difficulties I had in answering your proper questions about the cumbrousness of the machinery we had set up for implementing the polices we did have. I have succeeded, to my satisfaction or yours, in developing an effective, efficient working relationship between the Manpower Administration and the Employment Service or between the obviously interrelated functions of the Department of Labor and the Department of Health, Education, and Welfare. And with full acceptance of personal responsibility for this, as well as full respect for the extraordinarily fine line officials and career servants I was working with, I think this was at least

partly because the one thing it was hardest to get from any of them was any advice which, if adopted, could conceivably diminish or even change substantially their own functions.

I would have welcomed greatly then the carefully thought out and researched and developed advice of some office outside "the line" about the principles which suggest a strategy of change. I think it would have led to increased efficiency and reduced costs. This is the reason I commend to you so strongly now the support of the National Institute of Education.

While the need for more knowledge about learning policy is great, there is at least equal need in this educational and manpower area for more knowledge about how to make things work, about how to do what we already know. The NIE seems to me to be in a superior position to supply this need.

I think, in short, that the proposed appropriation for the NIE is a sound investment.

Thank you.

Mr. WIRTZ. Perhaps it is enough to say that I wrote every word of this myself. I believe it very deeply, and add to whatever it says the fullest persuasion in personal terms I could properly bring. It is a statement in support of the administration's request for the fiscal year 1975 appropriation for the National Institute of Education.

It makes the point, Mr. Chairman and members of the committee, that while the controversy about this matter has seemed to center on the question of whether we need more research into the policy of education, it seems to me terribly important that there be concentration on the educational process, and it seems to me that the NIE is in a particular position to do that.

I will illustrate the dichotomy very quickly, in three connections. It is clearly recognized and agreed upon policy that the enrichment, the individualization, the humanization of education depends now on the introduction of a variety of materials, but nobody has concerned himself or itself about all of the problems of economics, institutionalism of one kind or another which this change makes or requires. The NIE is concentrating on that question of process.

It is also thoroughly agreed policy that there ought to be a fuller interrelating of education and the rest of the life experience, including particularly but not exclusively work, but there has been too little attention to the problems of process which are involved in tying education and work together. The NIE is concentrating on the development of the ways and means of an education work program.

It is clearly recognized as a matter of policy that we have got to do something about this counseling and guidance problem which has developed, and this gap between education and work, and which results as you know in an unemployment rate among 16 to 19 years old of now 15 percent and rising, so that about a third of the unemployment in this country is in that group. Everybody agrees we have got to have a new guidance and counseling system of some kind or other to meet this problem, but nobody has been doing anything about it.

The NIE is now in its proposals for the development of local youth councils recognizing that there has got to be a fuller community participation in that function. The schools can't do it alone. It is too broad a problem for them, so here again the NIE is facing up to the hard, tough aspects of what have been considered too often only as policy matters.

I had only one other thing. It is more or less personal. When I used to come to you with a different set of responsibilities, the shortcomings that I recognized in my presentation, did not include a paucity of

ideas. We had lots of ideas. The problems which you asked and which I can answer neither to my satisfaction nor to yours involved the process by which we carried out those ideas.

There is a certain simple logic that suggests that these problems can best be met by the agencies with line or operating responsibility, that they can bring up the new policy suggestions. I think there is a good deal of argument in that, but the one thing we could never get from line agencies, and for perfectly understandable reasons, was any new ideas about process, especially if it meant any dimunition or even any change in their responsibilities.

And so we have a particular need, it seems to me, for suggestions from an outside agency, a nonline agency, such as the NIE, for ideas about how we can better do what we already know, and it is on that basis that I commend as fully and as strongly as I can the favorable consideration of this committee the appropriation request for the NIE.

Thank you.

Mr. FLOOD. Thank you very much.

THURSDAY, MAY 16, 1974.

GERONTOLOGY RESEARCH AND TRAINING

TOM HICKEY, CHAIRMAN, GERONTOLOGY CENTER, PENNSYLVANIA STATE UNIVERSITY, REPRESENTING THE ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

Mr. FLOOD. Association af Gerontology in Higher Education, Tom Hickey, chairman of the Gerontology Center at Pennsylvania State University.

Mr. HICKEY. My name is Tom Hickey.

I thank you for this opportunity to appear before you. I am affiliated with the gerontology center in the Institute for the Study of Human Development at the Pennsylvania State University. I must emphasize, however, that I am not here representing my university in any official capacity. I am here on behalf of the Association for Gerontology in Higher Education, which is a voluntary organization representing colleges and university centers for gerontology nationally.

The point I would like to make about research without emphasizing it too much, because once again not taking your time, I realize members of the gerontological society and some of my colleagues in the country have already filed testimony on the importance of research.

I think we have to consider though, here in our society at the present time, that many priority areas for research have been identified in the last 10 years as the area of aging has loomed as a major social concern and area of social problem. At the same time there has been an increasing expectancy on the part of, shall we say, incoming older people as they have moved into the older age cohort for good quality supportive services and State-sponsored programs, Government-sponsored program, et cetera.

I think it is important to note that whereas the earlier generation of older people looked more to the family to provide these kinds of things, it will be increasing apparent that older people, in the present years and the years to come, will expect quality services and programs to be provided outside of the family setting. It is extremely critical

that in order to get the most for our dollars that we do a very careful look and analysis at these programs and at their effectiveness.

Good research is required and I simply point out that the current and past level of $7 million for research which I believe is for the last 2 or 3 years is not nearly enough, given the problems I have just mentioned, and given inflation and a number of other things.

Specifically as documented in our testimony, funds are needed for research related to the national nutrition program, to personal health care models, to alternatives to institutionalization, to the whole question of transportation, once we devise these services how can we get them to people and get people to them.

My second point is training.

Let me express, first of all, my appreciation to you, Mr. Flood. As a Congressman in my State, I am more aware of your activities in this area, but appreciate you and Members of Congress for very vigorous efforts during the present fiscal year, which helped to reverse the administration's position, which would in effect sharply curtail university-based training in gerontology.

This has been an important step, and one that we have recognized and appreciated.

We are requesting at this time that this effort be continued, and that there be a line item in the budget for university-based education in gerontology, and we would hope that the report on this bill would reflect that this type of training and education would be in the form of degree granting long-term types of programs.

I want to differentiate this, because in the current year, when $9.5 million was appropriated, and approximately $6 million of what went to the university as a result of Congress leadership, the balance of it went to short-term training.

In many parts of the country that short-term training did not have the university backing, the university resources in developing those training programs, and I would hazard a guess, as a taxpayer not having the data right now, that many of these short-term training programs will reflect very little success and very little effectiveness in their particular area because they weren't well thought out and they weren't tied in very closely with existing training and education resources in that region or part of the country. The universities I think still maintain their place as leaders in higher education and in training in this area, and I think we have to emphasize that there should be university-based education, both in the long-term degree grant program area as well as in the continuing education or short-term area.

I also want to mention that we are really speaking of a line item of $12 million for the university-based education in gerontology.

I would like to also point out after the passage of the first older Americans Act of 1965 I believe it was, many of the university-based programs tended to have somewhat of an academic flavor. Some did not but many did, but I want to specify that current AOA-funded college graduates do not merely go to other universities to do more of the same kind of thing they were trained in. These graduates are directors of State units on aging, and if you accepted testimony from the director of a State unit in Pennsylvania here recently, then you are aware of his role in the State. That man is an AOA-funded trainee, graduate of a State university. These training programs will go to

train areawide agency personnel and directors of nutrition training programs, nutrition programs. These people need college degrees. They need graduate degrees, professional training, and it really must be specified in the legislation that there is support for university-based training.

I would like to refer at this point also to other testimony which I believe will be filed in writing at a subsequent time to this committee from a practitioner and service deliverer in our own part of the State. I am referring to Mrs. Margaret Spencer in the Luzerne-Wyoming County area who has emphasized a number of times this year that an important ingredient in the success of her programs was having graduate students and new graduates from Penn State University, Temple University and others who were there to work with her in the delivery of services, and to bring to her some of the newer knowledge that had been developed and established at the university centers. I think this is a rather important point.

The final point I want to make is the question of multidisciplinary centers. This is a new piece of legislation, and it is a type of thing that it could be very easy to raise the question if we put money in research and training why do we need centers.

I have to point out something very important, the distinction that frequently is lost as you go around this country of ours, that gerontology is not in and of itself a discipline. If you will, it is a kind of parasite. It is something that grows on other disciplines. It is focused on a target population. It is focused on a part of the lifespan as opposed to being a specific discipline.

Therefore, as you have higher education beginning to retrench, as you have enrollments declining and universities needing to look at their departments and doing cost cutting back and forth, it is only those departments and academic units that have had a strong history tradition and identity that are really going to survive. Something like gerontology, despite our clear awareness and understanding of its importance in society at the present point in time is the kind of thing which would be the first to go, and something like a multidisciplinary center will establish not just visibility and identity and credibility to what is taking place in universities, but it will attempt to synthesize research efforts, to turn those around and plug them into the community around them. It will also tend to, shall we say, permeate other curricula on the university campus, for example, putting some theory and basic information about aging into the curriculum of a law school or a medical school would be an important aspect.

I simply want to stress that there is a critical corps of professionals in many universities in the United States. These professionals have basic disciplines and given the retrenchment, I could see these people moving back to their own departments as opposed to being able to stay in the field.

I want to conclude simply by saying I have been in this field only 10 short years but long to see us developmentally at the verge of a number of major accomplishments and major breakthroughs, and one of the things is the fact that learning is a lifelong process and we are not going to be dealing simply with 18 to 21 year olds.

I really feel that we need centers and more research money and training simply to keep this momentum going at a very critical time in our history.

Thank you.

Mr. FLOOD. Thank you.

[The full statement follows:]

TESTIMONY OF TOM HICKEY ON BEHALF OF THE ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION, INC.

My name is Tom Hickey, and I am associate chairman of the Gerontology Center at Pennsylvania State University. I am here today representing the Association for Gerontology in Higher Education. Our association is a voluntary organization of colleges and university centers for gerontology. We represent about 40 of such centers. The centers specialize in research and training activities related to the needs of the elderly. They are multidisciplinary in focus, including medical and health-related research and training, education, and social service research and training.

We of the association appreciate very much the opportunity to appear before you today to express our views regarding appropriations for title IV of the Older Americans Act. We would also like to express our appreciation to this subcommittee for your responsiveness in appropriating $10 million in the fiscal year 1974 budget for training. Only through your efforts have we been able to keep our programs alive to provide the education and training needed to create qualified personnel in the field of gerontology.

1. TRENDS IN FEDERAL SUPPORT OF GERONTOLOGY

It has only been in relatively recent years that Federal funds have been appropriated for training programs in gerontology. Beginning in 1966 these programs were supported under what was then title V of the Older Americans Act of 1965. At that time there was one authorization of appropriations for title IV (research and development) and title V (training), and the levels in those early years was rather insubstantial. However, after the 1971 White House Conference on Aging, increased public interest in the problems of the elderly and a commitment by the Congress, as well as the administration to expand aging programs, led to an increase in funds for title V. Regional offices of the Department of Health, Education, and Welfare, recognizing the need for additional manpower to administer expanding programs for the elderly, began to encourage colleges and universities to develop, with the assistance of Federal dollars, specialized programs in gerontology to train individuals to operate programs for and provide services to our older population. As a result, a number of universities, including my own, made commitments, typically based upon 5-year contracts with HEW, to establish centers for the study of gerontology.

Unfortunately, within a year or two after adopting a policy of encouraging expansion of such training programs, the administration, contrary to the recommendations of the White House Conference on Aging, suddenly reversed itself and decided to phase out Federal assistance for such programs. We believe this decision was not only unwise and not in the public interest, but was also contrary to the Government's own contractual obligations. At a time when public faith and trust in our Government is at a probably alltime low, we can ill afford any more examples of an administration saying one thing and doing another. A popular expression used by the administration in another context several years back was "watch what we do, not what we say." Well, we in the field of gerontology have been watching what they have been doing, and it is cause for little encouragement. Permit me to review, if you will, the recent history of Federal action in this matter.

As I stated earlier, the initial reaction of the executive branch following the 1971 White House Conference on Aging, was support of a much expanded Federal program of assistance to States for the development of comprehensive programs for the elderly. Concomitant with a substantial increase in funds for this purpose was a similar increase in funds for training individuals to run these programs. However, this expansion policy was short lived. After several universities, including St. Louis University, the University of Nebraska, Syracuse University, and a consortium of five Utah universities, entered into 5- to 7-year contracts

with HEW in 1972 for developing programs in gerontology, the administration announced that it was not going to continue its financial support for training under the Older Americans Act. It was only after considerable pressure was brought to bear on HEW, that the administration decided to continue support in 1973, but at 50 percent of the 1972 level. In its budget request for fiscal year 1974, the administration requested no funding for training under title IV of the Older Americans Act. However, many prominent national organizations and representatives of academic programs appeared before the Congress and documented the need for continued support. As a result, the 1974 Labor-HEW appropriations measure included $10 million for this purpose. Unfortunately, we discovered in January that we could not depend upon this money either.

The administration remains determined to end Federal support for these training programs despite the demonstrated need. In January, they requested no funding for training under AOA for fiscal year 1975. Only some $6 million of the $10 million appropriated for fiscal year 1974 was to be expended in 1974, and that was to be only for short-term training rather than degree-granting programs. The remainder would be carried over for obligation in fiscal year 1975. On February 13, 1974, a number of national organizations, including the American Association for Retired Persons, the National Retired Teachers Association, the National Council on Aging, and the National Gerontological Society, joined the Association for Gerontology in Higher Education in protesting these decisions and plans by the administration. Subsequently, the administration decided to continue support for 1 more year for training at those institutions which had been receiving support, during which year the support would be phased out.

It is clear to us, based on our experience in the last 2 years, that leadership in this area must come from the Congress.

2. WHAT IS GERONTOLOGY—WHO IS TRAINED AND WHAT DO THEY DO?

Gerontology training encompasses a wide variety of activities related to providing assistance to the elderly. It includes training people for Government jobs involving planning for and administering programs which serve the social needs of the elderly; training people in community development, organization, and coordination to encourage expansion of facilities at the local level; training planners, administrators and managers of retirement housing; training administrators of long-term institutional facilities; training directors and program supervisors for multiservice senior centers; training specialists within established fields such as adult education, architectural planning and design, home economics, library service and recreation to educate them regarding problems of the elderly, and to train teachers to pass on the knowledge being accumulated in this field.

3. RATIONALE FOR SUPPORT OF GERONTOLOGY RESEARCH, TRAINING AND MULTIDISCIPLINARY CENTERS

We base our case for continued support on three points. One is the need for qualified manpower, a point to which I have already alluded.

The second is the need to analyze, evaluate and generally study the area of services for the elderly. Such research includes analyses of need for services, analyses of various types of services and service resources as they affect the elderly, and analyses of patterns of coordinating and arranging for the delivery of services. The third is the vulnerability of gerontology programs in colleges and universities throughout the country because of their recency and because of the intense competition for support. Gerontology is a relative newcomer in higher education. It has been and is supported by both private and public universities and colleges. But this is a time of severe strain on the budgets of institutions. Long standing commitments have already been made by them and must be honored. New funds are not readily available. To ask such institutions to overturn previous programs to make room for this comparative newcomer is, to say the least, highly unrealistic. To expect programs in aging to compete under these conditions is to invite disaster.

We are speaking, not only on behalf of those programs which are already in existence, but with at least equal urgency for those that need to be developed in various educational institutions throughout the country. The interest in gerontology in academic institutions is rapidly rising. It is becoming universally recognized that an increasing populaton of the elderly presents both new opportunities and new problems for society. But we cannot expect tuition charges alone to cover the startup costs of developing new programs in aging. In testimony before the House of Representatives Select Subcommittee on Education of

the Committee on Labor and Education, on February 13, 1974, we expressed our belief that there is a critical need "to bridge university programs of research and education with service delivery programs at the community, State, and regional levels."

There are many facets of our society which need to be examined in the light of an increasing number and proportion of the elderly. We need, as never before, to assess the extent to which our services can and must be adapted to the aspirations of elderly people. For example, some questions we must answer are: How should libraries and other educational resources adapt themselves to the realities of physical and sensory changes of older people? How do these and other resources for the intellect keep alive the thesis that an alert mind can still prevail over an ailing body and foster a strong and vital intellectual interest? To what extent are our health resources actually calibrated to the particular need of older people? Do we really have effective definitive guidelines for retirement housing? How can we adjust the transportation system so that it better serves older people? What features of the environment impede or foster pedestrian mobility? What kind of changes should we make in our deployment of police protection?

These are some of the questions for which there is an urgent need for answers. We believe that they underscore the need for combining training for existing programs with continuing research and analysis of how well our programs are functioning. We need to look at special problems of particular groups of the elderly—the needs and problems of our minority aged, the special problems of older women, and the situations of many disadvantaged persons with special problems.

The thrust of my comments on these points is that we need constantly to develop new knowledge and insights into the facts and consequences of the expanding population of the elderly. We must do this in addition to preparing people for explicit jobs in specific services. In fact, the latter will be done better by an institution which focuses on the dynamic development of programs rather than on what could become a sterile routine of training for service delivery based exclusively on past knowledge and performance.

We believe that the Government and the universities and colleges throughout the Nation should be mutually supportive, and should maintain effective communication and collaboration while we are evolving this still unformed and imperfect system of services for the elderly.

We have argued that there is a clear need for manpower trained especially to plan and administer programs for the elderly and provide services to them. We also believe that there is a need for research and demonstration efforts to deal with questions of improved services to the elderly. Unlike the research done by the NICHD and the proposed Institute on Aging, the research in this program is related essentially to the delivery of services. Examples of areas of special interest on which research needs to be done are set forth in the Older Americans Act Amendments of 1973. They include research related to special housing and transportation needs of the elderly, the use of libraries and educational institutions to provide special services to older persons, and research and evaluation regarding the nutrition programs recently started. The $7 million requested by HEW for research is not enough to even continue existing projects, not to mention the funding of new projects, in the special areas mentioned above. Another area of special interest in which research and demonstration projects must be started is the area of personal care organizations. This concept relates to HMO's but is for the elderly primarily and is much broader than health. A PCO is a community-based comprehensive service organization whose objective is to arrange for the provision of services to elderly people to enable them to live at home rather than in a nursing home. Such services include health, homemaker and nutrition services. PCO's are unique in the method of financing. What they should show when tested is that prepaid plans for the elderly encourage them to seek help when they need it, enable them to feel secure that in times of need there is a place to go, and free them from feelings of loneliness and despair.

In addition to grants for research and training, it is important that the program authorizing assistance for multidisciplinary centers of gerontology be funded. These centers would differ from many training programs now in existence in that they would bring together specialists in many different fields to experience through each other the various ways society's institutions impact on the elderly. They would be centers of learning where, for example, the lawyer could discover how our laws must be changed to enable the social worker to better serve our senior citizens, or where the architect could learn from the physician how he should design his buildings to facilitate their accessibility for the elderly.

These centers would be the focal point for gathering and disseminating the most advanced training and research techniques and results among the higher education community generally. They would also provide technical assistance to State and area agencies on aging throughout the particular geographic area in order to translate research and learning into improved programs and services.

We believe that a $15 million appropriation for training will provide enough new money to deal with increased training costs and a slight increase to deal with the increase in demand for services to the elderly and personnel to deliver them. The $12 million request for research increases the $7 million level which has been in effect for a few years. It will deal with increased costs and provide some new funds to support research into new areas such as personal care organizations, alternatives to institutional long-term care, nutrition and education for the elderly. With the role of general advocate and coordinator services for the elderly, AOA must also collect information and analyze relationships between transportation and other services, special housing needs and their relationship to improving the quality of life and the ability to live independently. The $12.5 million we request for multidisciplinary centers of gerontology, centers of excellence, will enable AOA to establish approximately 25 centers throughout the Nation, and would include funds for technical assistance to, and evaluation of, such centers.

For these reasons, we urge your committee to appropriate specific sums for carrying out the clear intent of the Congress as expressed in parts A (training), B (research and development), and C (multidisciplinary centers of gerontology) of title IV of the Older Americans Act. We recommend, for fiscal year 1975, an appropriation of $39.5 million, of which $15 million should be for training, $12 million for research and development, and $12.5 million for multidisciplinary centers.

Thank you for this opportunity to testify before this committee.

THURSDAY, MAY 16, 1974.

NATIONAL SOCIETY FOR AUTISTIC CHILDREN

WITNESSES

DR. MARY COLEMAN, DIRECTOR, CHILDREN'S BRAIN RESEARCH CLINIC, WASHINGTON, D.C.

MRS. JOHN F. AKERLEY, CHAIRMAN, NATIONAL AFFAIRS COMMITTEE, NATIONAL SOCIETY FOR AUTISTIC CHILDREN

Mr. FLOOD. The National Society for Autistic Children, Dr. Mary Coleman.

Dr. COLEMAN. I am Dr. Mary Coleman, pediatric neurologist, someone who specializes in the diseases of the brains of children.

I am here to speak on behalf of the National Autistic Society.

Autism which exists in about 100,000 individuals in our society is the other extreme of what you have been hearing about. This is a disease that starts in the newborn period in most cases. These children are probably the most tragic members of our society, because not only do they have symptoms of mental retardation and appear to be mentally retarded, but they also have an emotional difficulty that makes them reject their entire environment as long as it is human.

The way that we pick them out from other retarded children is the fact that in spite of their slowness in reading, writing, and many other skills, they have islands of brilliant intelligence here and there. In testing you will find some areas where they are ahead of their age, but in most of the functional areas, they are like retarded children.

The basic disease we believe is related to a failure of processing of sensory information. For example, they hear a human voice. They may

find it painful and reject it. They see a human face. They may find it painful.

In newborn babies they reject the mother's touch. In other words, all the ways a human being receives information is distorted in their case and may actually be painful, so the result is that these parents are raising children who are not only slow in development but they are raising children who are basically rejecting their voice, their face, their sound of their voice, their touch. It is one of the worst diseases that we know of really for that reason.

Mrs. Akerley who is here with me wrote this:

> Its victims' eyes may focus intently on a piece of lint, yet never return a parent's look of love. An autistic child's hypensensitive ears can take in every note of a symphony and yet shut out every syllable of human speech.

Things that are not processed related to human emotions or human faces or human touch they can do very well. They are focused often on mechanical objects for that reason and some of them are very skilled in those very limited areas.

I work primarily with retarded children. Of all the group of retarded children the ones with the greatest hope, prognosis, chance of saving them, and chance of turning them into useful citizens, the autistic patients we feel are the single-most hopeful group if enough research could be directed toward this group. Other things that differentiate them, they want the environment exactly the same. They can look at a complicated room like this and you turn one piece of paper around and they can tell you about that one piece. None of the rest of us will notice that at all. They are interested in sameness of environment. Yet they need it for comfort. They want the mother to be dressed the same way every day, for example. They also, as they become more and more disturbed, they become isolated more and more from human beings because of this disease. They develop hand flapping and other bizarre movements. It is incorrect processing of sensory data.

I want to emphasize we feel of all the groups of retarded children they are probably the group that can most be helped, if research could unlock the key to their disease.

So far in basic science we have got a few clues already. We found some biochemical abnormalities in these children and there is some very, very limited new research started but it is being done without adequate research support because we don't have enough money to do the basic testing that is needed for these children.

I am a pediatric neurologist; that is, a specialist in the brain of children. This is a specialty that is brand new. The first national meeting in this field was only 2 years ago. The first international meeting of pediatric neurologists in the world is going to be held this summer for the first time so it is a fledgling field that deals with many, many diseases of children, all the diseases of the brains of children, an area where at present there are the least number of successful therapies and the least number of adequate treatments, and yet we are dealing with people who are going to live in many cases a full lifetime, often in institutions.

The cost of these children to the taxpayers and to their families is enormous, so it is an area where just in terms of cost alone it is very important to try to do research to find out what is wrong with them, and certainly in human terms, particularly in the case of autism, which

is one of the most devastating human experiences a set of parents can ever have—is to have a child like this.

Our request to start research out in this area is very modest, a $2 million request. It is nothing, but we feel in the next year so we could start out with that, we could set up the basic research programs needed to study this disease.

I want to end my statement; I am making it very short so there will be time for questions, but Mrs. Akerley is going to show you the kind of research results we hope to get if we can get started. We are going to show you pictures of a disturbed child. This is a disturbed child, and when he was asked to draw a picture of himself, he drew that picture. His hair on end. The body is flowing out into space, and so forth. He had an error in metabolism.

By changing his biochemistry 2 months after he is placed on the biochemical regimen you see the next picture which he was asked to draw of himself. Arms and legs are where they belong. His face is smiling. This is the type of ultimate result we hope to get in autism if we can unlock the biochemical secrets of this disease, and, therefore, we are asking your help for research.

Mrs. Akerley is a parent of such a child, if you have any questions or need any further information.

Mr. FLOOD. Thank you very much.

Dr. COLEMAN. Thank you.

[The full statement follows:]

TESTIMONY TO THE HOUSE APPROPRIATIONS COMMITTEE, SUBCOMMITTEE ON LABOR-HEW, PRESENTED BY DR. MARY COLEMAN, DIRECTOR, CHILDREN'S BRAIN RESEARCH CLINIC, WASHINGTON, D.C., ACCOMPANIED BY MRS. JOHN F. AKERLEY, CHAIRMAN, NSAC NATIONAL AFFAIRS COMMITTEE, SILVER SPRING, MD.

Mr. Chairman and members of the subcommittee, I am Mary Coleman, M.D., pediatric neurologist and director of the Children's Brain Research Clinic in Washington, D.C. Accompanying me is Mary Aklerley, first vice-president of the National Society for Autistic Children and Chairman of their national affairs committee. We appreciate this opportunity to present to the subcommittee the needs of language and behavior disordered children, particularly those labeled "autistic."

Autism is probably the cruelest developmental disability because it leaves so much intact, yet apparently useless. Its victims' eyes may focus intently on a piece of lint, yet never return a parent's look of love. An autistic child's hypersensitive ears can take in every note of a symphony and shut out every syllable of human speech. Autistic children can master incredibly complex mathematical functions and be totally bewildered by the rules of a simple game. In brief, all the communication skills available to a normal person are totally lacking in autistic children—they do not imitate; they do not respond to love and affection even from their own families; they do not even make the usual prelanguage sounds we call lallation. Those who do acquire speech rarely acquire real language. Most merely echo, in a flat monotone, words and phrases they have heard earlier.

Unless they are helped, autistic children remain isolated from normal human relationships; hence the term "autistic," which means "self-contained." Because of this isolation and its attendant frustrations, their behavior is often difficult, bizarre, and occasionally self-destructive.

Because these symptoms mimic other disabilities, autism was for many years misunderstood and its victims mismanaged. A great many autistic children have been mislabeled "retarded" and institutionalized. Almost more tragic are those cases where the syndrome was regarded as an environmentally caused psychosis and treated accordingly; that is, with traditional psychoanalytic methods. The basis for such treatment was the assumption that grossly deficient parenting, particularly on the part of the mother, caused the child's withdrawal. Psychotherapy for both the child and his parents sought to uncover the subconscious reasons for their rejection of one another. Since the child had not

been rejected, the treatment was useless; but, worse than that, it was actually damaging, as it added the cruel burden of guilt to the parents' heartbreak and fear.

Fortunately the picture is somewhat brighter today. We have learned that autistic children benefit, often dramatically, from special education, and sophisticated techniques have been developed to help them learn. Some have even gone on to college; many others have become at least partially self-supporting.

But education is a treatment, not a cure. At present there is no cure. We do not even know the cause of autism; but we do have some promising clues, and that is one of the main reasons we are here today. What early research there was, as you may have surmised from our previous remarks, was psychoanalytically oriented; more recent efforts have picked up neurological clues and explored them.

The first attempts were disappointing; for example, routine tests—EEG's, blood and urine assays—revealed no abnormalities. However, as we acquire more sophisticated analytical techniques, we are seeing some very interesting things. Analysis of autistic children's EEG's by digital computer rather than by the usual visual techniques has shown significant variations from normal readings in several areas.

Many autistic children have abnormal blood serotonin levels due to the efflux of serotonin from their platelets. A smaller percentage of those tested have elevated uric acid levels. More research is needed so that these clues—and they are no more than that at present—can be followed up and their significance fully understood.

We therefore request that an additional $2 million be appropriated to NINDS for research on autism; this is truly a modest sum—only $20 per autistic person in the United States. When one considers the long years of public neglect of this disease and its victims, one is forced to the conclusion that they are owed at least that much. The education mentioned earlier is a very recent development and still largely confined to the private sector; for years autistic children have been excluded from public schools, in fact in many areas they still are. In fiscal year 1973 we spent about $30 of Federal money per handicapped child on education under title VI of ESEA alone, and only a very small percentage of that on autistic children. Approximately 70,000 autistic persons are now past school age; each has been deprived of 10 years of free public education. So, without even counting those autists currently of school age and unserved or those now deceased, this Nation has run up a debt of at least $21 million to its autistic citizens. It is time to start paying it off.

We have asked for a specific sum for research on autism because of the historical neglect of this disorder and because neurological advances have unlocked a door which must be opened fully. In addition, we are very much aware of the need for and the value of basic research into brain development and function. The abnormalities we mentioned earlier have implications for more than one disorder; elevated uric acid, for example, is found in seizure disorders, learning disabilities and schizophrenia as well as in autism. We therefore support fully the statement of the National Committee for Research in Neurological Disorders, made to this subcommittee last week. Because of the wide range of practical applications of the fruits of basic research, we find $192,500,000 a reasonable appropriation for NINDS.

The amount for NINDS suggested by the administration is a standstill figure; not even that, really, as ongoing programs are being phased out and no new projects undertaken. For example, an earlier witness spoke to you about the minimal suport the very useful information center at Johns Hopkins is receiving. Another important information dissemination program is being eliminated: the brain information service which serves over 14,000 researchers. Reduced funding for this type of service is a false economy because it forces researchers to spend valuable time scanning and reviewing an enormous body of professional literature, time that must be taken away from their actual investigative work.

Until the dream becomes a reality and autism can be cured or prevented, we must also be alert to present service needs. We have already mentioned education briefly as the one universally effective treatment for autism. We are, therefore, naturally concerned about funding in this area. Even the minimal increases recommended by the administration do not close the gap between promise and performance; appropriations are still below authorizations. As the courts force more and more States to fulfill their obligation to educate all children, the problem of how to pay for quality services becomes more acute. We urge the subcommittee to fund ESEA programs, particularly title I and title VI at levels no lower

than the administration's. The Senate is presently considering an amendment which would substantially raise the authorization levels for part B of title VI (Grants to States). Should that amendment pass, we urge you to increase appropriations accordingly.

At present, only 40 percent of our handicapped children are receiving an appropirate education. A considerably larger Federal contribution to special education must be forthcoming if we are ever to serve the other 60 percent. It does no good to legislate and adjudicate rights if the means to protect and insure those rights are withheld.

Since developmental disabilities cannot be cured, only treated, developmentally disabled children become handicapped adults, most of them needing some supportive services all their lives. Realizing this, Congress amended and renamed the Vocational Rehabilitation Act; the word "vocational" was dropped, reflecting the change in emphasis to the severely handicapped and away from serving only those clients with employment potential. Clearly based on the same philosophy is the new SSI program which guarantees a minimum income to the developmentally disabled. Again, we urge you to recommend appropriations for these programs which are realistic in view of the new emphasis on a population that is admittedly more expensive to serve. The administration's figures are a minimum.

Four years ago Congress enacted the Developmental Disabilities Act. The act has a three-fold thrust: Planning, service, and manpower training, to be carried out primarily at the State level, with some authority for developing service and training models at the national level. It was truly an idealistic piece of legislation both from an administrative and a humane point of view. Services would be coordinated to facilitate delivery and to meet all the client's needs; gaps and duplications would be eliminated. Once again, performance did not measure up to promise, largely because of inadequate appropriations, which at best were below 4 percent of the sums authorized in the act.

The act is up for renewal this year and major revisions are being made. The target population, limited to three major disabilities by administrative regulations, is being given statutory expansion. Apparently paradoxically, the authorization levels are being drastically reduced. This is not the contradiction it may seem, but rather an acknowledgement of reality—perhaps even a reluctant admission that we are not yet mature and compassionate enough to behave idealistically toward our handicapped. There should, therefore, be no question as to funding this program at whatever authorization levels are decided on in Conference. They will most certainly be higher than the miserly sums recommended by the administration; the State grants figure, for example, will more likely be $40 million or $50 million than $30,875,000.

Mr. Chairman and members of the subcommittee, we have come before you, as have a great many others, asking for more. If our requests seem excessive, you must compare them to the cost of ignoring them. It may well cost close to $100,000 to habilitate a developmentally disabled person; if he cannot be fully habilitated, it may cost another $100,000 to maintain him as an adult. But it will cost $400,000 to incarcerate him in one of those warehouses we call an institution.

Thank you.

THURSDAY, MAY 16, 1974.

REGIONAL PRIMATE RESEARCH CENTERS

WITNESS

DR. GEOFFREY BOURNE, DIRECTOR, YERKES REGIONAL PRIMATE CENTER, EMORY UNIVERSITY, ON NIH AND PRIMATE CENTERS

Mr. FLOOD. Dr. Geoffrey Bourne, director, Yerkes Regional Primate Center, Emory University, on NIH and primate centers.

Dr. BOURNE. I appreciate your courtesy in giving me the privilege of appearing before you.

I have prepared a statement which I would like to put into the record.

I would like to just very briefly highlight a few points which we have made.

[The full statement follows:]

STATEMENT OF DR. GEOFFREY H. BOURNE ON FISCAL SUPPORT OF THE REGIONAL PRIMATE RESEARCH CENTERS PROGRAM, NATIONAL INSTITUTES OF HEALTH

Mr. Chairman, I am Dr. Geoffrey H. Bourne, director of the Yerkes Regional Primate Research Center at Emory University, Atlanta, Ga. I have been director of the center and associated with this program since 1962, 1 year after the allotment of Federal funds to construct a primate center on the Emory University campus. The center is primarily concerned with the study of the great apes—gorillas, chimpanzees, and orangutans and their contribution to human health and welfare. In addition, the center carries out health-related research which involves the use of 1,000 monkeys of different species.

Although the center is funded primarily by the National Institutes of Health, it carries out projects for other Government agencies, such as the National Aeronautics and Space Administration, Justice Department, National Science Foundation, and also for private organizations such as the Ford Foundation. Among the areas in which the Yerkes Center is working are the following: Great ape reproductive physiology and its relationship to human population control, aggression and sexual behavior centers in the brain, long-term effects of atomic and other radiation on primates, fundamental studies of the visual area of the brain in relationship to the development of a visual prosthesis for the blind, physiological effects of extended periods of weightlessness and bed rest, factors involved in organ transplantation, the role of female sex hormones in the production of cancer of the reproductive organs, effects of severe protein deficiency in the mother on the chemical structure of the brain of the infant, factors involved in the formation and maintenance of primate social groups, effects on the body of alcoholism and various drugs, factors involved in the acquisition of language and the application of this to teaching autistic and mentally deficient children to communicate, production of antiserums for cancer and leukemia, and many more projects.

The Yerkes Primate Center is part of the primate centers program which comprises seven individual centers situated in Portland, Oreg.; Seattle, Wash.; Davis, Calif.; Madison, Wis.; Boston, Mass.; New Orleans, La., and Atlanta, Ga. The centers not only carry out research on problems of importance to the treatment and prevention of human diseases, but they also study the structure, physiology, biochemistry, and reproduction and behavior of various species of primates. This latter procedure permits them eventually to select the species of primates which would be best to use as animal models for various human diseases. The study of the factors in reproduction and breeding is important when and if any species necessary for research becomes impossible to import because of shortage in the wild or because of political action in its country of origin. Such a study facilitates the breeding of the species of primate in short supply in this or some nearby country. This has recently become of importance because of a sudden 50-percent cut in the 30,000 monkeys India normally supplies the United States for vaccine production, testing, and medical research.

The centers have established themselves as world's authorities in certain scientific areas. For example, the Oregon center is internationally known for its work in the area of the biology and pathology of skin. Among the best work in the world on the central nervous system control of the cardiovascular system is carried out by the Washington Primate Center. The New England center is internationally known for its work on the relationship of herpes virus to certain types of cancers. The Yerkes Center for 40 years has been internationally known for its studies on the mental processes of great apes and the application of these studies to the understanding of the human mind. More recently it has achieved international recognition for its immunological studies on organ transplantation and the production of anticancer serums. The Wisconsin center is internationally known for its work on psychological development of infants, especially the mother-infant relationship.

The development of primate centers in this country has stimulated other countries to do likewise. Japan has two primate centers, one for anthropology and behavior, another for medical research. The Soviet Union which antedated the U.S. for many years in having a primate center at Sukhumi, on the Black Sea, since 1928, has recently established three others, a primate center has been established in Holland and one is also planned for West Germany.

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From their inception the U.S. primate centers have been carefully controlled by NIH, both from the point of view of finances and from the scientific point of view. Some of the country's most distinguished scientists serve on the Primate Centers Advisory Committee of the National Institutes of Health. The committee regularly visits the primate centers and assesses their scientific merit and recommends the level of future funding. This level is established only after the center concerned has itemized its budget down to the last dollar and defended it to the committee. In my opinion, the primate center dollar gives the taxpayer as good a value as any dollar in the Federal budget, not only from the point of view of the medical and scientific results achieved, but because the fiscal policy established by NIH for the primate centers has eliminated any form of waste.

From the beginning, therefore the centers have learned to make the best of every dollar they get and there are no dollars to spare to act as a buffer against inflation and cuts.

In the last 8 years the budget for the primate centers has been:

	Millions		*Millions*
1968–69	10.5	1972–73	11.1
1969–70	10.5	1973–74	10.8
1970–71	9.9	1974–75	11.2
1971–72	10.5	1975–76	[1] 10.9

[1] Administration's 1974–5 proposed budget.

A quick review reveals that funds for primate centers have not been significantly increased since 1968. A few hundred thousand dollars variation up and down, do not represent a quantum improvement, but only serves to create an atmosphere of instability throughout the centers which causes uncertainty amongst the staff and makes it difficult to retain and replace good men.

Primate centers were originally established because of the close similarity of these animals to humans and the fact that much more meaningful research could be carried out on them than could be carried out on rats, rabbits, guinea pigs, as in the past. The need to use primates is even greater today than it was when our centers were established. If there continues to be a decline in support without taking into consideration the decline in the dollar, we will have to go back to the rat and the guinea pig and man will be the loser. We need primates to find the cause and cure of man's ailments. It is no economy to cut or to fail to increase against inflation the funds available to the primate centers—all it means is that these unique facilities are just being wasted.

The current budget is $11.2 million. If the centers were funded at the level recommended by the Council of the NIH Division of Research Resources, they would receive $13.5 million.

The administration's 1974–75 budget for HEW has reduced the current amount of $11.2 million to $10.9 million.[1] We are talking therefore of a cut of $0.3 million, but set this against an approximately 10 percent inflation, then the cut is more than $1 million. This is a small sum in comparison with those that this committee regularly handles, but it is this small amount which can make all the difference in the operation of the primate centers.

There is no way the primate centers can absorb a cut—it simply means a reduction in the amount of research which can be accomplished.

In the case of the Yerkes Center, the proposed cut will probably result, at least, in the elimination of technicians and a reduction in supply and maintenance funds we provide to assist our faculty in their various projects which will automatically cut the research in half. The failure of the primate centers budgets to keep pace with the rate of inflation has already resulted in our center alone, in the loss of some four faculty positions, as well as other cutbacks.

A significant proportion of each primate center's budget goes to the maintenance and care and veterinary support of the animals. We cannot go below a minimum standard of care for the animals and what cuts we receive cannot be applied in that area. Primate center budgets can only go so far, eventually the point is reached where all that is being maintained is—the animals and their caretakers in a sort of zoo, and no money to carry out the research on them. This would be the ultimate in waste of taxpayer's money. Cutting back primate center funds or failing to compensate for the inflation is therefore, not an economy, it simply results in inefficient use of the funds provided and a waste of Federal funds already invested.

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[1] The 1974–75 administration budget will not come into effect for the primate centers until June 1, 1975, and will fund them until May 31, 1976.

Right from the beginning NIH has insisted upon very close financial control of the primate centers, the directors of the centers have responded and we all are proud that we are running an operation that is financially so efficient. This arrangement is good so long as the primate center funds are not cut and there is minimal inflation. But the effects of inflation have been ignored and now a cut is proposed. We have no funds to cushion this cut and the inflation which has occurred since the centers were established has eaten away our professional staff, our technicians, and our facilities, a cut on top of all this would be most destructive.

The centers between them have hundreds of projects in various stages of development, they include studies on the development of anticancer and cancer and leukemia diagnostic serums, the role of viruses and hormones in the production of cancer, problems of organ transplantation, drug and alcohol addiction, environmental problems such as effects of air pollution, effects of radiation, causes of aging, heart disease, diabetes, reproduction, mental deficiency, aggression and many others. Some of these projects in the various centers which have a significant relationship to human health and welfare are shown below, any or all of them could be adversely affected by the proposed cut and inflationary spiral of the last year.

NEW ENGLAND CENTER

1. The relation between the herpes virus and the development of cancer, particularly lymphoma.
2. The effect of female sex hormone treatment of the mother and the development of reproductive cancer of the offspring at puberty.
3. Are there any deleterious effects on the tissues of the radiation from atomic motors used to power artificial hearts or from atomic pacemakers. These instruments are tested on primates before being implanted into humans.
4. Drug addiction using monkeys as models.
5. Tooth transplantation, and improved dental treatment.
6. Vision and sensory deprivation. Factors involving loss of vision in strabismus.

YERKES CENTER

1. The production of antiserum for the treatment of cancer (melanoma).
2. The production of antisera for differential diagnosis and treatment of leukemia.
3. Physiological and anatomical changes in extended bedrest and weightlessness.
4. The localization of aggression centers in the brain and their manipulation.
5. The physiological mechanisms controlling the sex cycle in female great apes, their comparison with those of humans and the application to human population control.
6. The development of "language" in great apes and the use of this technique to make communication with deaf and dumb, autistic or mentally deficient children possible.

WASHINGTON PRIMATE CENTER

1. Hyaline membrane disease in babies.
2. Infant sudden death syndrome.
3. The causes of prematurity in infants in relation to mental retardation.
4. Factors influencing blood clotting, which lead to stroke and coronary occlusions.
5. The effects of mercury poisoning in relation to environmental pollution.
6. Venereal disease.

THE OREGON CENTER

1. Protein malnutrition in the unborn and postnatal infant. Physical and behavioral development.
2. The genesis, development and arrest of gallstones.
3. Diabetes. Discovery and use of a primate model for the study of this disease.
4. Effects of chlorinated hydrocarbons on the body. Monkeys exposed to these compounds develop acnelike lesions.
5. Studies on reproduction, using the primate fetus for studies not permitted with human fetus, even an abortus.
6. Studies in the problems of parturition.

THE DAVIS CENTER

1. Effects of drugs and infective diseases such as measles and toxoplasmosis on developing fetus.
2. Effects of low dose fractionated X-rays on the ovary of the developing fetus.
3. Behavioral and biological effects of chronic and acute intake of drugs and alcohol.
4. Effects of air pollutants on the respiratory tract.
5. Spontaneous lymphosarcoma (a form of cancer) in the rhesus monkey.
6. Infectious diseases including spontaneous viral diseases of Old World monkeys.

THE DELTA CENTER.

1. The study of a monkey model for pyelonephritis. In humans this disease results in kidney transplants, lifelong need for kidney machine or death.
2. Motion sickness. Study of the nervous pathways involved and associated with this condition.
3. Serum hepatitis. Due to injection of contaminated materials, for example, in blood transfusions. Chimpanzee is the model.
4. Tooth implants. Collaborating with other laboratories in implanting artificial teeth in baboons.
5. Aging. Brain changes related to age.
6. Production of monkeys for research. Important now India has imposed 50 percent cut on export of research monkeys to the United States.

THE WISCONSIN CENTER

1. Environmental Health. Polychlorinated phenols. (Plasticiers).
2. Lead poisoning.
3. Learning ability and mental retardation.
4. Problems of pregnancy. Mechanisms if implantation of the fertilized egg in the uterus.
5. Biological control of hormone actions.
6. Psychopathology and behavior disorders. (*a*) Depression. (*b*) Psychosexual disturbance.

As they have developed, the U.S. primate centers represent a national resource, which is unequalled by any country in the World including the U.S.S.R. The Yerkes Center is the only primate center in the World which can carry out extensive research using the great apes—gorillas, orangutans, and chimpanzees. It has the biggest collection of these apes anywhere in the world and probably the biggest collection that has ever been got together in the history of the world. Because of the shortage of these animals in the wild and their protection, it will never be possible to build up such a collection again. As the world supply of primates diminishes and primates become less and less available for medical research and vaccine production, the importance of the U.S. primate centers will grow in proportion. Their collections of primates and their professional and technical personnel skilled in working with these animals together with their know-how in primate reproductive physiology, breeding and care will enable the United States to maintain its lead among the other nations of the world in medical research.

We hope that Congress will support and nuture the primate centers and insure that they receive financial support adequate to exploit them as a unique and valuable national resource.

Over the past few years a committee of nationally known scientific peers, from across the country, appointed by the National Institutes of Health, has reviewed the scienific programs and financial requirements of all the primate centers. They recommend the sum of $13.5 million for the total programs of the seven centers. There has been substantial inflation since this sum was recommended, but we respectfully request that the subcommittee recommends that the sum of $13.5 million replace the $10.9 million shown for the primate centers in the administrations budget. We would also respectfully request that this sum be specifically delineated for the seven designated NIH primate centers.

This statement represents the views of the directors of all seven primate centers.

Dr. BOURNE. I am Dr. Geoffrey Bourne, director of the Yerkes Regional Primate Research Center at Emory University, Atlanta, Ga.

I have been director of the center associated with the program since 1962. There are six other centers, one in Portland, Oreg., one in Seattle, Wash., one in Davis, Calif., one in Madison, Wis., one in Boston, Mass., and one in New Orleans, and although I am here on my own, the spirits of all the six directors are standing behind my chair and supporting what I have to say.

As you know, we appeared before you a few years ago, 1971, and your committee and the committee of the Senate were good enough to restore to the primate center budgets a cut which would have been disastrous to us, and would have led to the massacre of two of the centers. But now we are facing a new threat and I would like to just briefly make a few points about this for you.

The functions and the importance of the centers of medical research were actually brought before the committee in detail in 1971 so I won't try to go into the details. This is on the record and can be referred to if necessary.

However, I would like to make a few comments about what the centers are doing now. They have had 13 years of life. They are making great contributions to medical research, and they have become world leaders in some areas.

In my own center, the Yerkes Center, for example, there has been tremendous understanding developed of the human mind by the study of mental processes of the great apes.

More recently we have developed an anticancer serum for melanoma, which is at this moment being tested on humans by NIH. We have also developed a leukemia serum which has been proven to have a great diagnostic value in the early stages of the development of leukemia, and is now being tested or hoped to be tested in the near future for the treatment of leukemia.

In the Washington Primate Center across the other side of the country they have become known as doing the best research in the world in the nervous system control of the cardiovascular system. They are making very great advances in the study of stroke and coronary disease.

The New England center situated south of Boston has recently made some spectacular discoveries on the relationship between the herpes virus, the type of virus causing cold sores in humans with the development of cancer and they found this particularly in South American monkeys and it has very important implications in cancer.

In the Wisconsin center it has been internationally known for years for its studies on the causes of mental depression and the relationships between infant neglect and psychiatric disturbance.

The centers all told have hundreds of projects, and on pages 6, 7, 8, and 9 of my statement I have listed six projects of each which has immediate impact on human health and welfare.

The point I am making now, that is, that the centers are doing what they were set up to do, and they are doing more. Their promise for the future is extremely bright, but they are at the moment in imminent danger of choking to death financially.

When the centers were set up, NIH took great pride in setting them up so that their financial integrity would be such that no committee would find any degree of waste of money. The budgets have always been tight, and as a result there has never ever been any cushion against inflation or cuts.

On page 3 of my statement I have listed the budgets for the primate centers since 1968, where the budget was $10.5 million. It remained around that kind of level, with a drop to $9.9 million in 1970, until your committee, in its wisdom, promoted it up to $11.1 million, which came into operation for us in 1972.

However, it dropped again in the next budget. It went up again this year.

Now it is planned that the administration will drop it down to $10.9 million, which is only a few hundred thousand dollars more than what it was in 1968. If you think of the inflation that has taken place between 1968 and 1975, you will see what the problem for us is.

As I mentioned, we have no cushion against this type of inflation, and there is one area in all primate centers which we can't cut. That is the area of animal welfare, maintenance, feeding, veterinary care of the animals, which is sacrosanct. The least we can do for our research animals is to maintain the highest possible standards as far as they, themselves, are concerned. Therefore, the only way to take up a cut or to take up an inflation is to cut back the research. To do this, investigators and technicians must be denied salary increases or fired, or their positions not filled. They must be denied equipment for research, their scientific supplies cut back and essential books not purchased. This is the way we have had to fight over the last few years, what is virtually a static budget in a world of inflation.

We are seeing not a saving of public money therefore, but we are seeing the wastage of a national resource, and of the Federal funds already invested in them.

From the beginning a committee of distinguished scientists, appointed by NIH, taken from all over the United States, has regularly surveyed the scientific programs and the financial requirements of the primate centers. They advise that the primate centers should be funded at a level of $13.5 million.

Since this recommendation, there has, of course, been further inflation.

I would like to stress that this figure of $13.5 million is not a subjective statement by the centers of what they feel they need but it is an objective assessment by an independent committee of what the centers really need to do their job. I would respectfully request that that $13.5 million replace $10.9 million shown for primate centers in the administration's budget.

I would also respectfully request that this sum be specifically delineated for the seven designated primate centers in the primate center program, because as you know, there are mice who will nibble at money when they see it.

We hope Congress will support and nurture the primate centers and insure that they receive the financial support adequate to exploit them as a unique and national resource.

I have brought with me some publications which I would like to offer as reference works to the committee. The first of these is produced by NIH. It is a survey of primate centers. The second one is a book written by myself "The Ape People" which deals with the work of the Yerkes Primate Center, which you will find entertaining as well as informational reading. It is written for the layman.

Third, this book "Nonhuman Primates and Medical Research" is primarily technical, but many parts of it are readable by laypersons.

It contains in the back section, indicated here, a summary of the primate center programs.

If I may, I would like to leave these with you for reference by the committee. I would like to thank you for your patience and courtesy.

Mr. FLOOD. Thank you very much, Doctor.

FRIDAY, MAY 17, 1974.

OCCUPATIONAL SAFETY AND HEALTH

WITNESS

DR. THOMAS S. ELY, PRESIDENT, INDUSTRIAL MEDICAL ASSOCIATION, REPRESENTING THE AMERICAN OCCUPATIONAL MEDICAL ASSOCIATION

Mr. OBEY. The meeting will come to order.

I should explain that the chairman of the committee is participating in a conference with the Senate on the second supplemental appropriation bill for fiscal year 1974 this morning.

Several other members of the committee are there as well. So I will be presiding this morning.

We will hear first from Dr. Thomas Ely, president, Industrial Medical Association.

Dr. ELY. Good morning. I am Dr. Thomas E. Ely. A month ago, at the time this morning's appointment was arranged, I was president of the Industrial Medical Association. Two weeks ago, the association changed its name to American Occupational Medical Association, and I became past president.

The association has a membership of about 3,600 physicians who spend part or all of their professional time in efforts to protect the health and safety of workers. The association is the largest professional group of physicians in this occupation. Today, I speak for the association.

We in occupational medicine believe the Occupational Safety and Health Act is a profoundly beneficial force in the effort to improve the lot of the American worker. Many companies, particularly the larger companies, have good health and safety programs. However, even in these cases, most of us would be less than accurate if we said that the regulations have not helped us gain the cooperation of company managements in areas that we had been unable to do so previously. In defense of managers, let me say that before OSHA the unilateral expenditure of what could be considerable funds to control workplace hazards could constitute marketplace suicide. Now, with all required to control hazards, competitive balance is maintained, and we find that we can get things done that we have wanted to do for a long time. Thus, we look to the Government agencies involved as strong allies in our efforts to improve occupational health and safety.

However, we also find that there are some major inadequacies in the program, and that much of this is a result of inadequate support of the agencies involved. Budgetary limitations, personnel restraints, and grade point restrictions have frustrated the efforts of the agencies to implement the act to the extent necessary and intended by its sponsors. We think there should be substantially more support, and more well-directed support. We want the effort to be used where it will pay

off in improved health and safety in the workplace, not just in exercises in compliance to standards having little or no or misdirected relationship to health and safety. Such activity is actually counterproductive in that it drains off time and money that could have been spent in reducing or eliminating real hazards.

I would like to offer some brief comments on specific agencies involved:

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

We would hope that substantially augmented support of OSHA could increase the training and education of compliance officers and increase their numbers so that the many workplaces receiving inadequate attention currently can be better inspected.

We hope that better support could improve standards making:

Some OSHA standards are too vague, complex, and confusing.

Some are superfluous—having nothing to do with health and safety. I will spare the record the giving of examples.

Some of the standards are inconsistent. For example one in which an operation is permissible in an unventilated building but not outdoors.

We hope that better standards making will emphasize "performance" in place of "specification" standards in many cases. For example, we are immensely encouraged to see a proposed revision of the dry grinder standard. The original "specification" version would have required the purposeless spending of millions of dollars with no improvement in health and safety.

We hope that "horizontal" rather than "vertical" standards can be stressed. For example, the same welder can be required to observe two quite different standards, the horizontal 1910 standard on one side of the street when he fabricates a weldment, and the vertical 1926 standard on the other side of the street when he installs it. His confusion is not hard to imagine.

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

The association believes that NIOSH has been and continues to be undermined by insufficient budgeting, and for this reason has been unable to live up to the expectations of section 20 of the act.

It was startling to observe the almost simultaneous advent of OSHA and the virtual drying up of Federal funds for training and educating the people who would be needed in great numbers to carry out the intent of the act.

Speaking strictly to our own profession, we note that an initial draft of a NIOSH study of manpower needs estimated that there is a need for over 8,000 more physicians in the field. A subsequent draft is expected to indicate even higher needs. Estimated needs for other types of health and safety personnel are large too. We believe that support for training and education shuld be substantially augmented.

The association also feels that additional effort needs to be expended on research and the development of standards recommendations. Some of the areas that will probably need more attention are health and safety problems in agriculture, new energy-related health problems such as those resulting from coal gasification and shale oil production, and better standards than we now have for silica.

The development of good standards applicable to occupational health must be an orderly multilayered process going from basic science to application. No step is more important than another, and all are necessary. The first step might be described as "basic toxicology." It involves the elucidation of underlying mechanisms of the adverse response of agents on biologic systems at the biochemical, cellular, and organ level. This leads to the conceptualization of principles and generalizations to provide criteria needed for the succeeding steps.

The NIEHS is a preeminent agency for this conversion of basic knowledge into conceptual approaches. It is actually the only Federal agency which has the point of view and the freedom from regulatory pressures needed for the orderly development of long range occupational and environmental health problem evaluations. NIOSH is more involved in specific problem-oriented research, and it is not free from regulatory pressures.

The association believes that NIEHS has been and continues to be undersupported. While there is no guarantee that more basic toxicology will prevent another "vinyl chloride," it can certainly help. In the face of substantially increasing need for this sort of information that NIEHS can help provide, we urge increased funding. Occupational health without basic toxicology is a building without a foundation.

Mr. Chairman, thank you for this opportunity to present the views of the American Occupational Medical Association.

Mr. OBEY. Thank you very much.

FRIDAY, MAY 17, 1974.

LABOR-HEW APPROPRIATIONS

WITNESSES

KENNETH T. PETERSON, LEGISLATIVE REPRESENTATIVE, AFL–CIO
GEORGE TAYLOR, REPRESENTING AFL–CIO
PHILLIP RAY, REPRESENTING AFL–CIO

Mr. OBEY. Our next witnesses are Kenneth Peterson, legislative representative of the American Federation of Labor and Congress of Industrial Organizations and George Taylor, and Phillip Ray.

Mr. PETERSON. George Taylor and Phillip Ray, from the department of research of the AFL–CIO are accompanying me this morning.

STATEMENT OF KENNETH T. PETERSON

Mr. Chairman, my name is Kenneth T. Peterson. I am a legislative representative for the AFL–CIO and I am here today to support appropriation of funds for programs which vitally affect union members and workingmen and women in general.

We appreciate your interest and concern in the past for these programs. In the interest of brevity I am going to highlight a few of our concerns and then submit a more detailed statement with our views on other programs funded in the Labor-HEW appropriations bill.

Let me turn first, Mr. Chairman, to the need for increased manpower funds. The Comprehensive Employment and Training Act has specific provisions—under titles I and II—for public service employment programs. We consider public service employment a key ingredient to national manpower programs. No better use can be found for Federal manpower funds than the providing of jobs for the jobless, while at the same time meeting State and local needs and reducing expenditures for welfare and unemployment insurance.

The AFL–CIO is pleased to note the increased public service employment funds voted by both the House and Senate in the supplemental appropriations bill now pending in conference.

But, Mr. Chairman, much more is needed. In spite of an unemployment rate of 5 percent and almost universal agreement that this rate will increase during the remainder of the year, funding for public service employment remains below the 180,000 jobs provided by the former Emergency Employment Act.

The administration has proposed $2.15 billion for CETA in fiscal year 1975. We find this figure woefully inadequate. Of this amount, only $350 million is earmarked for public service employment in areas with 6.5 percent or more joblessness.

The AFL–CIO recommends an increase in CETA funds of $1.5 billion with at least $1.4 billion appropriated specifically for public service employment. The administration has already proposed $350 million for title II public service jobs. We propose that $350 million additional to the administration recommendations be appropriated for title II public service jobs and $700 million be appropriated and earmarked for title I public service jobs where unemployment need not be at the 6.5 percent level.

This total of $1.4 billion, including the administration's $350 million, would provide some 200,000 new jobs, according to Labor Department estimates that each job costs approximately $7,000.

The AFL–CIO wants to make it clear, moreover, that this money and these jobs are in addition to the employment provided by the supplemental appropriation funds.

Mr. Chairman, the AFL–CIO also is convinced that title I funds must be further increased to maintain the present level of spending on other manpower programs. The minimum wage law rightfully increases wage rates in such areas as MDTA institutional training, Neighborhood Youth Corps, and Operation Mainstream. At the same time, the present spiralling inflation also makes necessary increased funds if training efforts are to be held harmless. We estimate that an additional $450 million in title I is required to meet these training needs.

In summary, then, the AFL–CIO urges this committee to increase CETA funds by a total of at least $1.5 billion over the budget. Of this amount, $350 million would go to title II public service jobs; $700 million would go to title I and be reserved by this committee for public service jobs; and $450 million would go to title I to maintain the level of present manpower training programs.

Another serious concern of the AFL–CIO and its affiliated unions is the Consumer Price Index for Urban Wage Earners and Clerical Workers.

The Commissioner of Labor Statistics has made a decision to discontinue the existing CPI and set up a new index. The AFL–CIO strongly opposes this decision. It will throw labor-management relations into chaos nad confusion. It will diminish the utility of the CPI as a measure of the impact of consumer price changes on real people and real families.

We ask this subcommittee to instruct the Secretary of Labor, through the Bureau of Labor Statistics, to continue to compile and publish and to give priority to a consumer price index measuring the change in consumer prices of goods and services which is based on prices paid by urban wage earners and clerical workers, specifically the index now known as the Consumer Prie Index for Urban Wage Earners and Clerical Workers, notwithstanding the compilation or publication of any other index. Furthermore, we hope the subcommittee will insist that this city worker CPI must be continued without any weakening or undermining of its statistical validity and reliability.

Finally, Mr. Chairman, I wish to note the continuing vital interest of the AFL–CIO in adequate money and manpower for effective Federal enforcement of the Occupational Safety and Health Act of 1970. I am presenting a detailed statement on OSHA enforcement and OSHA resolutions passed by the Pennsylvania AFL–CIO for your consideration. George Taylor, executive secretary of the AFL–CIO Standing Committee on Occupational Safety and Health, is here with me to summarize our specific recommendations on occupational safety and health.

[The information follows:]

CONSUMER PRICE INDEX—BUREAU OF LABOR STATISTICS, U.S. DEPARTMENT OF LABOR

The AFL–CIO strongly opposes the decision of the Commissioner of Labor Statistics to discontinue the Consumer Price Index and to create a new index. We ask this subcommitee to instruct the Secretary of Labor, through the Bureau of Labor Statistics, to continue to compile and publish and to give priority to a consumer price index measuring the change in consumer prices of goods and services which is based on prices paid by urban wage earners and clerical workers, specifically the index now known as the Consumer Price Index for Urban Wage Earners and Clerical Workers, notwithstanding the compilation or publication of any other index. Furthermore, this city worker CPI must be continued without any weakening or undermining of its statistical validity and reliability.

It is very important that the statistical output of BLS should be accurate, consistent, timely, objective, and neutral in presentation. Public confidence in the reliability of Federal statistics is an essential element in economic policymaking. Therefore, we urge the subcommitee to give most careful attention and to give explicit instructions on the CPI to the Bureau of Labor Statistics.

The Consumer Price Index for Urban Wage Earners and Clerical Workers is one of the most important series of economic data produced by any agency of the Federal Government. It is particularly important to working people and union and company negotiators because of its use in labor-management agreements on cost-of-living escalation of wages. By contrast, some 5 million working men and women have their wages tied directly to this city-worker-based CPI. Many more millions of workers have their wages related to this CPI indirectly as a factor in negotiations and bargaining.

Destruction of the Consumer price Index and substitution of a new index, as the Bureau of Labor Statistics has decided, will create confusion and chaos in collective bargaining and public uncertainty about the integrity of this basic series of government economic statistics. Any BLS weakening or undermining of the statistical validity and reliability will have the same effect.

The original purpose—and the continuing purpose—of the CPI was to help workers and employers in wage negotiations. For about 60 years, the CPI has served this vitally important purpose. It has made a tremendous contribution to

sound, solid collective bargaining and labor-management relations. It has been a major factor in the development of long-term collective bargaining agreements. Now, the Commissioner of Labor Statistics has decided to destroy the CPI, its decades of essential continuity and public understanding.

The role of the Consumer Price Index in the orderly process of labor-management relationships and in the determination of public policies affecting wage adjustments is, we submit, in the interest of the public at large, and not merely for particular unions and managements. All of this is now in jeopardy.

Crucial to the usefulness of the CPI is its integrity and its acceptability to workers as a true approximation of changes in living costs. Fundamentally, workers must trust the validity of the index in order for it to serve as any kind of neutral arbiter where a question exists as to the adequacy of wages.

Moreover, the usefulness of the CPI to labor, management and the public also depends on its historical continuity. It is this essential historical continuity, which has been maintained over several decades—as well as public acceptance of its basic integrity—which makes it possible for unions and employers to use it in the formulation of contractual agreements concerning the wages of employees.

Now, the Commissioner of Labor Statistics has decided to move ahead to alter the CPI so substantially as to destroy it and its historical continuity. He has decided to create a new index, with which neither he, nor the public, nor management have any experience. Since neither unions nor employers can be expected to buy a pig-in-a-poke, hundreds of long-term collective bargaining contracts probably will have to be renegotiated, throwing established labor-management relations into confusion. The whole question of long-term agreements, which have a stabilizing influence on the economy, will have to be reconsidered. And they may have to be abandoned. Numerous industries across the country will be affected.

There are a number of revisions in the index currently under consideration by the Bureau of Labor Statistics. But the one we are concerned with today is the recent decision of BLS to expand the CPI coverage to all urban consumer units, beyond the present core coverage of urban wage earners and clerical workers, and to create a new index. We find it outrageous that the Commissioner of Labor Statistics made a decision to change the CPI to such a degree that its specific utility for labor-management wage negotiations would be weakened, undermined, and perhaps destroyed.

And it was outrageous that the Commissioner of Labor Statistics moved ahead to drop the CPI and create a new index—a fundamental change in an extraordinarily important and widely used series of economic statistics—without consulting or informing interested parties in Congress, particularly this subcommittee.

Responsible elected officials in Congress were kept in the dark about what BLS was doing, on altering the nature of the CPI, until the Commissioner broke the news officially before the Joint Economic Committee on April 5, 1974.

Up to that time, most people thought the BLS was merely engaged in making its regular 10-year revision and update of the index on the basis of the new Consumer Expenditure Survey of 1972–73—not in instituting a new index.

This new Consumer Expenditure Survey itself incorporated a large number of methodological changes and new techniques that have created delays and extra costs in producing the regular decennial revision. The revised index will not appear in any case before April 1977. We find it galling that these delays and extra costs—which were widely predicted and objected to when the new Survey was being planned—are now being used as an additional excuse to phase-out the specific wage-earner and clerical-worker coverage.

Unfortunately, the protests and the objections of the AFL–CIO and affiliated unions had absolutely no effect on the decision of the Commissioner of Labor Statistics to go ahead with the plan for a radical change in the nature, the concept, the historical experience and the utility of the Consumer Price Index.

Let me elaborate on the radical change involved in the proposed revision of the CPI by expanding coverage to all urban consumers (and some rural nonfarm consumers)—far beyond the present coverage of urban wage earners and clerical workers.

First of all, the proposed expansion of consumer units would undermine the intent and uses of the CPI. It is obvious to us that changing the consumer unit base is going to change the market basket, as well as basic sampling specifications, so drastically that an entirely different index will be created. It

will no longer reflect the specific purchasing patterns of low- and middle-income urban workers in the population.

BLS computations indicate that the difference between the present urban workers' CPI and an all-consumers index would have been relatively small over the period 1960–61 to December 1972. But that is misleading and it does not prove that the differences will be small in the future. BLS testing of past data extended only to reweighings and not to all the other changes that would have to be made—such as changing the retail outlets used. What would have been the divergence, in 1973 for example, when food prices shot up at 3½ times the rate of the rest of the index?

Of course, we will never know what the differences might amount to, if a new index is simply substituted for the present CPI. If BLS finds that breaking out particular population components, for purposes of comparison, will add greatly to costs, such breakouts will just not be done.

The BLS has made much of the need to expand the index coverage "because an increasing number of groups are using the index." (See April 5 BLS press release.) This argument is specious on its face. The newly covered groups—professional people, self-employed, retired and unemployed—will simply be buried in the overall coverage, rather than excluded. The new index will fit their particular needs no better than the old one. The net result is to include everyone, but to please no one. In particular, the index would be fuzzed up for the wage and salary earner but not improved for any other group.

Actually, the proposed new index harks back to the Stigler committee academicians' report and recommendations of 1960, during the Eisenhower administration. Labor economists objected to it at that time, as they do now. And, in fact, BLS itself criticized the Stigler committee CPI recommendations.

The CPI is not an exclusive preserve for a few university professors, nor was it created for the convenience of government economists.

Emphasis on the role of the index as an academic exercise-type general economic indicator carries inherent dangers to the CPI function as a measurement of actual, identifiable price changes to consumers. There has already been an undermining of this function in such matters as the treatment of additional costs to consumers of auto antipollution devices.

This trend would be predictably aggravated by the proposed change. The index would become more and more an abstract tool of the classroom, and less and less influenced by consideration of the impact of consumer price changes on real persons and families.

Moreover, the gross national product price deflator and its components, published by the Department of Commerce, serves as a general economic indicator. If there is any need to improve this price deflator, let it be done. But there is an urgent need to maintain the Consumer Price Index—with its essential historical continuity and many years of experience—as a generally accepted approximation of what changes in retail prices mean to urban workers in the real world.

Conceptually the Consumer Price Index should remain firmly grounded in the experience and needs of low- and middle-income wage and salary workers, defined essentially in terms of occupation group, as is done now through the present wage earner and clerical worker mix. We urge this subcommittee to instruct BLS to this effect.

OTHER PROGRAMS OF THE BUREAU OF LABOR STATISTICS, U.S. DEPARTMENT OF LABOR

The Consumer Price Index program has an immediate, urgent, and top priority among the BLS issues we are raising with the Labor-HEW Appropriations Subcommittee. However, we do have an interest in other BLS programs and in the priorities which BLS attaches to these programs.

BLS is seeking a $3.4 million increase in its budget—from $49.9 million in fiscal 1974 to $53.3 million in fiscal 1975. On the specific program increases proposed by BLS, we have the following comments:

$650,000 to improve the survey of salaries of professional, administrative, technical, and clerical occupations. We support this increase for a program producing data for use in setting salaries of Federal workers.

$100,000 for implementing a quarterly consumer expenditure survey. We oppose this increase. There is no demonstrated need for it. This money could be better used elsewhere in BLS.

$400,000 for revising and expanding the wholesale and industry sector price indexes. We have no objection to this proposed increase.

$600,000 for statistical programs transferred from the Manpower Administration. If these funds are to improve State and local employment and unemployment data, particularly in connection with data necessary for distribution of funds under the Comprehensive Employment and Training Act, and if these funds are to be used by BLS to perform its duties under CETA reference to standard family budgets, then we support appropriation of these funds. However, we suggest that the subcommittee may wish to assure itself that BLS is actually proceeding to fulfill its duties with respect to producing the lower, intermediate, and upper standard family budgets. We urge the subcommittee to insist on prompt BLS action on basic family budget work, even if certain other BLS projects must be curtailed or given lower priority.

$500,000 to develop a general wage index. We oppose this proposed increase. There are serious conceptual difficulties which labor union economists and BLS staff have not yet resolved, and we believe it would be premature to give any additional funding to this project before these fundamental conceptual issues have been throughly explored and analyzed and resolved.

$450,000 to develop the international price competitiveness program. We again oppose continuation of this program on its present basis. Large multinational firms adjust prices for corporate accounting purposes rather than for competitive purposes in international trade. Thus, the price data is often meaningless. Money devoted to this program would be better spent on studies of international comparisons of wages and working conditions.

$100,000 to collect data on retail prices of gasoline. We have no objection to this increase. Gasoline is a major item in the budgets of low- and middle-income families and we need timely, accurate price data.

We have some concerns to which we think the BLS should be giving higher priority, and among these are more frequent industry wage studies, annual earnings data and particularly annual earnings by occupation and industry. We also urge that BLS give more attention to study and analysis of collective bargaining in the public sector, and also more emphasis to development of statistics on persons living in poverty areas.

UNEMPLOYMENT INSURANCE

The fiscal year 1975 appropriation request submitted to you for consideration by the Unemployment Insurance Service provides $465 million to fully fund a total of 29,852 State staff positions nationwide. This request was constructed in the spring of 1973 and was based on an expected total unemployment rate of 4.7 percent and related insured unemployment rate of 2.8 percent. More recent estimates reflecting the impact of energy shortages indicate a total unemployment rate of 6 percent, and a related insured unemployment of 4.1 percent. This significant increase in estimated unemployment impacts on staffing requirements in the State unemployment insurance offices and directly determines the level of services that can be provided to the unemployed worker. A supplemental request recently submitted to you for consideration addresses this specific problem.

In addition to the rising workload anticipated, unforeseen cost increases have already had a serious impact on services provided by State agencies to claimants. The original fiscal year 1975 appropriation request anticipated full funding of 29,852 positions as stated above. However, a total of only 26,582 is financable, representing less than 80 percent of the staff requirements needed to adequately process the claims and tax workloads estimated in the appropriations. In specific terms, the pending fiscal year 1975 appropriation request will provide funds for processing an average of only 1.48 million insured unemployment claims per week rather than the average of 1.86 million insured unemployment claims per week originally planned. Further, though more than 3,800,000 subject employers were registered in the unemployment insurance program as of December 31, 1973, only slightly over 3 million can be provided adequate tax collection services under the current fund request.

These unanticipated cost increases stem partly from previous years rising cost not funded during those periods, partly from conservative State estimates of expected salary increase and law change costs, and partly from increased costs due to rising inflation.

The dual impact of rising administrative costs and rising work loads will directly affect the purchasing power of the unemployed worker if inadequate staffing of local and State employment insurance offices is allowed to continue. The

immediate and future need can be met if supplemental funding is added to the fiscal year 1975 request now and authorization passed by the Congress prior to the new fiscal year.

DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION

We believe that the administration's proposed budget for the Employment Standards Administration falls way short of the needed increase of an additional 30 percent in the area of enforcement to allow staffing for its increased obligations. Recently, the compliance obligations have been greatly expanded by the addition of the amended Service Contract Act of 1972, the Higher Education Act and the newly added amendment to the Fair Labor Standards Act. Also, growth in the size of our labor force requires more enforcement personnel.

While the duties of the Employment Standards Administration in enforcement have been increasing, their staff of compliance officers has been decreasing. In June of 1969, there were almost 1,000 compliance officers for wage-hour work alone. By June of 1972, there were only 918 compliance officers. The most recent figures available, April 20, 1974, show a staff of only 914 compliance officers; and their responsibilities extended beyond the scope of the Fair Labor Standards Act and related acts. Increasing the compliance staff to its previous level of 1,000, we believe, will only allow it to function at its previous lower workload level of 1969. Therefore, though we feel the supplementary budget appropriations was a step in the right direction and the proposed Administration's budget increase is, again, a small step in the right direction, we note that both of these actions combined will still yield at the most a level of 1,000 compliance officers. We call for an additional increase of at least 30 percent in the area of enforcement allowing the number of compliance officers to increase to at least 1,300.

Workers' complaints of employer violations continue to mount. Because of a lack of adequate staffing, over 10,000 complaints were backlogged as of the most recent data available for March of this year. An immediate increase in the total staff would allow thousands of workers currently underpaid to receive their just wage. The current expenditure of approximately $30 million in enforcement is more than paid off in the recovery of approximately $100 million found due workers in back wages last year.

Needless to say, the workers who are directly aided by wage-hour enforcement efforts are those most likely to be classified as working poor. Therefore, effective wage-hour enforcement contributes to the Nation's attack on poverty, as well as to economic justice for those who most need income protection.

OCCUPATIONAL SAFETY AND HEALTH (PUBLIC LAW 91-596)

Last year, organized labor appeared before this subcommittee to inform you that mistaken policies and lack of financial and manpower resources were the root causes of the ineffective implementation of the Occupational Safety and Health Act of 1970, a program of the highest importance to the lives and health of 60 million American working men and women.

We are here once again, having seen 3 years of experience of the operation of the act, to inform you that it has still not gotten off the ground and that the deficiencies in policy and resources which we discussed are in large part unimproved.

The Department of Labor continues in its attempts to unload Federal responsibilities for standards and enforcement to States whose approved plans far fall short of being as effective as the Federal program. Only three new health standards have been promulgated, one of which was set aside by the Federal courts. The Secretary proposes to weaken standards protecting workers from injury in the use of grinding wheels and power presses. Federal enforcement manpower is insufficient to make more than a small dent in the vast array of 5 million covered workplaces. Until recently, programs to inform and train workers and employers about their rights and responsibilities under the act have been ineffective. Statistical programs to explore causal factors, dollar and social costs of injuries and illnesses cannot be undertaken because of insufficient funds.

The President's fiscal [illegible] 1975 budget request for the National Institute of Occupational Safety and [illegible]lth in the Department of HEW is nearly $4 million under its fiscal year 1972 appropriation grant by the Congress, when it was the old Bureau of Occupational Safety and Health before Public Law 91-596 was signed into law. The number of recommended authorized positions for fiscal year 1975 is 50 less than those for which appropriations were made by the Congress for fiscal year 1972.

As we pointed out last year before this subcommittee, NIOSH has been assigned an awesome array of responsibilities in the occupational safety and health field by the Congress, which it cannot possibly begin to carry out as long as the present situation persists. The most recent and most serious problem with regard to deaths of workers exposed to deadly polyvinyl chlorides is an example. NIOSH was so short of manpower, that in order to provide the Secretary of Labor with a criteria document on polyvinyl chlorides, it had to drop every other activity in the field of health standards criteria to accomplish this assignment.

NIOSH is so much the victim of the budgetary ax, that its feeble program to train manpower in the field of occupational health is being completely phased out—in the face of its own estimates that there is a present need for 57,000 trained specialists in the field to meet the needs of industry, the States and labor unions, exclusive of the requirements of the Federal Government.

Mr. Chairman, once again, organized labor is urging you to provide the Federal agencies assigned by the Congress to carry out its broad directives under the Occupational Safety and Health Act with the funds to begin to do this indispensable job. Public Law 91–596 is one of the few acts on the Federal statute books designed by the Congress to uplift and improve the conditions under which men and women work. We hope that this year you will see the need for your understanding and assistance in making it work, and reducing the tragic and needless deaths, injuries, and illnesses that continue to take their grim toll.

In addition to setting your appropriation sights higher than the President's budgetary request for the three agencies assigned the major responsibilities under the act, we are asking you to give direction as to priorities.

The following are the proposals of the AFL–CIO in brief. Detailed analyses are contained in the attached tables.

TABLE I
PRESIDENT'S BUDGET FOR OCCUPATIONAL SAFETY AND HEALTH
COMPARED TO PROPOSED AFL-CIO BUDGET, FISCAL YEAR 1975
($1,000)

Federal Agency	President's Budget	AFL-CIO Proposal	Increase
Dept. of Labor (OSHA)	$102,500	$105,538	$ 3,038
Dept. of HEW (NIOSH)	23,000	39,700	16,700
Occ. Safety & Health Review Commission	5,270	6,000	730
TOTAL	$130,770	$151,238	$20,468

Source: Budget of the Government of the United States, Fiscal Year 1975
Note: NIOSH Budget does not include item of $5.5 million for coal clinic under Federal Coal Mine Safety Act.

TABLE II
DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH BUDGET COMPARED TO
AFL-CIO PROPOSED BUDGET FOR FISCAL YEAR 1975 ($1,000)

Program Item	OSHA (Est.)	AFL-CIO	Increase
Standards	$ 4,939	$ 6,000	$ 1,061
Enforcement			
a. Federal	37,171	60,171 1/	23,000
b. State Programs	46,000	23,000 1/	-23,000
Training & Information	4,892	5,900	1,008
Safety & Health Statistics	5,531	6,500	969
Executive Direction	3,967	3,967	
TOTAL	$102,500	$105,538	$ 3,038

Source: Budget of the Government of the United States, Fiscal Year 1975
1/ $23 million reprogrammed to Federal Inforcement from State Programs

TABLE III
DEPARTMENT OF HEALTH EDUCATION AND WELFARE
OCCUPATIONAL SAFETY AND HEALTH BUDGET COMPARED TO
AFL-CIO PROPOSED BUDGET FOR FISCAL YEAR 1975 ($1,000)

Program Item	NIOSH (Est.)	AFL-CIO	Increase
Surveillance	$ 1,200	$ 3,000	$ 1,800
Criteria Documentation	3,100	6,000	2,900
Industrywide Studies	3,900	6,200	2,300
Laboratory Research & Services	10,000	15,000	5,000
Technical Assistance	2,700	3,000	300
Manpower Development	800	5,000	4,200
Program Direction	1,300	1,500	200
TOTAL	$23,000	$39,700	$16,700

Source: Budget of the Government of the United States, Fiscal Year 1975
Note: Above total does not include $5.5 million for programs under Federal Coal Mine Safety Act

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TABLE IV
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
OCCUPATIONAL SAFETY AND HEALTH BUDGET COMPARED TO
AFL-CIO PROPOSED BUDGET FOR FISCAL YEAR 1975 ($1,000)

Proposed Budgets	Amount
Occupational Safety & Health Review Commission	$5,270
AFL-CIO	6,000
DIFFERENCE	$ 730

Source: Budget of the Government of the United States, Fiscal Year 1975

TABLE V
STATUS OF THE VARIOUS STATES WITH RESPECT
TO SEC. 18(b) OSHA PLANS

Status	No. of States
1. Approved	25
a. Enabling Legislation Passed	21
b. No Enabling Legislation	4
2. Under Review	15
a. Enabling Legislation Passed	3
b. No Enabling Legislation	12
3. Rejected by OSHA	2
4. No Plans Submitted or Plans Withdrawn	9
TOTAL 1/	51

1/ Includes District of Columbia.

Source: OSHA State Plan Status Report

The AFL–CIO most strongly urges this subcommittee to increase the President's budget recommendation for Federal enforcement activities from $37,171,000 to $60,171,000. This would be accomplished by reprograming $23 million from activities in connection with State programs under section 18(b) of the act, to the Federal enforcement program and would not require any additional funds from the Congress.

The result of such reprograming is shown as follows:

	Number
Present authorized compliance personnel	800
Add increase in President's fiscal year 1975 budget	348
Add increase in AFL–CIO reprograming proposal	1,095
Total	2,243

NOTE.—This should include at least 200 additional industrial hygienists.

As an interim measure, we suggest that the committee adopt language instructing the Secretary to expand and continue the provisions of section 7(c)(1) of the act whereby some 21 states send their qualified compliance personnel to the OSHA training school in Chicago at Federal expense. These inspectors return to their respective States, are assigned to OSHA area offices. They are then assigned to inspect workplaces under OSHA procedures and to make their recommendations to the area office for enforcement action. This step would enable a large number of qualified State enforcement personnel to augment quickly existing OSHA compliance force.

We make this proposal for the same reason we did last year, reinforced by another year's record of failure of the Nixon administration's unloading program to the States.

1. Of the 25 States (excluding the Virgin Islands) with section 18(b) plans now approved, 5 still do not have enabling legislation passed, and in 4 of these 5 States—Montana, New Jersey, New York, and Wisconsin enabling legislation is not likely to be enacted.

2. Of the remaining 21 States with approved section 18(b), grants (including Michigan which appears about to adopt implementing legislation), the total Federal grant outlay for their first fiscal year of operation is only $22 million—which would be well within our recommended $23 million for State programs.

3. There are 15 States with plans submitted and still under review by OSHA. Of these, only three have passed enabling legislation. The other 12 are not likely to have any passed, mainly because of strong opposition by organized labor. The program budgets of the three States with enabling legislation in place would aggregate only about $600,000 in Federal participating grants, so that even if these plans were approved, the $23 million we recommend for State programs during fiscal year 1975 would still be sufficient.

4. Except among State bureaucracies and OSHA, there is no longer broad support for State programs. Covered employers operating in several States are already regretting and reversing their strong support for State plans as they encounter the maze of differing standards, interpretations, enforcement procedures, adjudication from State to State. All States with approved plans have been notified by the Assistant Secretary that OSHA enforcement personnel will be withdrawn, thus exposing workers to inadequate and in many instances poorly trained state inspectors. This has caused the Pennsylvania State AFL–CIO to draft a strong resolution asking for adequate enforcement appropriations by the Congress and offering to join suit with the State of Pennsylvania to force Secretary of Labor Brennan to provide enough Federal inspectors to meet that State's needs.

5. The AFL–CIO, its Industrial Union Department and the Illinois State AFL–CIO have instituted suit against the Secretary and the Assistant Secretary of Labor in the District of Columbia Federal District Court, asking for a permanent injunction to stop operation of all OSHA State plans now approved, and any further action on those under review. Last year we were successful in overturning an illegal attempt by OSHA to extend eligibility for planning grants to States beyond the statutory cutoff period in section 18(h) of the act. This year we are submitting a case that alleges that OSHA in its State plan policies and procedures are in multiple violation of the act. If we are successful, all programs under section 18(b) will come to a halt until the Secretary of Labor institutes new regulations and guidelines in conformity with the act. He will then reinstitute the review process all over with States which choose to attempt to meet

more stringent conditions of eligibility in order to provide at least as effective protection to workers as those in the Federal program.

We are also asking that your subcommittee consider favorably our proposal to increase amounts earmarked for standards development, training and information and occupational safety and health statistics.

In summary, the AFL–CIO proposal for OSHA during fiscal year 1975 would aggregate $105,538,000, an increase of only $3,038, over the Nixon budget, but representing a significant change of emphasis from State programs to that of firming up the Federal effort in enforcement, and to provide adequate funds for OSHA to conduct its important programs in standards, information and training and occupational safety and health statistics.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Table III, attached, will set forth in detail our proposals for strengthening the ability of the National Institute for Occupational Safety and Health to carry out the major responsibilities assigned to it by the Congress.

We ask this subcommittee to affirmatively consider reporting out an increase for NIOSH over the President's fiscal year 1975 budget of $16,700,000. It is particularly important that all program activities set forth in our table III be given increased funding.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

We ask for an increase of $730,000 over the President's fiscal year 1975 budget recommendations for the operations of the Occupational Safety and Health Review Commission, on the basis of estimated increased caseload of contested citations.

RESOLUTION NOS. 253–6–7–8–9–10–11–12–13–14–15–16–17–18–19–20–21–22–23–24–25 – 26–27–28–29–30–61–62–63–163–164–165–166–167–168–181–182–183–184–185–186–187–188–189–190

OSHA/STATE PLAN

The enactment of the Occupational Safety and Health Act of 1970 (OSHA) stemmed from Congress recognition that the solution to "the problem of assuring safe and healthful work places for our working men and women" required "(no) thing less than a comprehensive nationwide approach * * * (T)he health and safety of the worker is truly a national concern."

Uniform Federal regulation is required for three basic reasons. First, "the life of a worker in one State is as important as a worker's life in another State and uniform standards must be required to protect all workers from dangerous substances." Second, in a State-by-State approach the efforts of the more vigorous States are inevitably undermined by the shortsightedness of others." Third, in the absence of uniform requirements the efforts of "employers (who) have demonstrated an exemplary degree of concern for health and safety in the workplace * * * are too often undercut by those who are not so concerned * * * (to) the competitive disadvantage of the more conscientious employer."

Section 18 of OSHA provides a mechanism whereby the States may assume responsibility for the enforcement of occupational safety and health standards in whole or in part. It was the general understanding at the time OSHA was passed that section 18 would be administered in a fashion which would assure that the basic overall purposes of the act—a Federal program regulating health and safety through rigorous uniform standards and enforcement procedures—would not be undercut.

This expectation has not come to pass. A cynical cabal made up of a Department of Labor intent on relieving itself of the Federal responsibilities imposed by Congress, State bureaucrats intent on preserving their own jurisdiction, and employees intent on continuing to secure the ineffectual enforcement they enjoyed prior to OSHA when the States had the primary regulatory authority, has expanded the reach of section 18 beyond Congress intent.

At the present time, of those plans granting the States the pwoer to supersede the Federal Government, not one of them is worth the paper it is written on. For all are bare-bone "developmental" plans, long on promises of future action but woefully short on present performance. The measure of their inadequacy is that they are based on proposals for future legislation and not on actual, enacted enabling laws. The tradegy for the American worker is that this pie in the sky

serves as an excuse by the Department of Labor for its refusal to expand Federal enforcement efforts.

Against this background, the Pennsylvania State AFL–CIO is convinced that the defederalization of OSHA through the substitution of this multitude of State programs for a strong program federally administered by the Department of Labor is contrary to the interests of working men and women. Once authority is fragmented into many States pieces if will become impossible to police the performance of the enforcement authorities to assure that they do their job. Further, it is certain that the interstate competition, which drove health and safety down to the lowest common denominator before enactment of the Federal law, will once again become the norm.

After having accomplished the enactment of Federal responsibility for workers' safety, the Pennsylvania State AFL–CIO will not participate in efforts to defederalize the act.

Such defederalization would mean reverting to the situation against which Congress reacted by enacting OSHA—namely, State implementation of various State laws wherein either the laws themselves and/or their enforcement did not provide the worker with protection.

The Pennsylvania State AFL–CIO will seek to maintain the integrity of the congressional response. As a labor movement, we adhere to the goal of, and recognize the need for, Federal responsibility: Therefore, be it

Resolved, As a consequence of this position, we urge the OSHA administration and the congressional appropriations committees to respond fully to the obligations incurred by the Federal preemption of the States. The necessary enforcement staff should be acquired with all due speed. The Labor Department should no longer hide behind the delusion of State enforcement. Workers have fought for Federal responsibility. They now deserve full Federal implementation.

Submitted by United Steelworkers of America, Legislative Committee of Pennsylvania, Local 3176, Local 2658, Local 5948, Local 4889, Local 2633, Local 7055, Local 7494, Local 7035, Local 2731, Local 2657, Local 2635, Local 1406, Local 3783, Local 1408, Local 5768, Local 2253, Local 3178, Local 4873, Local 5420, Local 6156, Local 7027, Local 4975, Local 1333, Local 5096, Local 1407, Local 3018, Local 2634, Local 2389, Local 1772, Local 3403, Local 302, Local 5116, Local 5249, Local 6592, Local 6491, Local 6417–7, Local 5156, Local 4693, Local 1035, Local 1285, Local 1164, Local 6541, Local 2317, Local 1688.

Referred to resolution committee.

Committee action:

Convention action:

RESOLUTION NOS. 155–33–74–152–150–151–153–154–170–171–173–174–175–176–196–197–198–199–200

MORE OSHA INSPECTORS

The labor movement lobbied hard to pass the Occupational Safety and Health Act in order to establish Federal enforcement presence in the workplace.

The labor movement recognized that Federal jurisdiction and implementation was an absolute necessity because of the past failure of the State programs, both as to stringency of their laws and the qualifications of their inspectors.

The Pennsylvania AFL–CIO has rightfully endorsed Governor Shapp's decision not to submit a State plan which would result in the defederalization of OSHA.

The current Federal OSHA program in Pennsylvania could be even more effective that it is if more inspectors were available.

The Nixon administration has been urging State takeover of OSHA, and has therefore not requested from Congress enough funds for an adequate Federal inspection staff, thereby allowing anti-OSHA forces to advocate State takeover.

The quality and quantity of the limited level of Federal inspections are a good indication of what workers can expect by safety inspectors operating under the jurisdiction of the Federal Government and independent of the political influences of the major industries in each State: Therefore, be it

Resolved, That the Pennsylvania AFL–CIO:

(1) Contact the Governor to pressure the Federal Department of Labor to assign more inspectors in Pennsylvania, even to the extent that he should initiate a suit against Secretary Brennan to show cause why more inspectors have not been so assigned, especially since the State preemption issue in Pennsylvania has not been resolved.

(2) Participate in such suit with the Commonwealth of Pennsylvania or initiate action on its own to engage in such a suit.

(3) Direct the officers of the State federation to contact the Senate and House Appropriations Committees, especially Congressman Flood and Congressman McDade—who are on said committee—in order to increase the budgetary request for more OSHA inspectors, especially since Congress was very unresponsive to this issue during the last session.

Submitted by United Steelworkers of America, legislative committee of Pennsylvania, Locals 1163, 210, 4908, 2600, 4280, 1408 1385, 4223, 1323, 5697, 2635, 2644, 4648, 58, 7025, 4977, 3176, and 1164.

Referred to legislation committee.

Committee action ———.

Convention action ———.

RESOLUTION NOS. 161–31–32–156–157–158–159–160–162–169–177–178–179–180–191–192–193

MORE STATE ENFORCEMENT—PUBLIC EMPLOYEES

It is the proper role of the State of Pennsylvania to allow itself to be preempted with regard to the enforcement of OSHA so that Federal inspectors may have the primary responsibility in the workplace.

The promotion of occupational safety and health involves more than mere compliance with certain promulgated safety standards and more than effective enforcement thereof.

An adequate safety program is also dependent upon safety education and training, psychological factors, innovative methods, techniques and approaches for dealing with safety problems, joint labor-management involvement, occupational health surveys, and factors dealing with the so-called "unsafe act."

None of these activities are preempted by the Federal program.

State, county, and municipal workers can be covered only by a State safety program, whether the State is preempted or not from enforcement activities in the private sector: Therefore, be it

Resolved, that the State of Pennsylvania:

(1) Maintain and develop a State safety program as a complement to the Federal program and not as a substitute for it.

(2) Initiate requests for Federal funds to conduct research, experimental and demonstrations relating to occupational safety and health.

(3) Promulgate an executive order and/or enact legislation covering all public employees under a statewide program.

Submitted by United Steelworkers of America, legislative committee, Locals 210, 5948, 4280, 15396, 1408, 4908, 1385, 2600, 4223, 4648, 5697, 2635, 2644, 1164, 3176, 4977, 7025, 58, and 2633.

Referred to legislative committee.

Committee Action ———.

Convention Action ———.

Mr. OBEY. Thank you. Mr. Taylor.

STATEMENT OF GEORGE TAYLOR

Mr. TAYLOR. Mr. Chairman, we propose an alternative budget to that which was submitted by the President on the occupational safety and health programs of the Federal Government, specifically those administered by the Department of Labor, the Occupational Safety and Health Administration, Department of HEW, National Institute for Occupational Safety and Health, and Occupational Safety and Health Review Commission.

In summary, the table on A–12 of the statement, I think, contains all the data. In merely summarizing it for what assistance it might give you, in the OSHA program under the Department of Labor we are asking for a $3 million increase over the President's budget. But if you get down to table II on page A–12, you will see that we have asked for an increase on Federal enforcement from the President's budget of $37.1 million to our proposal of $6.2 million; an increase of $23 million.

This increase is proposed by the AFL–CIO to be achieved by means of reprograming $23 million out of the State programs in the present OSHA budget submitted by the President, and transferring that over to enforcement by OSHA for Federal inspectors and industrial hygienists. The total amount remains the same. It is an interior reprograming. The reason for this is that on the basis of the budgets of the States which now have approved OSHA programs, their total budgets only amount to $23 million, or a little less than that. The money is not needed. Secondly, the AFL–CIO has taken Secretary Brennan and Assistant Secretary Stender to court in a challenge to the entire concept and the means by which the Secretary has approved the balance which are now some 25 in number which are in operation in some 25 States. If our suit is successful, those programs will come to a halt and those State plans, which are now under review, and which are not yet approved, will stop until the Secretary reviews his entire procedures and guidelines under which he asserts the States can come in with section 18–B plans and makes them according to the act, which we allege in our suit is violated.

As far as any action is concerned, we ask for a total increase of about $16,700,000, over the President's budget. The individual programs items are set forth in table III. As the previous witness pointed out correctly, OSHA has been subjected to budgetary attrition beyond all belief. The present budget for fiscal year 1975 is equal to the budget for 1972 when it was not NIOSH, but the old Bureau of Occupational Safety and Health under the Public Safety Administration. The enormous responsibilities that section 20 imposes on NIOSH have not been met simply because of the lack of financial resources, the phasing out of programs such as the training program in the face of the need for 57,000 health personnel in this field, in government, in industry, and in labor unions.

We urge most strongly, because of the terribly serious problems in the health field, the most notable and visible of which has been the recent problem on vinyl chloride, that this committee give consideration to giving NIOSH the sufficient funds to protect workers from these health hazards. We have only reached the top of the iceberg and as time goes on it will become more serious to uncover these problems when adequate manpower and money is given to attract the problem.

Mr. OBEY. With regard to your comments on NIOSH, I could not agree more. Thank you very much, gentlemen.

FRIDAY, MAY 17, 1974.

OCCUPATIONAL SAFETY AND HEALTH

WITNESSES

JACOB CLAYMAN, SECRETARY-TREASURER, INDUSTRIAL UNION DEPATMENT, AFL–CIO
PHILIP DAUGHERTY, INDUSTRIAL UNION DEPARTMENT, AFL–CIO
SHELDON W. SAMUELS, INDUSTRIAL UNION DEPARTMENT, AFL–CIO

Mr. OBEY. Next we have Mr. Jacob Clayman, industrial union department, AFL–CIO.

STATEMENT OF JACOB CLAYMAN

Mr. CLAYMAN. I have with me today Philip Daugherty and Sheldon Samuels of our organization. I am obviously aware of the many demands upon this committee and I suspect at times it must become very difficult to know which to give special attention to in terms of priority. We are aware of this problem. Let me see if I can underscore what I believe to be one of the high priorities of a statement that we are about to make in regard to the agencies we are interested in this morning.

I am looking at the President's Report on Occupational Safety and Health, issued in May of 1972. On page 111 I will read from that report:

> The incidence of occupational disease is less well known, but recent estimates indicate at least 390,000 new cases of disabling occupational diseases each year—extraordinary. Based on limited analysis of violent, nonviolent mortality in several industries, there may be as many of 100,000 deaths per year from occupational caused diseases.

This comes from the President and from an administration that has been rather conservative in the development of the budget of both OSHA and NIOSH.

So when we talk of priorities, we are not just talking about the usually listed 14,500 deaths. These are the popular figures that are reported by the Department of Labor. Most of them are the obvious deaths, discernible to the eye—a person crushed by a load of steel falling from a crane, and that type of thing. Very few of the 14,500 concern themselves with occupational safety and health, particularly occupational health. So, here we have a most major crisis in our industry, with the Congress and the administration acting as though it is a minor disturbance and element in our society.

I am reading now from our statement. I know that you are aware of the vinyl chloride episode. Everybody is talking about it at the moment. Seven hundred thousand workers are exposed to a known human carcinogen, to an unknown extent and with no known assessment of the full effects on health. Nor do we know the economic price that must be paid in terms of costs to the worker and costs to the employers for correction. Surely we are talking about hundreds of millions of dollars in damage to our economy and an as yet untallied price in death and disease. The National Cancer Institute estimates that as many as 1 of every 50 workers exposed to the current emergency standard—and that is supposed to be a sound standard, but we take objections to it, but it reduced the exposure from 500 parts to 50 parts—and even with the emergency standards here you have the National Cancer Institute suggesting that 1 out of each 50 workers will die of vinylchloride-related disease.

Maybe we have talked about these things so often in the past that we have lost the sensitivity to respond to this kind of tragic figure. How many will die and have died, no one really knows. The 16 reported cases may reflect the actual cases by a factor of 1/100th.

The fact is that we can't afford and can't tolerate episodes of this kind. We made a special plea for field studies in the National Institute for Occupational Safety and Health and for toxicological research in the National Institute for Environmental Sciences. Because the administration paid no attention and the House was not prepared to appropriate additional funds to OSHA, research programs specifically

aimed at the study of petrochemicals such as—and including—vinyl chloride were not funded and staffed. The studies were eliminated from the program plans of these agencies.

We are back here again making the same kind of plea, with the hope that history will not prove us correct again. If history does prove us correct, there will be a lot of workers who will die in the interim when indeed their lives may be preserved if we act with diligence and wisdom in these hallowed halls. Our estimate is that some $10 million in additional funds and 20 additional professional positions can be absorbed for this purpose NIOSH and five positions and $3 million in ULEHS. This is not a guess. It is based on the experience of those who would carry out such studies. The people who work in this area, the scientists, they recognize the problem. They want to do a decent job. Yet, they are restrained by the limitations of the appropriation.

There are about 1,000 chemicals that are known to produce cancer in man or other animals. Many times this number are suspect. No wonder of every four Americans who will develop a cancer that 90 percent of these cancers will be caused by a chemical. I must confess that I raised a question when I saw this sentence in front of me. The answer I got was that the medical literature contains these kind of statistics. When responsible scientists write in this fashion, it seems to us, those of us in labor, in industry and those in the administration and the Congress should pay some heed.

I am doing this as a kind of brief oversight because I know the strictures on time in this committee. We have been worried about the lack of our development of some areas such as atomic energy. We learned that AEC has asked for $10 billion. We learned that not one penny has been asked for to be spent for concurrent occupational health studies in that area. We have been told about the hazards of coal gasification, of shale oil, of even solar energy. We have not even started on our way to do the basic scientific study and analysis which would arm us with the capacity to at least approach with some intelligence and some skill the resolution of these dangers.

So obviously, Mr. Chairman, we are asking for more money because that is the starting point. Without it, with the greatest of zeal and goodwill, the job just can't be done. I refer the committee's attention, because perhaps he has not been involved in the past that develop and this conceivably may have escaped him. The former Secretary of HEW, Elliot Richardson, during the period when he had apparently much more credence in the administration, sent a letter to the chairman of this committee and the chairman of the Senate Subcommittee on Appropriations handling the same matters. The letter was dated July 25, 1972. In that letter he made this observation: "Since the new budget was submitted"—meaning the administration's budget—"I have become very concerned about the rate at which new health and safety standards are being promulgated. We have so far recommended only five such standards." This is HEW-NIOSH, asbestos, beryllium, carbon monoxide, heat stress and noise. The budget estimate was built on the assumption that we would recommend 20 to 30 additional standards in fiscal year 1973. I now feel that we should accelerate this pace to 40 to 60 standards. Incidentally, he went on to recommend an additional $10,000,000 over and beyond the request of the Administration and OMB. The Senate acted favorably on this. The House did

not. I suspect the saving grace for the House is that the President vetoed the bill anyway. So I suppose the soul of the House was saved in that fashion.

Now, the point is that here was a relatively conservative Administrator of HEW recommending to both Houses the addition of $10 million beyond the recommendation of his Department, originally, of the administration, obviously, and OMB another byproduct of this communication is that we only have one of those five approved as a standard, namely asbestos. That was done because of special petition because of a special petition filed by some of us in the labor movement otherwise it would likely not be on the books now as a standard. There is only one additional group, one group of 14 carcinogen that have developed into standards. This was early 1972. This was during an era when the then Secretary of HEW was complaining about the slow growth of standards. So we are here today urging upon this committee that they seize the nettle and do what is right in relation to workers and their families. I am told that they constitute a reasonably important element in our society.

That, Mr. Chairman, is a brief overlook of the problem as we see it. If you will allow me 30 more seconds, I assume I am over 10 minutes and you apparently have a foregiving nature in permitting me some leaway, which I appreciate. We want to add most strongly our support for the suggestions made by AFL-CIO that OSHA be given additional funds. We have concentrated on NIOSH because they have handled this issue so well in their testimony. The thing that impresses me so greatly is the fact that they are asking for 200 additional hygienists. These are terribly necessary and vital in any kind of occupational and health program on the Federal level. Otherwise, we are supportive of every item that they have requested, including all the commas, periods, and question marks. Thank you, sir.

[The statement follows:]

Mr. Chairman, for 3 years we have been appearing before you to seek realistic funding of the Nation's programs for protecting the lives of 80 million working taxpayers, 100,000 of whom die of an occupational disease each year. While some progress is being made on behalf of sound budgeting for the Labor Department's portion—OSHA—virtually no progress has been made in support of the HEW portions.

But before I make some specific proposals, it should be pointed out that we fully support the AFL-CIO proposals and that our statement constitutes a supplement to meet the special needs of industrial workers.

I know that you are aware of the vinyl chloride episode. 700,000 workers are exposed to a known human carcinogen, to an unknown extent and with no known assessment of the full effects on health. Nor do we know the economic price that must be paid in terms of costs to the worker and costs to the employers for correction. Surely we are talking about hundreds of millions of dollars in damage to our economy and an as yet untallied price in death and disease. The National Cancer Institute estimates that as many as one of every 50 workers exposed to the current emergency standard will die of a VC-related disease. How many will die, have died * * * no one really knows. The 16 reported cases may reflect the actual cases by a factor of 1/100th.

Last year, the year before, and the year before that, I appeared here to beg for research funds to prevent this kind of disaster.

The fact is that we can't afford and can't tolerate episodes of this kind. We made a special plea for field studies in the National Institute for Occupational Safety and Health and for toxicological research in the National Institute for Environmental Sciences. Because the administration paid no attention and the House was not prepared to appropriate additional funds to OSHA, research programs specifically aimed at the study of petrochemicals such as—and includ-

ing—vinyl chloride were not funded and staffed. The studies were eliminated from the program plans of these agencies.

Labor feels, with some urgency, that the same mistake should not occur again. The IUD's staff committee on carcinogens met last month to assess this need, that is, the Government's need to complete the vinyl chloride studies and lay the groundwork for a broader petrochemical study. The task is mammoth, so mammoth that it is impossible to estimate what should be spent. The recommendation of our committee is that you expand NIOSH and NIEHS in this field to the maximum extent consistent with maintaining their current high standards of performance in occupational epidemiology and—at least in NIEHS—toxicology.

Our estimate is that some $10 million in additional funds and 20 additional professional positions can be absorbed for this purpose in NIOSH and 5 positions and $3 million in NIEHS. This is not a guess. It is based on the experience of those who would carry out such studies. Because of our past experience in this regard, it is important to provide both money and positions in a specific line item for such a study to deter OMB's penchant for mindlessly slashing appropriations and contracting out the remaining crumbs. Let me remind you that 90 percent of the current NIOSH budget is being contracted out at a loss in quality and production. The language in your report last year proscribing the use of commercial contractors was ignored. Stronger action may be necessary this year.

About 1,000 chemicals are known to produce cancer in man or other animals. Many times this number is suspect. No wonder one of every four Americans will develop a cancer, and that 90 percent of these cancers will be caused by a chemical. The worker is exposed to carcinogens in the community, but his greatest exposures are in the workplace. One study, for example indicates that the risk for some chromate workers is 18 times over the general population.

For these reasons we are not able to support the administration's instructions to NIOSH: Reprogram to meet the VC crisis. That means: Drop other studies! Our request for special funds and personnel must be in addition to an overall increase. All workers in high-risk industries must be protected with the same urgency.

Among these high-risk industries are those emerging from the energy crisis.

We read with interest Dr. Ray's report to the President. We have no quibble with the AEC request for $10 billion. But we are rather shocked to learn that not a penny will be spent for concurrent occupational health studies. What are the hazards of coal gasification (in which process we may expect the increased production of carcinogenic aromatic amines such as beta naphthylamine), of shale oil (which contains carcinogenic kerogen) or even of solar energy (which may increase the use of carcinogenic cadmium). We don't know. The scientists tell us that they don't know either.

Unfortunately, because of past neglect of NIOSH, they cannot at this time absorb a major study in this area. But some of the basic research can be done in NIEHS and the National Cancer Institute while NIOSH develops strength in the next 12 months. Next year we will ask you to fund a NIOSH program in this area.

This year NIEHS can easily absorb $10 million and 15 positions for this work. The National Cancer Institute can easily reprogram its massive budget to provide additional funds and personnel for its Division of Cancer Cause and Prevention. Here again it is essential that contract to in-house ratios be tightly controlled by the committee and additional personnel provided. The lung cancer section in that division, for example, spends 90 percent of its $3.3 million on contract work. Its four professionals cannot properly supervise the contractors and still do their own work. Here is a key unit whose work may help us to predict the probable carcinogenicity of a chemical before it is tested or even synthesized. Further, they are following what appears to be a productive method of chemically protecting workers in high-risk groups exposed to cancer-causing agents in the workplace. This lead is called vitamin A prophylaxis. The problem is to produce a synthetic analog, or similar substitute, with the same effects on cancer but with lower toxicity and higher potency.

We recommend that contract work be limited in NCI, for any of its programs, to 60 percent of budget and that staff allocations be doubled.

I know that the administration will tell you that they will not be able to fill the positions we are requesting in NCI, NIEHS, NIOSH and OSHA.

For specialized functions there has been and will continue to be spot shortages of personnel. But for the next 12 months most, if not all, of these positions can probably be filled with some serious recruiting. But what about next year and the year after that?

The termination of training grant activities in occupational safety and health, a function required by the Occupational Safety and Health Act, must not be tolerated by this committee. We need hygienists, physicians, nurses, technicians and engineers in the training track now to prevent a real shortage!

At this risk of sounding paranoic, I would like to point out that this is the only mandated health manpower program in HEW singled out for this treatment. Why?

A week ago, in an address before a meeting sponsored by the Society for Occupational and Environmental Health and attended by scientists from throughout the world, I tried to answer that question.

I am convinced that OMB's special treatment of NIOSH is unrelated to a tight budget. The funds required are a pittance in terms of the total HEW budget or the executive budget as a whole. In the first year of this administration—1969—OMB itself spent $9.7 million. This year it is asking for $23.4 million. We believe that the administrative costs in the Government as a whole have soared at the expense of operating programs in this administration. Why select for special axing the NIOSH budget? To balance the inefficiency of OMB? To strike at a program that will provide the basis for future controls?

Saving lives in the workplace means that regulation must take place. But sound, economic, and effective regulation cannot take place without research and education. For these reasons you created NIOSH. Now it is your obligation to permit it to function properly.

Mr. OBEY. Thank you. I am aware of Secretary Richardson's letter in 1972. I inserted it in the record during hearings on NIOSH sometime ago.

Mr. CLAYMAN. Then, I retract what I said. Forgive me.

Mr. OBEY. I also was impressed by your speech in New York last week. I had a staff member up there attending the conference and I inserted your speech in the record yesterday. I thought it was a good speech. I thought it covered the problems faced in NIOSH well. I have a number of questions. Because of the time I cannot ask them here, but I would like to submit a number of questions to you for your response in the record on the subject of NIOSH and vinyl chloride.

Mr. CLAYMAN. Thank you, sir. We welcome those questions and the opportunity to respond.

Mr. OBEY. Thank you very much.

[The information follows:]

Question: What, in your view, is necessary to identify and extend care to workers who may now or in the past have had a high exposure to a toxic substance?

We ought to begin thinking about a comprehensive system that matches work history, possible exposure and notification of the risk and how to obtain help. We don't know how to construct such a system at this time. However, we can make a beginning by creating such a system for a few high risk groups, such as those now or formerly exposed to high concentrations of asbestos.

Cancers from asbestos, for example, and other related dust diseases are rapidly becoming an epidemic among workers, posing special problems of medical care and research. Early action is necessary to save lives of thousands who are expected to become afflicted with mesothelioma (a once rare disease) and other cancers caused by asbestos exposure.

Any program developed for asbestos cancers would have direct applicability to a broad range of other medical problems just now becoming urgent because of the new hazards introduced since World War II whose latent medical effects are now appearing. This program requires that the government quickly focus resources within and outside of the government. Such resources exist but must be utilized.

In economic terms, by anticipating the needs of these workers, hundreds of millions of dollars can be saved by modest expenditures at this time. But, most important, hundreds (hopefully thousands) of lives can be saved each year. To give you an idea of the prevalence of the problem, we append a chart which locates asbestos plants owned by major corporations.

At least three potential centers exist in the eastern, central and western states capable of quickly engaging in this program because of their trained and experienced staff. Mt. Sinai School of Medicine in New York City is a good example. Case-Western Reserve University is another. Since at least 200,000 workers from about 30 states are afflicted (see attached list), geographic distribution of these centers is important.

What is needed is a basic program of early detection and early care:

A. Registry of workers exposed to asbestos for one month or more since 1941. (Shipyard workers, asbestos factory workers, asbestos applicators) Because collaboration with labor and industry can be expected, must of the cost will be spent by the private sector.

B. Notification and development of medical screening and surveillance for high-risk groups in asbestos product manufacturing and application.

C. Extension of available therapy to asbestos cancer patients, including treatment of pre-clinical mesothelioma and other cancers in early stages.

D. Development of additional therapeutic measures.

E. Creation of a task force within HEW and privat sector resource centers.

F. Pilot studies in at least one resource center prior to initiation of national program.

In addition to $6 million necessary to support three resource centers, NIOSH needs $6 million for its responsibilities in such a program. This program would not relieve the employers of their obligation to compensate workers or to support medical care. It would create a means by which private sector dollars could be effectively spent.

Question: In asking for a concentrated attack on petrochemicals, you must have seen preliminary evidence of the problem. Can you give us some idea of the hazards posed?

The vinyl chloride episode forces us to look at the plastics side of this huge industry. A family of chemicals that needs intensive investigation, for example, are the phthalate esters. The one-billion four-hundred million pounds of these chemicals used each year as plasticizers and for a host of other purposes dwarfs the production of DDT, dieldrin and many other better-publicized threats to environmental health. Thirteen major suppliers manufacture twenty different phthalate compounds for which only two or three OSHA standards exist. (And these are not designed to protect against any but acute toxic effects.) It is absolutely imperative that we know more about the levels of exposures. Since many female workers are exposed, we feel the critical need to explore possible teratogenic effects. (Some of these compounds are related to thalidomide.) Some evidence exists that there may be mutagenic effects also. The role of these chemicals in the induction of cancer and other effects related to low doses over a long period of time needs to be explored. Since they have been in use since the 1920's, the evidence is there to be examined if funds and personnel can be made available.

DISTRIBUTION OF ASBESTOS PLANTS

BY STATE AND SIZE

STATE	A*	B*	C*	D*	na*	TOTAL	STATE	A*	B*	C*	D*	na*	TOTAL
Alabama	0	0	0	0	2	2	Missouri	2	1	0	0	2	5
California	3	10	0	2	1	16	New Hampshire	1	1	0	0	0	2
Connecticut	0	0	0	1	0	1	New Jersey	2	5	3	3	2	15
Florida	1	0	0	0	0	1	New York	0	3	1	1	1	6
Georgia	0	0	0	1	1	2	North Carolina	0	2	0	0	0	2
Illinois	3	4	0	3	3	13	Ohio	1	3	1	3	0	8
Indiana	2	6	0	1	2	11	Oregon	1	0	0	0	0	1
Kansas	0	0	1	0	0	1	Pennsylvania	2	4	0	3	2	11
Kentucky	0	1	0	0	0	1	Rhode Island	0	0	0	0	1	1
Louisiana	0	1	3	0	1	5	So. Carolina	0	0	1	0	0	1
Maryland	0	1	0	0	0	1	Tennessee	1	0	0	0	0	1
Massachusetts	1	1	0	1	0	3	Texas	2	4	0	0	3	9
Michigan	0	1	0	0	0	1	Vermont	0	0	0	0	1	1
Minnesota	1	0	0	0	0	1	Virginia	0	1	0	0	1	2
Mississippi	0	1	0	0	0	1	Washington	0	0	0	2	0	2

*A - plants with less than 100 people employed
B - plants with 100 to 499 people employed
C - plants with 500 to 999 people employed
D - plants with 1,000 to 4,999 people employed
E - plants with more than 5,000 people employed
na- not available

FRIDAY, MAY 17, 1974.

PEDIATRIC PULMONARY DISEASES

WITNESSES

HON. LINDY BOGGS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF LOUISIANA
DR. WILLIAM W. WARING, CHIEF, SECTION OF PULMONARY DISEASES, DEPARTMENT OF PEDIATRICS, TULANE UNIVERSITY SCHOOL OF MEDICINE, NEW ORLEANS, LA.
MRS. JACQUELINE ZASLOW, GOVERNMENT RELATIONS DIRECTOR OF THE NATIONAL CYSTIC FIBROSIS RESEARCH FOUNDATION

Mr. OBEY. Next we are delighted to have with us the Hon. Lindy Boggs from Louisiana. Would you like to introduce the people who are testifying with you?

STATEMENT OF HON. LINDY BOGGS

Mrs. BOGGS. Mr. Chairman, it gives me unusual pleasure to have the opportunity to present to you and to the committee a constituent who is so eminently qualified to present the testimony he will today, by training, by experience, by publication, by recognition in his profession, by various awards, citations, and memberships and also by professional and social attitude, to speak on a subject that, as a member of the Medical Advisory Committee of the National Cystic Fibrosis Research Foundation, is very dear to my heart. I don't want to take any of the time away from someone who is much better qualified to speak on this subject than anybody I know of, Dr. William W. Waring, who is chief of the section on pediatric pulmonary diseases in Tulane University School of Medicine, my alma mater.

Mr. OBEY. It is good to have you with us.

STATEMENT OF DR. WILLIAM W. WARING

Dr. WARING. First of all, I would like to express my appreciation to Mrs. Boggs for such a generous introduction to my comments here today. I want to assure Mrs. Boggs that Tulane is very proud of her.

Mr. OBEY. So are we.

Dr. WARING. I would also like to express my gratitude to this committee for the time you have given us today to come and talk to you. I would like to introduce Mrs. Jacqueline Zaslow, seated on my left, who is the government relations director of the National Cystic Fibrosis Research Foundation, which is the organization I represent today.

Because the length of my testimony if read, would be greater than the allowed 10 minutes, I would like your permission, Mr. Chairman, to enter it into the record and take a few minutes to speak on the high spots.

[The statement follows:]

Mr. Chairman and members of the committee, I am grateful for the opportunity to apepar before you today. I am Dr. William W. Waring, chief of the section on pediatric pulmonary diseases of the Tulane University School of Medicine in New Orleans. Today I am representing the National Cystic Fibrosis Research Foundation.

The National Cystic Fibrosis Research Foundation sponsors a network of care, teaching and research centers located, for the most part, in medical schools and teaching hospitals across the country. These centers render optimum services to children suffering from cystic fibrosis and other chronic pulmonary diseases, such as lung damaged asthma, bronchiectasis, emphysema, and so forth. Funds to help support our medical and scientific programs are raised by our 130 nationwide volunteer chapters. However, these funds are far from adequate to fill the enormous need in this area, and Federal assistance has become heavily relied upon.

At the Tulane Medical School, my dual role as section chief and cystic fibrosis director entails considerable responsibility in the attempt to meet the needs of thousands of children and young people suffering from cystic fibrosis and other severe chronic respiratory diseases. It further obligates me to generate a responsive attitude in those who may have the power to influence the implementation, maintenance and strengthening of such programs which are currently providing vital service, and have the greatest potential for preventing lung disease in the future. It is sad to learn that our great country ranks a low 17th in infant mortality among the nations of the world. With the vast resources available to us in terms of knowledge, skill and technology, it is within our power to train and rechannel our manpower in new directions. Such shifts are necessary to produce healthier adults from healthier children.

Pediatric Pulmonary Centers

What needs to be done in the area of pediatric pulmonary disorders? First, I wish to discuss the role of pediatric pulmonary centers in which the foundation has a very special interest. Today, there are 10 such centers receiving Federal funding on a tenuous basis. Over the past few years they have been struggling to carry on their vital functions under great stress. I believe it is only due to the dogged tenacity of a relatively few dedicated individuals that they continue to exist. They must have permanent authorization and proper funding.

I do not wish to burden the hearing record with extensive data concerning the prevalence of chronic pediatric pulmonary disease, incidence rate, mortality and morbidity surveys, and other relevant information. It has been furnished to this committee in previous years, but if the chairman wishes I would be pleased to supply current information. However, I have atached to my testimony a list of the 10 currently funded centers.

The 10 pediatric pulmonary centers have previously received funding under the regional medical program. From 1968 until today the total expenditure has been between $1.4 million and $2 million each year. These are small sums when measured against the benefits achieved, and the great amount of work yet to be done.

Fortunately, negotiations with the Department of Health, Education, and Welfare, over the past 12 months, have successfully effected a programmatic change of administration of the centers. The Health Services Administration, through the Bureau of Community Health Services, have delegated pediatric pulmonary center responsibility to the maternal and child health programs. As a center director I feel very comfortable with this situation. Historically, maternal and child health have demonstrated their ability to cope with the problems besetting mother and child, and furthermore, H.S.A. has articulated its interest in the development of the program.

Actions necessary to extend R.M.P. funding through September 30, 1974, have been taken. But because the 1975 budget does not contain any identifiable funds to implement the recommendations made in a report to continue and expand the program, (I will refer to this report later), a request has been forwarded to Congress for permission to reprogram currently available funds sufficient to continue the existing centers through fiscal year 1975 under the authority of title V, section 511 of the Social Security Act.

Although we are extremely grateful for the aid received this year, this action does not sustain financial support beyond June 30, 1975, nor does it provide stabilization beyond that date. In light of this, we have asked Congress to seriously consider authorizing legislation which would make the pediatric pulmonary program a full participating partner under title V.

The report to which I referred earlier, was prepared by HEW, following a request by Congressman Paul Rogers. It is a fair survey of the problem and also reflects the efforts of these 10 centers to meet the need, detailing their long and

short term training programs, the multidisciplinary approach, the concept of outreach programs to serve geographical regions and the in-service education offered to practicing physicians, nurses, respiratory therapists, nutritionists and other professional workers.

It will show that the 10 existing centers serve approximately 30,000 children afflicted by pulmonary disorders. Screening, case finding, in and out patient services, family counseling and, in some instances, genetic counseling, are all part of the total program. The future requirements of this program strongly indicate the need for a more responsive attitude toward one of the Nation's major health problems in children. The report suggests the need to expand services and training in the existing centers and recommends that by 1980 12 other centers be brought into the chain to fill geographical gaps and serve all areas of the country. This 6-year timetable, based upon an average of $300,000 per center, would bring the aggregate total needed to approximately $10 million by 1980.

Statistics compiled by the U.S. National Center for Health Statistics, in 1970 show there are close to 11 million children with pulmonary problems in the United States today. I submit that less than $1 per head spread over the next 6 years seems an incredibly small price to pay for their health and even survival.

Speaking as a center director, I must point out that such service is well nigh impossible to maintain unless we have the certainty of a planned Federal program entailing appropriate jurisdiction and funding. This has not been the case in past years but I sincerely hope these trying days are behind us and the future of the center program can be secured.

As a final note on this subject, I am seriously concerned over reductions in the trained program staff of the Department of Health, Education and Welfare. If the pediatric pulmonary centers are to be maintained and expanded there must be competent Federal employees to administer the program.

NATIONAL INSTITUTES OF HEALTH

In conjunction with the spectrum of respiratory diseases (particularly cystic fibrosis) which emanate from either genetic or metabolic origins, we are extremely dependent upon research. I would like to urge this committee to take positive constructive action regarding the National Institutes of Health. It is very reassuring that training, which was temporarily phased out, has now been reinstated in NIH programs. Also, we are most pleased with the release of impounded funds.

I would urge you, gentlemen, to take every step within your power to ensure that the 1975 Appropriations bill enables NIH to implement the training programs authorized by Congress.

NATIONAL HEART AND LUNG INSTITUTE

In October 1972, the Heart, Lung, Blood Vessel Act was passed. This bill called for an authorization of $520 million to implement the expanded programs concerned with cardiac disease, arteriosclerosis and lung disease. Out of $475 million authorized for research, $45 million was designated for control programs. Under the succeeding continuing resolutions, nowhere near this sum has been made available to the National Heart and Lung Institute (N.H.L.I.) to carry out the will of Congress. The law also mandated that 15 percent of the total budget would be allocated for pulmonary research. It further decreed that "15 super centers" in pulmonary disease would be established and each funded at approximately a $5 million level per year. Control programs were to be stressed. The President's 1975 budget request of $309,299,000 for this institute will be just about sufficient, excluding inflationary aspects, to fund the level of research prior to 1970. We would, therefore, endorse an appropriation for the National Heart and Lung Institute of no less than $360 million and applaud any sum in excess of that.

NATIONAL INSTITUTE OF ARTHRITIS, METABOLIC AND DIGESTIVE DISEASES

Because cystic fibrosis is a complex disease and the metabolic aspects are as significant as the pulmonary, we are equally concerned about the ability of the National Institute of Arthritis, Metabolic and Digestive Diseases (N.I.A.M.D.D.) to sponsor and engender relative research. Although there is an open ended authorization for appropriation, we note that the President's request for this institute is a mere $153 million, out of which only $1 million is specified for training, and as little as $4 million for fellowships.

Although cystic fibrosis falls into the minority of categorical diseases entities investigated by this institute, we have confidence in the overall contribution to mankind and are aware of the restrictions imposed by undue fiscal limitations. We would like Congress to make available to N.I.A.M.D.D. a sum no less than $176 million, with an allocation of a minimum of $17 million for training. In actual fact, $190 million would enable the institute to not only implement the Weinberger Scholarships to optimum level, but to also sponsor other innovative investigation into metabolic disorders, which may eventually lead to the solution of other diseases such as diabetes, arthritis and cystic fibrosis.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

The most basic and yet sophisticated area of research is that of genetics. The National Institute of General Medical Sciences (N.I.G.M.S.) has difficulty in defining its mission, both before Congress and the general public. Molecular biology is being stressed along with the evaluation of the cellular basis of diseases. This institute would like to pursue the predoctoral scholarship, thereby, giving incentive and practical means of support to the young investigator along with the Weinberger Post-Doctoral Scholarship. Once a finding in the basic sciences can be identified with the abnormality of a particular disease entity, the project, and all further research in the specific area, will be transferred to the relative institute. We fell, therefore, it is essential that N.I.G.M.S. have a budget which will adequately support its meaningful programs.

We would respectfully suggest a total N.I.G.M.S. appropriation for fiscal year 1975 in the region of $195 million, with specific earmarking within that sum of $500,000 for the establishment of an additional genetic center this year, and a minimum of $33 million for predoctoral research.

In summation, the National Cystic Fibrosis Research Foundation hopes Congress acts with caution in mandating limitation of the National Institutes of Health authority for a 3-year period on training programs. We appreciate the reasons for these measures, but now they appear to be unduly restrictive and would not permit NIH to develop training programs to optimum levels.

I appreciate, Mr. Chairman, this opportunity of communicating with you and of conveying the thoughts and recommendations of the foundation.

We would at this point like to endorse the testimony that will be given by Dr. Roy F. Goodard, president of the Pediatric Pulmonary Association.

1974–75 grants

Pediatric pulmonary centers:	
University of Colorado	$125,839
Children's Hospital, Philadelphia	300,000
Columbia-Presbyterian Medical Center	255,881
Children's Orthopedic Hospital and Medical Center, Seattle	92,350
Tulane University Medical School	269,700
Kaulkeolani Children's Hospital, Honolulu	121,000
University of Puerto Rico	35,000
Georgetown University Hospital	140,651
New Mexico	86,470
California College of Medicine at Irvine	71,444

Dr. WARING. There are almost 11 million children in the United States with various types of chronic pulmonary diseases, including cystic fibrosis, asthma, bronchiectasis, chronic bronchitis and others of both acquired and inherited cause. Many thousands of children who have cystic fibrosis are being cared for in the centers which are sponsored by the National Cystic Fibrosis Research Foundation. There are more than 100 such centers.

For those who are not familiar with it, cystic fibrosis is an inherited disease that occurs quite commonly. Perhaps 1 out of every 2,000 babies born in this country will have cystic fibrosis. Because it is inherited, there are carriers of the gene for it. I was looking around the room earlier, and there are about 20 peoplea here. Since the incidence of the carrier rate is about 1 in 20, it is very likely that someone in this room is an unwilling carrier of this disease.

There are other types of centers in the United States caring for children with chronic pulmonary diseases. There are 10 pediatric pulmonary centers receiving funding under the administration of maternal and child health programs. These centers are having great difficulty functioning because of tremendous fiscal instability. They are, in a real sense, orphans moving from one governmental funding agency to another. In regard to these centers, I would like at this time to endorse the statement of Dr. Roy F. Goddard, whose testimony will follow mine this morning. He will tell you more about the operational aspects of these 10 pediactric pulmonary centers.

Both the cystic fibrosis centers I have alluded to and the pediactric pulmonary centers that Dr. Goddard will be discussing care for patients. They also train others to care for patients, including physicians, nurses, respiratory therapists, and parents. They also perform research. I thought it might be interesting to you to give one or two examples of training and research aspects inasmuch as they reflect my particular center in New Orleans at Tulane Medical School.

I brought two stethoscopes today, not to prove I am a doctor, but to show you two different types. Here first is the conventional stethoscope used by almost all doctors in the world. I scrounged around in the clinic the other day and found this. I brought out of the pocket of my white coat at the school another stethoscope, different in construction. This is a "double" stethoscope. Instead of having one chest piece sending the same sound to both ears, we have two chest pieces. One is sending sound to one ear and the second to the other ear. Obviously, this is of some value because the lungs are paired organs, and within each of those organs there are different segments, each of which has its counterpart in the other lung. We have found the double stethoscope to be of tremendous value in the early recognition and handling of children with pulmonary diseases, because this tool allows us to compare one side with the other on the same breath. We train our medical students and house officers to use this instrument. I submit this stethoscope as a very simple, but still a rather new and not generally applied approach to the era of children's pulmonary diseases.

I would also like to show you some casts of index fingers of children who have chronic pulmonary disease. Each time a child comes into the clinic, we make a cast of his index finger. The procedure takes no more than a minute or two. This cast that I will show you comes from an 8-year-old child who has cystic fibrosis. The type of deformity you see here of the end of the finger is called clubbing. You can see that the end of the finger is deformed. We have found that the "clubbing" process, which is such a hallmark of cystic fibrosis and some other types of pulmonary disease, is partially reversible. In proof of that, I will show you two finger casts taken from the same child 3 months apart, the later one showing a return to normal or near normal of the shape of the finger. We feel that careful evaluation and measurement of these casts help us to tell when a truly effective therapeutic program has been inaugurated.

Mr. Chairman, another point I would like to make is the inadequate number of trained pediatricians in the United States to take care of the many children with acute and chronic pulmonary diseases, including cystic fibrosis. We see the need for such highly specialized indi-

viduals and want to point out that it is one of the purposes of our centers to train such physicians.

In capsule form, now I would like to indicate what this foundation is requesting. It hopes to have full implementation of pulmonary disease training programs by the National Institutes of Health, both in basic and clinical sciences. It seeks appropriation of not less than $360 million to the National Heart and Lung Institute, because it is this Institute that is funding most of the pulmonary research, both in children and in adults. It seeks appropriation of not less than $176 million to the National Institute of Arthritis, Metabolic, and Digestive Diseases, since cystic fibrosis is one of the earmarked diseases within this Institute. Finally, it seeks appropriation of not less than $195 million to the National Institute of General Medical Sciences, because it is this Institute that is concerned with the genetic aspects of all diseases, including cystic fibrosis.

Finally, I would again like to thank this committee for its attention and also Mrs. Boggs for her gracious introduction.

Mr. OBEY. Thank you very much, Doctor.

FRIDAY, MAY 17, 1974.

PEDIATRIC PULMONARY DISEASES

WITNESS

DR. ROY F. GODDARD, DIRECTOR OF PEDIATRIC RESEARCH, LOVELACE FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, ALBUQUERQUE, N. MEX.

Mr. OBEY. Our next witness is Dr. Roy Goddard from the Association of Pediatric Pulmonary Centers.

STATEMENT OF DR. ROY GODDARD

Dr. GODDARD. Mr. Chairman, I am sorry I don't have such a lovely and gracious person to introduce me but I will do the best I can. I want to thank you for the opportunity of testifying on the problem of children with cystic fibrosis, that Dr. Waring has mentioned. I am director of a center where we study children suffering from pulmonary diseases and where we also study some of the detrimental environmental hazards mentioned in previous testimony; namely, atomic energy and other contaminants. I would like to submit my written testimony for the record.

[The statement follows:]

STATEMENT OF ROY F. GOODARD, M.D., DIRECTOR OF PEDIATRIC RESEARCH, LOVELACE FOUNDATION, ALBUQUERQUE, N.MEX.

Mr. Chairman, distinguished members of the committee, thank you for giving me the privilege of appearing before you today in behalf of the almost 11 million children in America who suffer from chronic respiratory conditions. I represent the Association of Pediatric Pulmonary Centers, one of whose major objectives is to assure early recognition, diagnosis, evaluation, and treatment of these 11 million afflicted with chronic crippling respiratory conditions.

THE SIZE OF THE PROBLEM

Astoundingly, one of every six children in the United States under 17 years of age has one or more chronic pulmonary diseases. Of all chronic diseases affecting children in this age group, pulmonary diseases account for 70 percent. If these primary pulmonary diseases are treated promptly and comprehensively, secondary chronic problems in the total (adult) population may be prevented or ameliorated. Today, 36 million adults have chronic pulmonary disease, with an annual mortality rate of over 35,000. (This has been doubling every 5 years). During 1968, respiratory cripples in the United States were paid $90 million in social security payments (7 percent of all disability payments), second only to sums paid for heart disease.

In 1970, the 4.6 million children with asthma and chronic bronchitis lost 9.9 million school days, had 20.0 million days of nonhospital disability and 43.3 million days when they could not engage in their usual activities. In 1971, children with asthma and chronic bronchitis spent 23.1 million days in short-term hospitalization.

Paradoxically, when tuberculosis became largely controllable, interest in chest disease among members of the medical community declined. The grim reality today is that as we learn more about the increasing incidence of other serious pulmonary diseases, we face a serious gap in the numbers of trained personnel, both medical and paramedical, available to treat these diseases.

Data collected by the American Thoracic Society and the American College of Chest Physicians give one dimension of this shortage. They report 2,000 doctors in the country who are concerned with adult and pediatric chest disorders. Of this total, 500, or .24 per 100,000 child population, are concerned with pediatric chest disorders.

There are 236 unfilled, funded positions for chest physicians in hospitals and clinics now. Projections are there will be 607 2 years from now.

Three major chronic pulmonary diseases are asthma, chronic bronchitis and cystic fibrosis. The fact is that each of these diseases is usually manageable when detected in the very young child.

Chronic pulmonary disease is a life-long problem. Its management requires sophisticated equipment and personnel. In the course of these diseases acute episodes requiring hospitalization occur. Treatment is time-consuming and continuous medical supervision, over extended periods of time, is required. The manpower shortage, therefore, is a crucial element in the problem.

CURRENT PEDIATRIC PULMONARY PROGRAMS

Today, ten pediatric pulmonary Centers are trying desperately to fill the needs mentioned above. The programatic administration of these 10 centers is in the Bureau of Community Health Services of the Health Services Administration of the Department of HEW. Currently, the funding is from the regional medical program, due to terminate its authority June 30, 1974. Indepth reports from this Association and in turn the clinical services section of the maternal and child health services of the Bureau of Community Health Services, show the impact of programs to be well proven in earlier recognition, diagnosis and evaluation, resulting in earlier treatment, with reduction in severity of attacks in children with asthma, minimization of destructive pulmonary tissue changes in bronchitis and increasing longevity with decreasing morbidity and mortality in children and young adults with cystic fibrosis. The average inpatient hospital stay for asthma patients has been reduced from 6.6 to 4.5 days and for chronic bronchitis from 5.1 to 4.5 days.

The ten existing centers serve approximately 30,000 (of the 10,800,000) children with pulmonary problems. Services provided by all centers include case-finding as well as receipt of referrals, personal and family histories, complete physical examination, a broad range of laboratory tests, in and outpatient services including intensive care, respiratory therapy, patient and family counseling, and pulmonary disease consultation. Additional services offered by some of the centers include screening, ambulatory treatment and followup examination in satellite clinics; physical therapy; psychosocial services; dietary/nutrition services and genetic counseling.

WHAT CAN BE DONE?

The value of such regional Pediatric Pulmonary Centers has been well established during the last 5 years in offering comprehensive care for children with

chronic pulmonary disease. It is implicit in the Pediatric Pulmonary Center concept to train the maximum possible number of physicians, nurses and allied health personnel to provide adequate services to infants and children with pulmonary problems. Long-term (1- and 2-year) training has been provided to physician-fellows in most of the centers. Short1term (2 days to 2 weeks) programs such as seminars, workshops, and inservice education have been offered for practicing physicians, nurses, respiratory therapists, nutritionists, and other professional workers in all 10 centers. The latter frequently include outreach programs throughout the geographic region serviced by the center. All training is conducted on the base of providing clinical services to infants and children.

Over 40 fellows have been trained in these centers, with short-term training to another 1,000 M.D.'s, similar numbers of nurses, and upwards of 500 respiratory therapists, together with many physical therapists, laboratory technicians, nurse's aides, nutritionists, social service and other personnel. It has now become apparent to Congress and the administration that such programs are vital to the well-being of these future citizens and our country, and that such centers are a must. Accordingly, Congressman Rogers has asked for a report on the present status of the program. This has been prepared by this association and made available to HEW together with recommenations for future support and direction. The report calls for:

(1) Enrichment of existing centers, primarily by staff and traineeship additions essential to broadening care, teaching and research activities;

(2) Bringing selected cystic fibrosis centers into the chain in a planned linkage for regionalization to more adequately serve all areas of the country; and

(3) Strengthening linkages with maternal child health and crippled children programs to fill in the gaps in services available through the pediatric pulmonary and cystic fibrosis centers.

We desperately need stabilization of this and other programs. Hopefully, all reorganization has been accomplished and the department can now get down to the important issues at hand. To be successful such programs can be most effectively administered from Washington by a small staff with the knowledgeable expertise in these and other problems of children. We implore this committee to support the retention of an adequate staff in Washington for maternal and child health programs of the Bureau of Community Health Services. This program and the staff who administer it must be accountable to HEW and the Congress.

HOW CAN THIS BE DONE?

We believe the need can be met and successful programs for chronic pulmonary diseases for children can be insured if:

(1) The complete administration (programatic and budgetary) of the program is transferred to the maternal and child health services of the Bureau of Community Health Services of the Health Services Administration.

(2) Continuity and stability is assured, both with respect to financing and to administering the program.

(3) Major emphasis can be placed on training and education.

The funding of the 10 centers for fiscal 1975 seems assured through two mechanisms. First, actions necessary to extend regional medical program funding through September 30, 1974 have been taken. Second, the Health Service Administration has recommended a one-time reprograming for $2 million in uncommitted fiscal year 1974 evaluation setaside funds, returned April 12 from section 314(e) into section 511 training grants. This amount will cover the 9 months from October 1, 1974 when regional medical support ends, and allow a slightly expanded level recommended through June 30, 1975. Mr. Chairman, we hope the committee will support this reprograming proposal.

Gentlemen, we are grateful that provisions have been made to continue these vital programs through fiscal year 1975. However, such funding does not address the financial problems beyond fiscal year 1975. At some point in time, Congress has to become a full participating partner in title V programs and insure the continuity and stability of these programs. We urge you to consider this in your deliberations of today and the future.

RESEARCH

Early diagnosis and evaluation are of vital concern in the management of these chronic pulmonary diseases in children. So are the causes, control, and hopefully the care and/or alleviation of their chronicity. We believe it is therefore impera-

tive that research continue in this area, and would like to offer our support for appropriations for four Institutes of Health, involved in research in the area of respiratory and genetic diseases.

To successfully meet the challenge that these crippling diseases of children offer in the research area, we believe it advisable to increase the administration's budget request of $309 million for the Heart-Lung Institute for fiscal year 1975 to a more reasonable $360 million. This will allow that Institute to initiate the research center programs, authorized in the expanded Heart & Lung Act of 1972, but never initiated due to withholding of HEW appropriations and reductions of funds in continuing resolutions. It would also allow additional funding of research in the area of children's lung diseases and provide moneys for training, and hopefully some support of preventive control programs, with possible funding of additional SCOR programs.

We believe, to carry on the ongoing programs of the National Institute of Allergy and Infectious Diseases and enable them to progress to the stages for which they have the capacity, the administration's request of $110 million should be increased to $125 million. This will allow concentration on virological advances in the fields of influenza and pneumonia, and support fundamental investigations of the body's immunological defenses.

Cystic fibrosis is also a metabolic disorder and for many years, the institute of major research concern in this area has been the National Institute of Arthritis, Metabilism and Digestive Disorders. To carry on the research grants so vitally needed in this area requires an additional $16 million to insure research and development contracts to outside institutions will require an additional $7 million and to restore training to its previous and anticipated levels an additional $19 million. We, therefore, urge the committee to increase the administration's proposed budget of $153 million (a decrease of $6,486,000 from fiscal year 1974 budget) to $196 million to provide the necessary funds to carry on these vital research programs of this institute.

Respiratory disorders in children are no respectors of genetics. The answer to cystic fibrosis, alpha, antitrypsin deficiency, and other inherited respiratory conditions, may well emanate from the constant probing of the basic human cell. The National Institute of General Medical Sciences is deeply involved in such studies, and we should like to request the committee's support to increase the proposed administrative budget request from $168 million to $194 million to allow that Institute to establish at least one more genetic center, increase predoctoral and postdoctoral training programs in the basic sciences and allow additional funding for basic research in the cellular and molecular areas of disease.

I should like to endorse the statement of Dr. Will Waring on behalf of the National Cystic Fibrosis Research Foundation, an organization also dedicated to furthering legislative efforts on behalf of children with chronic pulmonary diseases.

Thank you, gentlemen, for the opportunity to appear here today in behalf of this most important medical problem of our younger generation. We believe just focus on the early diagnosis, evaluation, and treatment of these nearly 11 million children with chronic pulmonary diseases will more than justify your actions and that of Congress in meeting this challenge.

Dr. GODDARD. I will hit some high points in this area of children's chronic pulmonary disorders. Dr. Waring mentioned many different conditions. I would like to say the ABC's of this field are asthma, chronic bronchitis, and cystic fibrosis. About 50 percent of our population is under the age of 17 and 1 in 6 of these children has a chronic pulimonary disease. Dr. Waring has told you of the importance of early diagnosis and evaluation, with the preventive prophylactic type of treatment, because if we can prevent the complications or ameliorate these conditions we can perhaps reduce from 36 million the number of adults who today suffer from chronic pulmonary diseases in this country. They have a mortality rate of 35,000. I am sure our environmental situation has something to do with it.

In 1968, respiratory cripples were paid $90 million in social security payments. That is second only to heart diseases. In 1970, the 4½ million children with asthma and bronchitis missed almost 10 million

school days. There were 20 million nonhospitalized disabilities. There were 23 million short-term hospitalizations and 43 million days of restricted activities. That is a pretty big percentage if you transfer it into dollars and cents, not only in childhood, but in the adult area.

I think Dr. Waring also mentioned training in this area. It is not a very appealing field for persons to enter. When TB was more or less controlled, then interest waned. Since that time the American College of Chest Physicians, in collaboration with the National Heart-Lung Institute, made a survey which showed that 2,000 physicians are now in practice in the field of chronic respiratory disease and only 500 of these, or approximately 24 per 100,000 child population are in the pediatric area. We feel we need 1 per 100,000 or 1,500 more people trained in this area. The conditions we are talking about are very time consuming. They are lifelong and they require expertise.

Now, I would like to tell you of the current programs in the 10 centers that currently exist which Dr. Waring talked about. These 10 pediatric pulmonary centers are scattered throughout the country which see approximately 30,000 patients. These are listed in the appendix I am submitting for the record. The impact of these centers has been to reduce the hospitalized days for asthma from 6.6 to 4.5 days, a reduction of 2, and in bronchitis from 5.1 to 4.5, and in cystic fibrosis to reduce this considerably and also allow longer life expectancies. I will not go into the various services provided.

Dr. Waring talked about care, research, and education. We have inpatient care, out-patient care. We make home visits to the patients. In the training aspects we have what we call ongoing training, that is, our house staffs. Over 40 fellows have been trained in these centers throughout the past 5 years and they are going into this practice in this country and abroad. We need more. We also have "outreach" programs that go into the far corners of the States, to the various outlying areas where doctors can't attend lectures and postgraduate courses. Now, Congressman Paul Rogers has been concerned about the continuation of these centers and has asked for a report on the present status. This association was asked to submit, and has done so, to the maternal and child health programs a report in which we call for a number of things, namely, that we stabilize the program as it now exists, perhaps broaden the aspects of care, training, and research in the existing centers and, second, we should enlarge these centers and have a more regional and geographic coverage of the country utilizing existing cystic fibrosis centers and asthmatic homes—those institutions and organizations which will meet guidelines that I am sure will be set up, and, third, that we strengthen these linkages with already existing maternal child health and crippled children programs which exist in the States.

To do this, we need stabilization. I think Dr. Waring indicated we have been like orphans going from one organization to another. I hope sincerely that the reorganization of health is over in Washington. I hope that this committee will strongly endorse the retention of experienced staff which is required to run the programs we are talking about and will call for the continuation of the staff of the maternal and child health programs without elimination of the gross numbers anticipated in the administration's plan of July 1.

I will tell you, I think what should be done is that we completely transfer the administration of the center program to maternal and

child health, including the programmatic administration and the financial or funding. I hope our situation can be stabilized, so we can zero in on training and education.

Now, what about fiscal 1975? Financing of these 10 centers is assured through September 30 by funds already committed through RMP. Beginning in October, Mr. Harold Buzzell, the head of the Health Services Administration, intends to ask Congress for permission to preprogram funds from available funds to carry on this program under title V, section 511, of the Social Security Act. We are grateful that this will enable these programs to continue in fiscal 1975.

At some point in time, Mr. Chairman, we hope this committee and Congress will take steps to insure that the predictive pulmonary program becomes a full partner in title V of the Social Security Act. This program then would be properly authorized and in the ensuing years and able to expand the centers from the 10 that currently exist to the number we recommended in the plan which is set forth in the accompanying exhibit to my testimony. By 1980 the total cost will be approximately $10 million. We feel that $1 per person or for each of the 11 million afflicted children in this country is not too much to ask. We have also stressed the research programs, for without research we cannot effectively have new methods of care. Two or three years ago we testified for the expanded programs of the Heart-Lung Institution Research. The centers authorized under that law have not been started because, as you know, funds were withheld. We second Dr. Waring's plea for a $360 million appropriation for the Heart and Lung Institute to get some of these centers started in research and control and training, and perhaps additional SCOR programs.

I would only say regarding the budget of the National Institute of Allergy and Infectious Diseases we have to increase their budget to $196 million so we can get into the area of developmental aspects of pulmonary diseases and immunology. I think Dr. Waring covered the National Institute of Arthritis, Metabolism and Digestive Disorders and National Institute of General Medical Sciences.

Mr. Chairman, thank you again for the opportunity of appearing before you today on the most important medical problem of our younger generation.

FRIDAY, MAY 17, 1974.

COMMUNITY SERVICE EMPLOYMENT PROGRAMS FOR OLDER WORKERS

WITNESSES

GILBERT C. ROHDE, PRESIDENT OF WISCONSIN FARMERS UNION, NATIONAL FARMERS UNION

WELDON BARTON, DIRECTOR OF GOVERNMENTAL SERVICES, NATIONAL FARMERS UNION

Mr. OBEY. Next, I am pleased to say, if I can express a bit of parochial pride, we have with us Mr. Gilbert Rohde, president of Wisconsin Farmers Union, testifying on behalf of the National Farmers Union. He is accompanied by Mr. Weldon Barton, director of governmental services of the National Farmers Union.

Mr. Rohde has given many years of distinguished service not only in the agricultural community, but also as a member of the University

of Wisconsin Board of Regents and a newly appointed member of the Governor's manpower advisory committee.

Mr. ROHDE. Thank you for these kind remarks. This is the first opportunity I have had to testify before a committee of which my own Congressman is serving as chairman.

Mr. Chairman and members of the subcommittee, for the record, I am Gilbert Rohde, president of Wisconsin Farmers Union and member of the Executive Board of National Farmers Union. Today I am representing National Farmers Union, sponsor of Green Thumb, Inc., a national contractor under Operation Mainstream.

Mr. Chairman, I am here to urge you to continue to do all that you can to assure that the Green Thumb and other Mainstream-type older workers community service employment programs are continued and expanded, under title IX of the Older Americans Act.

I know that you and the subcommittee have already taken action on a number of fronts in this direction this year.

In the second supplemental for fiscal year 1974, your subcommittee took the desirable step of removing language contained in the President's budget recommendations, which would have folded any funding of title IX of the Older Americans Comprehensive Services Amendments of 1973 into revenue sharing. And the House Committee on Appropriations' report on the second supplemental included the following language:

> The committee expects the title IX program to be administered primarily through national contracts, as intended by the 1974 Supplemental Appropriation Act.

I want to thank you and the members of this subcommittee, and to commend you for your positive action.

Despite your action, however, and despite the fact that the Senate in the second supplemental appropriated an additional $10 million for title IX and also included language in its report that "the [Senate Appropriations] Committee reaffirms its intent that the Department of Labor utilize national contracts as the primary means for carrying out the title IX program," the administration persists in its effort to terminate Green Thumb and other nationally contracted Mainstream programs.

As late as Tuesday afternoon of this week (May 14) Assistant Secretary William Kolberg in a meeting with a representative of Farmers Union and other groups stated that, if Congress appropriates additional money for title IX of the Older Americans Act in the second supplemental for fiscal 1974, the Department of Labor intends to do the same thing with this money that it did with the $10 million included in the first supplemental—that is, fold it into revenue sharing and turn it over to the States. This, then, remains the administration's position, presumably despite the clear statement of congressional intent to the contrary in both the House and Senate reports on the second supplemental. I should emphasize here that we are not trying to hold on to the nationally contracted program simply for the sake of retaining a national program per se. The fact is that older persons have never received their fair share of manpower funds; there is no reason to believe that they will do so under revenue sharing. The average percentage of first-time enrollees under the Emergency Employment Act program in 1972 of persons 55 and over was approximately 5.4 percent.

For all manpower programs, it was 1.7 percent. Yet older Americans traditionally represent 20 percent of the unemployed and nearly 25 percent of the poor.

Green Thumb and other Mainstream programs have proven effective. An independent evaluation of Operation Mainstream by a private consultant organization has concluded that:

"The most basic questions addressed by this evaluation are whether and in what form the program should be continued. The analyses of previous chapters reveal that the concepts underlying the program, particularly as spelled out by the Congress, are generally valid, and the program can be viable and effective in attaining its originally intended goals. That is, the program is a viable mechanism for meeting the income and work activity needs of elderly, nonprofessional workers with no alternative employment opportunities and for meeting the needs of communities when workers are engaged in providing needed social services and in worthwhile work projects."

Even if it should turn out that in some States an elderly person's employment program is developed under revenue sharing, while Green Thumb also is continued as a national program within the State, this certainly should not be looked upon as undesirable in view of the tremendous unmet need for additional employment opportunities for older people. In regard to Green Thumb in particular, currently less than 1 percent of the elderly persons with a rural background who meet the eligibility requirements for employment with Green Thumb are actually enrolled. If Green Thumb and other Mainstream programs are to survive, your subcommittee will need to initiate additional specific actions. Specifically, Farmers Union would respectfully request and urge:

APPENDIX

1. That you include a separate appropriation item of $35 million for title IX of the Older Americans Act for fiscal year 1975, limited to use for older workers community services employment programs to be carried out primarily through national contractors.

Mr. Chairman, I have been authorized to indicate to the committee that the National Council of Senior Citizens and the National Council on Aging—both national contractors under Operation Mainstream—also support this $35 million figure for fiscal 1975.

2. That you further strengthen in whatever way appropriate the intent of Congress in the second supplemental for fiscal year 1974 that funds appropriated for title IX be utilized primarily for older workers employment programs to be carried out primarily through national contractors.

Mr. Chairman, I know that you and members of your subcommittee are personally familiar with Green Thumb and with the work that Green Thumbers do. For the record however, I have appended to this statement some details on Green Thumb projects and certain other information on the program that might be useful to you and other Members of the House.

May I interpolate also the absence of any funding for training support means that actually the NIOSH budget is more limited this coming year than it was in the previous year.

[The attachments follow:]

As matters now stand, Mr. Chairman, the Green Thumb and the other older worker programs have been reduced in size, in the year ahead, owing to the requirement that the higher minimum wages be paid out of a fixed budget. Moreover, the program will be completely terminated on June 30, 1975, unless positive action is taken in the meantime to extend it.

To remedy these problems, your subcommittee will need to initiate specific action on both.

Mr. Chairman, I know that you and members of your subcommittee are personally familiar with Green Thumb programs and with the work that Green Thumbers do. But for the record, I would like to say briefly what the purposes and objectives of Green Thumb are and to relate to you some of our experiences with the program in Wisconsin.

Green Thumb makes four kinds of contributions to high priority national goals: (1) Benefits to low-income older rural workers themselves; (2) various community improvements that the older workers build and community services they perform; (3) the increased job-creation in the local rural community that the increased cash flow generated by the Green Thumb payroll in the community; and (4) worker and family supportive services and outreach functions performed by Green Thumb for other low-income older rural people.

Now I would like to describe for the record of these hearings some of the work done by Green Thumbers in several of the typical local projects and counties in Wisconsin and other States.

WISCONSIN GREEN THUMB PROJECTS—DODSWORTH HALL

Superintendent Orvus Dodsworth of Medford, Wis., School System, had a dream for many years of the construction of a large study building in the school forest to be used for studies of nature, conservation, and environment, by the students. Inadequate funds in the school budget prevented this from being a reality. From observing the work of Green Thumbers on area projects, request was made for help in the construction of this facility.

The Medford Kiwanis Club, along with other organizations and the school district, could raise enough money for materials if help could be provided by Green Thumb. A Green Thumb crew was provided. There was apprehension on the part of some of the Green Thumb workers about their ability to undertake the project. This involved the complete construction of a building 36 by 70, with cement slab, all carpentry, including a kitchen with cabinets, paneling and painting of the building.

The building was completed with first-class workmanship. To the regret of those involved in the project this completion came just 2 weeks after the death of Mr. Dodsworth.

Green Thumbers were also involved in other projects on the 200-acre school forest. A man-made lake was developed and stocked with fish. Hiking trails were developed along with an outdoor stadium where classes are held.

The superintendent remarked, "We take great pride in knowing that men of "Green Thumb" caliber were the main force in its excellent construction. The work was completed with a "feeling" and inner pride that only a Green Thumb crew with its cumulative skills (gained only by age and maturity) could have accomplished. Without their willingness toward excellence, the hall would lack its hidden glow."

UNIVERSITY EXPERIMENTAL FARM PROJECT

The University of Wisconsin has three experimental farms in the State. Experimental plots on these farms provide information to the public in reference to variety and specie adaptation, pest control, and soil amendments for fruits, vegetables, turf grasses, ornamentals, and shade trees. Field days are held on a prescribed basis for the public at the demonstration sites. Long-range plans for the program hope to involve 4–H youth, vo-ag students, and homemaker and garden clubs in the use of these areas.

Our Green Thumb crews have been utilized on a 1-day-a-week basis to assist in planting and general care of the many plots. The past experience of these retired farmers gives them the knowledge and know-how to give the plants and shrubs the tender loving care they need to nuture and grow.

Green Thumb is helping to promote a program which evaluates and demonstrates the efficacy of horticultural and landscape materials and methods for

home and community use and improvements which will eventually be used both in rural and urban settings.

STRETCHING THE SCHOOL DOLLAR

Joint School District No. 1 of Tony, Conrath, Glen Flora, Ingram, and Sheldon, Wis., is in an area of high unemployment and excessive taxation. Any assistance that would ease the school tax is very much appreciated.

For the past 4 years we have been able to provide a Green Thumb crew for several weeks to provide some assistance. This year a crew worked during the winter months, in heated space provided by the school, and repaired, sanded, and completely refinished 300 student desks.

The district superintendent stated, "The replacement cost of these desks would be in the neighborhood of $10,300 at present prices. The life of these desks were extended another 5 years by the total refurbishing. Green Thumb workers also brushed and cleaned the grove at the Glen Flora School saving another $400 in labor and it would be very difficult to estimate the ecological value to the grove."

The superintendent concluded while there was not a lot of money expended on materials the savings to the district would probably amount to an excess of $5,000. The Green Thumb workers are to be commended for the quality of their work and the care with which they perform sometimes rather repetitive tasks.

Following is concise description of the work done by Green Thumbers in four typical Wisconsin counties in 1973:

CHIPPEWA COUNTY IN-KIND $37,248.93

City of Stanley: Brush, repair bleachers; construct tables at Chapman Park.

Birch Creek Township: Paint bath house, toilets; trim trees and paint picnic tables in park; scrape, patch, repaint town hall.

Cadott Public Schools: Sand, refinish desks; carpentry work at high school; paint lines on pavement for track activities.

Delmar Township: Roadside brushing; painting in town hall.

Edson Township: Roadside brushing.

Sigel Township: Roadside brushing; repairs in town hall.

Chippewa County Jail: Painting.

Chippewa County Forestry Department: Tree planting; paint tree planting machines; brushing at Otter Lake Park.

Cornell JSD No. 2: Painting, prepare flower beds; level baseball field; trim trees; repair fence; paint and repair ticket building; repair track area; repair desks and bleachers.

Lake Holcombe Schools: Paint and install playground equipment; landscape; paint garage; erect baseball backstop; stain cabinets; paint bleachers and trash barrels.

State of Wisconsin—Department of Transportation: Brush along Scenic Highway 178.

Lake Holcombe Township: Brush at industrial site.

Individual placements

Library aide, Cornell public schools; two lunchroom aides, Cornell public schools; senior aide, Cornell Senior Citizens Center; two teacher aides, Cadott public schools; homemaker aide, Chippewa County Department of Social Services; library aide, Stanley public schools.

CLARK COUNTY IN-KIND $135,772.12

Clark County Forestry and Parks Department: Slope landscaping at Bruce Mound Ski Mill; additional camping facilities at Russell Memorial Park; tree planting at Rock Dam and Mead Lake; additional parking lot facilities and beach area at Snyder Park; brushing in Duncan Park and Sherwood Park; level and seed in Greenwood Park; trim trees on snowmobile trail.

Greenwood Schools: Painting in boiler room, shops, trailer building, administrative building, stage, and bleachers.

Loyal Schools: Interior painting of school building; fencing at ballfield; painting at tennis court; paint playground equipment.

City of Abbotsford: Repair and paint well-house; paint at disposal plant, library; construct and paint bleachers; paint and repair baseball scoreboard;

paint in city hall; brush at industrial park; leveling at baseball diamond; level and seed boulevards; paint and repair playground equipment; brush at dump.

Village of Dorchester: Build garage and storage building: fence removal at disposal plant; lay walks; remove dead trees, level topsoil, plant trees, remove fence in park.

City of Neillsville: Landscape, build fence in Listeman Arboretum; level, work on tennis court at Schuster Park; erect bleachers at Tock Field; paint at water plant.

City of Owen: Painted at fire hall, sewer plant, pump houses; painted park benches and park buildings; coated pumphouse roofs; planted trees at disposal plant.

Sherwood Township: Landscaped around town hall.

Clark County Court House: Painting.

Neillsville public schools: Painting; install baseboard in schoolrooms; repair track area; build fence; brushing.

Hewett Township: Roadside brushing.

Village of Granton: Build footbridge; level, erect fence around tennis court, brush in park; roadside brushing; plant trees; leveling at water tower.

Clark County Fairgrounds: Repair seats in grandstand; install windows in barn; repairs in exhibition buildings.

Fremont Township: Brush in park; brush at landfill site.

Foster Township: Brush roadside.

Mead Township: Remodel town hall.

Clark County Old Folks Home: Painting and repairs.

Self Township: Paint in town hall; brush at landfill site; erect pole shed.

Clark County Soil Conservation Service: Brushing at Popular River Watershed.

Clark County Historical Society: Repair floor, install and enclose stairway, repair windows, paint in depot at Colby.

Individual placements

Teacher aide, Neillsville Day Care Center: two teacher aides, Loyal public schools; two library aides, Greenwood public schools; lunchroom aide, Greenwood public schools; teacher aide, Granton public schools; teacher aide, Abbotsford public schools; teacher aide, Neillsville development day care center; community aide, city of Abbotsford; lunchroom aide, Owen Withee public schools; teacher aide, Colby Elementary School.

MARATHON COUNTY IN-KIND $74,282.77

JSD No. 2, Athens: Repaint metal interior and exterior doors; level and seed school ground area.

Marathon County Parks Department: Brush at Amco Park and Gilbert Park; brush camping area, paint tables at Eau Pleine Park; brush snowmobile trail; tree planting.

Wausau Parks Department: Brush ski slope, clear parking lot, paint chalet at Sylvan Hills.

Village of Edgar: Paint interior and exterior, caulking four pumphouses; paint in village hall.

Elderon Township: Construct toilets in park.

Village of Athens: Paint at disposal plant, reseed disposal plant grounds, pained drybeds; paint and repair benches, bandstand, plant flowerbeds, repair toilets in park.

Emmet Township: Paint hall.

Berlin Township: Roadside brushing.

Green Valley Township: Install ceiling in basement, varnish floors, construct lunch counter, paint chairs and shelves, install glass block windows in basement, side hall, painting.

Village of Hatley: Build fence around ball park, paint bleachers, paint concession stand at ball park; build picnic tables.

Stratford public schools: Paint bleachers at football and track field.

Halsey Township: Fencing around town garage; roadside brushing.

Rib Falls Township: Paint and repair in town hall, replace siding.

Wausau District Public Schools: Nature trail improvement and brush removal at the Wausau School Forest.

Reitbrock Township: Roadside brushing.

Johnson Township: Sand and varnish floors in town hall.

Athens Advancement and Agricultural Association: Paint horse stalls in fair barn and poles in park.

Individual placements

Clerical aide, Marathon County Department of Social Services; Outreach aide, Marathon County Department of Social Services; two library aides, Wausau public schools; teacher aide, Wausau public schools; two teacher aides, Schofield public schools.

WOOD COUNTY IN-KIND $27,530.72

South Wood County Airport: Landscaping.

City of Menasha: Rebuild little league diamonds, build ice pond at Riverside Park; paint shelter at ball park.

Wood County Parks Department: Development of new park at Dexter—seeding, leveling, repair and paint picnic tables, brushing, plant trees, paint trash barrels, build and paint gates.

City of Wisconsin Rapids: Paint trees, landscape in vacant city areas and city parks.

Sigel Township: Paint town hall and garage.

Edgewater Haven County Nursing Home: Painting, varnishing doors.

University Experimental Farm: Garden and landscape improvement research and demonstration project.

City of Marshfield: Plant flowers, seed lawn, paint fence, spread gravel in Wildwood Park; leveling at lift station.

Here is a summary of projects worked on in the State of Wisconsin in 1973.

SUMMARY OF PROJECTS—WISCONSIN, 1973

97 State, county, and community parks; 68 town, village, and community halls; 21 county fairgrounds; 41 school projects; 11 village firehouses; 6 libraries; 6 ball parks; 4 historical sites; 4 ski hill projects; 3 county homes; 6 disposal plant projects; 2 watershed projects; 10 pumphouse projects; 1 State forest project; 1 State highway project; 1 U.S. Forest Service project; 1 State boys school project; 3 rifle range projects; 3 school forest projects; 6 dumpsite projects; 3 county youth camps; 4 city/county airport projects; 4 courthouse painting projects; 4 waterplant projects; 1 University of Wisconsin experimental farm; 1 village housing project; 160 interior/exterior painting projects; 35 brushing projects; 11 tree trimming projects.

32 landscaping projects; 17 tree planting projects (237,000 trees); 12 park shelter projects; 9 restroom projects; 6 public snowmoblie trails developed (62 miles); 39 picnic table projects; 10 camping sites developed; 3 footbridge projects; 2 public boat landings; 4 hockey rink projects; 3 warming house projects; 4 park sign construction projects; 6 storage building construction projects; 3 fireplace projects; 25 fencing projects; 2 senior citizen centers; 2 association for retarded children projects; 1 trout stream project; 2 nursing home projects; 1 county youth forest; 4 county jails; 2 industrial parks; 1 arboretum project; 6 town garage projects; 23 build, repair or paint projects; 4 athletic track projects.

PURPOSES AND OBJECTIVES OF GREEN THUMB

Older rural low-income Americans

Green Thumb employs, in meaningful, needed jobs, older low-income rural people who are chronically unemployed, with poor employment prospects because of age and other reasons and are unable to secure employment or training elsewhere.

The income of Green Thumbers is increased by the wages for the work they do. The restorative experience of community service work is beneficial. A renewed sense of personal value arises from involvement with the community and the mainstream of life generally.

Rural community improvement

Green Thumbers assist in the development and operation of public services and facilities, carry out conservation, community betterment and beautification projects, and special services and outreach to strengthen and expand services of local government and community nonprofit organizations which could not otherwise be provided, to lighten the burdens caused by poverty, illness and disability.

Green Thumb is also intended to provide the communities in which it operates with a Federally subsidized pool of manpower which can be drawn upon to upgrade existing human services or to establish new ones. It is not the intention of the program that this pool of manpower be used to displace already-employed workers or to provide services or perform work assignments, such as highway

construction, which is mainly to the benefit of private, profitmaking organizations. The program is intended to enable communities to enhance or establish human services activities which could not normally be enhanced or established through existing local resources.

Job creation—Rural development

Green Thumbers' improved income increases the cash flow in the rural community and thereby contributes to creation of new private jobs, and helps to place older rural workers in regular private and public jobs.

Worker and family supportive assistance

Green Thumb provides workers and their families with needed supportive services. The acquisition or revitalization of specific job skills through limited prejob training and continued training on the job. The upgrading of job seeking skills. Yearly physical examination. Assistance with personal and job-related problems through counseling and referral to capable human service agencies.

Provision of important consumer related information in areas such as social security benefits, income tax requirements, nutrition, and personal health and hygiene. Assistance to obtain full or part-time jobs in the regular competitive labor market.

ILLINOIS GREEN THUMB PROJECTS 1973

CHRISTIAN COUNTY

Taylor crew—Renovated on the first homes and first courthouse.

Pana crew—50 picnic tables, clearing areas at the lake, paneling police offices at city hall.

CLAY COUNTY

Flora crew—Painted at the Clay County Housing Authority: the exterior of half of the 220 units and 75 of the interior. Also they have removed trees and cleaned areas around these area units.

Clay City crew—They have filled the chuck holes in street, painted parking area in downtown area. Painted the shelter, picnic tables, fences, and bleachers. There was a tornado in Clay County and the Green Thumbers assisted in the cleaning-up process.

EFFINGHAM COUNTY

Altamont crew—Built 20 picnic tables, painted the offices and cafeteria, and fences of the Teutopolis High School. Painted, repaired fairground buildings, put up 2,000 feet of fences. Started planting trees for highway department.

Effingham crew—They have painted and renovated an old filling station in Sigel for a town hall. Also put in 300 feet of sidewalk. Also have painted tables and shelters, put in new playground equipment for old in park, installed new fence for baseball park.

FAYETTE COUNTY

Vandalia crew—Worked at city park, mini park and airport in beautification. Painted picnic tables, replaced parking bumper posts.

St. Elmo crew—Renovated the old hospital annex for an alcoholic center. Painted all buildings in Fayette County Fair Grounds. Cleaned St. Elmo firehouse and equipment and painted the interior.

FRANKLIN COUNTY

Removal of city buildings at Benton Park, worked in West Franfort Park and now work in the shrubs at Rend Lake.

JEFFERSON COUNTY

Worked in Mt. Vernon City Park flower beds and maintained the playground equipment.

Planted about 5,000 tulip bulbs.

The lake area was cleared and the swimming pool was cleaned.

MONTGOMERY COUNTY

Hillsboro crew—Cleaned and painted both city park and swimming pool equipment. Also the Hillsboro Lake tables and playground equipment. Painted the city council room and offices.

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Litchfield crew—Cleaned, painted, and repaired all the bleachers at the high school. Also removed old building on city farm.

SANGAMON COUNTY

Cared for the shrubs and flowers at statehouse.

SHELBY COUNTY

Shelbyville crew—Cleaned and painted the courthouse basement. Cleaned out nature trail. Painted tables at Cowden Park and planted 50 trees at Sigel Park.

Herrick crew—Painted the city hall at Tower Hill. Also worked both at Shelbyville and Cowden Parks and painted the city park at Herrick.

KANSAS GREEN THUMB PROJECTS

In Kansas the Farmers Union Green Thumb program started July 1, 1972. A centrally located State office was set up in McPherson, Kans. The U.S. Department of Labor authorized 59 job slots to be filled by low-income people, 55 years and over, to work on some worthwhile projects on publicly owned land.

We set up 10 working crews of 5 to 7 people, working 3 days a week.

Again this past year we were very fortunate to receive the cooperation of the State park authorities, under the direction of Mr. Vern Hart, administrative officer. This department manages 20 lake areas, all across the State, in rural areas. Last year 4½ million people used the park areas.

Crews have been set up in seven of the State parks, working on various projects at the following locations:

1. Kanopolis State Park—Ellsworth County.
2. Wilson State Park—Russell County.
3. Glen Elder State Park—Mitchell County.
4. Milford State Park—Geary County.
5. Tutle Creek State Park—Riley County.
6. Pomona State Park—Osage County.
7. Elk City State Park—Montgomery County.

Even though each park is located in one county, workers come from towns in other counties such as Saline, Franklin, Pottawatomie, and Morris. Some of the projects performed at the seven State parks are clearing and beautifying picnic areas, landscaping, planting trees, shrubs, and flowers. Repairing and painting about 1,500 picnic tables, grills, and trash barrels. Building birdhouses, native stone retaining walls, flower rings with native stone and mortar, nature trails, et cetera. This fall the Ellsworth Green Thumbers began pooling their talents and built an outdoor amphitheater, on the south shore of Kanopolis Lake. The benches have a seating capacity of 120 people and the podium is constructed of mortar and native stone.

The sponsors for McPherson, Marshall, and Clay Counties are as follows:

1. McPherson County—Old Mill Museum and Park at Lindsborg, Kans., under the supervision of T. S. Anderson. This project consists of clearing and beautifying a picnic area along the Smoky Hill River. Building stone retaining walls to stop erosion.

Restoring old historical buildings. Refinishing display cases and building partition walls in the museum. This year more than 10,000 people, from 48 States and 14 foreign countries visited the Old Mill Museum.

2. Marshall County—Sponsored by the Marshall County Historical Society, Dora Schreiner as chairman. The Historical Society and the Marshall County Farmers Union, with fieldman Charles Schad, have worked together so cooperatively that the Marshall County Green Thumb program has become outstanding in accomplishments. Projects have been performed in a number of small towns such as Vermillion, Frankfort, Waterville, Blue Rapids, Marysville, Beattie, and Axtell. Some of the projects which I considered outstanding are the rebuilding of an old store building at Vermillion into a community center. Completely rebuilding the grandstand and bleachers, at a baseball field in Frankfort. The restoring and modernizing of the old Reserville country school into a community center.

3. Clay County—The Green Thumb program is sponsored by the Kansas Landscape Arboretum, under the direction of W. A. Flynn, a long-time nurseryman from Abilene, Kans., and Chairman L. R. Quinlan, retired landscape professor at Kansas State University. Both men are 79 and in good health, eager to donate their services as supervisors for the Green Thumbers. The projects con-

sist of building a nature trail—removing old fences—planting trees, shrubs and flowers. Rebuilding an old shed into a heated workshop. Making concrete markers and et cetera. Their plan is to plant as many as 3,000 varieties of trees and shrubs on this 193-acre tract. Mr. Flynn stated, "It's an outdoor classroom where people can go and study trees and shrubs."

During the year Kansas was struck by a number of tornadoes, floods, and ice storms causing destruction not equaled in over 50 years. After the tornado of September 25 struck the cities of Clay Center, in Clay County and Greenleaf, in Washington County, thousands of volunteers worked long, hard hours cleaning, repairing and removing damaged homes and business buildings. Some homes were damaged beyond repair. Among those assisting in the emergency situation were the Green Thumb crews from Clay and Marshall Counties. They assisted in clearing trees from streets in the residential areas and helping citizens repair their damaged homes.

Citizens and city officials publicly expressed thanks for the services rendered during this crisis. A representative from the Topeka Daily Capital took pictures and wrote a lengthy story of the Marshall County crew repairing damaged homes for elderly people in Greenleaf.

During the year we enrolled three women. One woman is working at the Fossil Station Museum at Russell, in Russell County. Another woman is working at the Museum in McPherson, the third woman is working at the city library at Frankfort in Marshall County.

Kentucky Green Thumb Projects

Scattered throughout the nine central Kentucky Counties of Lee, Estill, Wolfe, Carter, Greenup, Rowan, Washington, Pulaski, and Jessamine, a group of about 150 older and low-income persons are doing their part toward enhancing the countryside. Fighting the ugliness that engulfs many decaying historical sites, parks, and recreational areas, they also labor at conservation and community betterment projects.

The list of completed projects within this area runs the gamut from planting trees and shrubs along the highways and around public buildings to constructing facilities for community use such as roadside parks and grandstands on county fairgrounds. Also, besides the 3 days they work each week they seek out and provide services for the sick, the aged, and the shut-ins.

The average age of these men and women is 69. The minimum age is 55 and their annual income was below the poverty level before being accepted by the program. The National Farmers Union sponsors the Green Thumb program and 75 percent of all funds come from the U.S. Labor Department's Manpower Administration under the Economic Opportunity Act of 1964.

The years have been unkind to many of these persons.

Special Projects

Project: Wilson Creek Bridge.
Location: Rowan County.
Sponsor: Rowan County Fiscal Court.

The project was the construction of a footbridge across Wilson Creek in Rowan County. This footbridge is located 4 miles east of Morehead, Ky., off Highway No. 60. It is constructed with oak boards, wire cables, and anchors and is approximately 50 feet long.

The Rowan County Green Thumbers were asked by county officials and other concerned citizens to build this bridge at the county's expense, for the schoolchildren in this area to cross Wilson Creek.

Before construction of this footbridge the schoolchildren waded this creek in all kinds of weather. After the Rowan County Green Thumbers were made aware of this, they designed and completely constructed this bridge in 6 days. After completion of the bridge, government engineers from Morehead, Ky. called Mr. Lafe O'Bryan, Green Thumb field supervisor, and said that the bridge was so well designed and constructed that they intended to build similar bridges.

Project: Jesse Boone's homestead cabin.
Location: Greenup County.
Sponsor: Greenup County park and fair board.

This project was the moving and reconstruction of Jesse Boone's homestead cabin in Greenup county.

Jesse Boone was a brother of the famous scout and Indian fighter Daniel Boone, who was said to have stayed in this cabin on some of his trips through the country. Jesse Boone was a county judge and magistrate of Greenup County in the early 1800's and was active in the early affairs of establishing Greenup County.

The Green Thumbers of Greenup County moved Jesse Boone's cabin from its former sight in Greenup County to the city park.

The Greenup County Green Thumb disassembled this long structure one log at a time, numbering them and drawing a blueprint for reconstruction during this disassembling process.

These men then moved the log cabin to its present location inside the city park. After putting the logs in place just as they were taken down, the Green Thumb cut their own shingles for installing an authentic looking roof on the cabin. As these preliminary steps were completed, the walls were then calked with "mud-clay," thus adding to the authenticity of the Jesse Boone homestead cabin.

Project: Springfield elementary school classrooms.

Location: Washington County.

Sponsor: Washington County board of education.

This project was the complete renovation and reconstruction of two old dwelling houses located beside the Springfield elementary school. These buildings were purchased by the Washington County board of education for reconstructing into much needed classroom facilities.

These buildings had six rooms and a bath each before the reconstruction began and were in need of extensive repair. At the request of the Washington County board of education, the Green Thumbers began their work on the two buildings. After completion of the thorough renovation of these buildings, the following improvements were realized:

1. The foundation was completely reinforced by installing numerous floor hoists at substantial intervals.
2. All walls and ceilings were paneled and other woodwork varnished or painted.
3. Some partitions were constructed for the classrooms.
4. Fresh mortar was placed where needed.
5. Extra doors were installed for the classrooms.
6. All rubbish removal and policing of the surrounding grounds provided by Green Thumbers.

After the above work was completed, the Springfield Elementary School System had two attractive and functional classroom buildings.

Comment from within the Washington County School System concerning the Green Thumb Organization and their work within the schools was extremely favorable and impressive.

TABLE 1.—NEW JERSEY GREEN THUMB PROJECTS, PROJECT DISTRIBUTION

County	Number of projects	Locations
Camden	23	Lawnside, Blackwood, Gloucester Township, and Bellmawr.
Cumberland	53	Hopewell Township, Millville, Bridgeton, and, Vinelands.
Middlesex	5	Monroe, Jamesburg, and New Brunswick.
Warren	2	Washington.
Ocean	9	Lakewood, Freehold, Brick Township, Toms River, and Jackson Twonship.
Monmouth	8	Lincroft, Port Monmouth, Long Branch, Sea Girt, Hazlet, and Leonardo.
Union	4	Elizabeth, Berkeley Heights.
Hunterdon	6	Flemington, Clinton.
Mercer	8	Lambertville, Trenton, Hamilton Township, and, Crosswicks.
Salem	26	Woodstown, Pittsgrove.
Hudson	9	North Bergen, Jersey City.
Bergen	4	Ridgewood, Englewood, and Hackensack.
Passaic	18	Passaic, Wayne, Paterson, Ringwood, and Wanaque.
Cape May	24	Tuckahoe, Cape May, Cape May Court House, Woodbine, and Palermo.
Burlington	7	Pemberton, Mount Holly, Moorestown, and New Lisbon.
Sussex	4	Newton, Sparta.
Gloucester	37	Mullica Hill, Glassboro, Woodbury, Williamstown, Clarksboro, and Clayton.
Morris	2	Morristown, Dover.
Atlantic	35	Northfield, Mays Landing, Egg Harbor, Absecon, Brigantine, Scullville, Weymouth, Buena, McKee City, Port Republic, Corbin City, Pleasantville, Smiths Landing, and Estelle Manor.

Note: There are 19 countires, 284 projects, and 85 locations in above table.

Physick Estate Museum—Cape May County

This project was acquired in 1972 and our Green Thumbers have done extensive construction work in the restoration of many buildings.

In the course of restoration of the main buildings many artifacts were discovered by our Green Thumbers. One of the most interesting finds were the drawings for boots and shoes. When the drawing was found our Green Thumbers continued their search for some samples of early boots and shoes. They were very fortunate in uncovering several boxes of shoes and boots that were well preserved.

This find was very important to the community because it allowed them to put a date on the find as well as one of its occupants.

Now the main building is open to visitors and we still have historical guides working at this location. However, our men have been transferred to another worthwhile project.

Once again the community has benefited by adding to its historical importance through the efforts of our Green Thumbers.

Bergen County Employment Office

One of our Green Thumbers that worked as a receptionist in this office also is engaged in many outreach services. Most of our Green Thumbers are very busy in giving aid to the elderly throughout the State, but this particular Green Thumber does the impossible.

She collects clothing from many agencies and delivers them to the needy. She also delivers small furniture to various families. This Green Thumber has a definite weekly schedule where she drives elderly citizens to the Bergen Eye Institute for eye checkups, takes them shopping, and has prescriptions filled at the drug store.

We are very proud of this Green Thumber and admire her for the heavy work schedule she keeps on a weekly basis. She is admired by many of the county residents and is an inspiration to others that feel they have nothing to do with all the time they have on their hands.

Bergen County Community College

This sponsor has given our Green Thumbers a terriffic opportunity to be trained professionally as an assistant to the head guidance counselor. Her duties keep her in constant contact with the youth of the community that attend the school. She also has the advantage of talking to older community residents that enroll for night courses.

Once again we see our sponsors very enthusiastic in the way our Green Thumbers handle their assignments.

Typical Oregon Green Thumb Projects

YOUTH CAMPS

A Columbia County Green Thumb crew has been working on a most interesting project which is also a good example of community cooperation. Camp Wilkerson, comprising 280 acres, is used by youth groups not only from Oregon, but State groups as well.

Many community groups have helped with the project including construction of a large lodge and adirondacs for sleeping. The Green Thumb crew has worked on many phases of the development of the camp. They helped make hand-cut cedar shakes, built paths and toilets and helped with road construction and landscaping. Some of these men with logging experience had a chance to again use these skills.

The open, distinctive lodge just built replaces the one burned in 1971. Cost to the county has been minimal because of community donations of labor, material and equipment, and Green Thumb help. Although the camp is used year around, during the summer season it's occupied most of the time. Scouts, church youth groups, schools, and others get instruction or training in many activities, for example, fire-fighting, Christmas tree growing and logging.

Historical Monument

This project is somewhat unique in that it adds a touch of the sea to land set aside for park development. The Douglas County Parks Department acquired a 36-foot Coast Guard boat from the General Services Administration, to be used as a historical monument to the U.S. Coast Guard Service. The boat was used for ocean search and rescue missions from the early thirties into the sixties. After about 10 years of nonuse and no upkeep, it was in dire need of repair and paint.

Green Thumbers were assigned to the restoration job. They have repaired and replaced many parts in addition to scraping and painting. The boat will be placed in Windy Cove Park at Winchester Bay.

Fairgrounds

The Clackamas County Fairgrounds has provided a variety of projects for a Green Thumb crew over the past months. The most recent project is, no doubt, a "first" among all crews. The men have constructed a 320-foot roping chute in the building housing the arena. The chute is to be used during the year for roping competitions and also for roping practice sessions, the narrow, wooden chute is used to get the calves from one end of the building to the other.

With their farm and ranch backgrounds this crew had the necessary skills to complete projects of this nature. Roping contests are very popular in this area and men come from several western States to participate and vie for the sizable monetary prizes.

Other work done at the fairgrounds includes rebuilding corrals, constructing fences, repairing buildings, and painting.

Playgrounds

The crew working with the Williamalane Park District in Springfield, Oreg., has been involved with the construction and installation of unique playground equipment.

The log and baffle-type structures were eagerly explored and initiated by the youngsters almost before the men could put away their equipment. The structures were erected at both Tyson and Douglas Gardens School Park sites.

Playground equipment was designed by young Gary Kryzak, of the Williamalane Park and Recreation District. Gary modestly said the

design was easy to develop but the hard work was done by the Green Thumb crew who performed the work from simple sketches. Skills of men in this crew was well utilized on this project.

TYPICAL TEXAS GREEN THUMB PROJECTS

Project: Spur Community Center.
County: Dickens.
Sponsor: City of Spur.

Spur needed a community center. Spur now has a community center. Between the livewire community leaders, the Dickens County Green Thumb Crew, and the "Lady Green Thumber, Lovie Hider, all cooperating, the town now has a place for large community gatherings.

At one time the town of Spur had a population of over 5,000 people but now the sign on the highway reads, "Population 1,747." At last count there were 28 empty buildings in downtown Spur. One of these buildings, an old theater was selected to be the new community center. The building had not been in use for years and was in very bad shape.

The crew under the leadership of foreman Eugene Tooke began work on the old building. Their first task was to remove all of the old theater seats, discarding the more worn ones and repairing and repainting the usable ones. The crew had to remove the iron bolts which held the discarded seats and fill with concrete the holes left in the floor. A new lower ceiling was placed in the building and the crew then painted the auditorium, halls, restrooms, stars and lobby. The stage was rebuilt and the outside painted. The crew then replaced 240 of the seats down the center of the auditorium. The padded seats did not come very clean, so, taking a suggestion from Foreman Tooke, the building committee had Lovie Hider, who is placed at the community center by Green Thumb make slip covers for the seats out of material than can be laundered.

Spur now has a completely new community center which was first used this year for the annual Spur homecoming celebration.

Project: Renovating country schools.
County: Lamb, Hale, Dickens.
Sponsors: Spade, Patton Springs, and Cotton Center Independent School Districts.

Country schools are about a thing of the past in the Panhandle area of Texas and we found this summer that they were in need of help. Three crews spent most of the summer helping country schools brighten up their classrooms.

Spade, a small community of less than 200 residents, is the former headquarters of the Spade Ranch and consists of a few residences, two small churches and a school. The school has about 150 pupils, many of whom are the children of migrant farmworkers. Foreman, Joe McPeak took his crew of Luis Deluna, Perry Angel, Beneto Estrada, J. W. Lester, and John Rogers to Spade during the summer months to help the school repair and repaint twenty classrooms, all the hallways and the gym, all without dropping a single drop of paint. At least none was showing when the crew was finished.

The Dickens county crew under the supervision of foreman Eugene Tooke was assigned to the Patton Springs School, a school set out in the middle of a vast farming area and having about 125 students.

Again, because of lack of funds, the school over a period of years had become very worse for wear. Again many repairs had to be made before painting could take place. When the crews finished, they had painted nine classrooms, the cafeteria, the gym, the workshop, kindergarten, and football stadium.

Roy Dodson of Hale County and his crew of Floyd Watts, Richard Hancock, John Lopez and Dallas Wilson were stationed at the Cotton Center school for most of the summer. This school is also located in the middle of a large farming area and has an enrollment of about 120 students in grades 1 to 12. The work done at this project site included landscaping the lawns, painting the classrooms, outside trim on the buildings, gymnasium, and other smaller outbuildings.

Because of the nature of such projects as these mentioned where a crew must go in and almost repair the building before they can paint we have found that a great many skills are either learned or reactivated. Carpentry work must be done, bricks must be replaced or installed. Sheetrock must be hung, texturing and finishing work must be done. Pipes, faucets and electrical outlets must be replaced or installed. Every project gets better as the men utilize the skills they have learned on their previous assignment.

Mr. Chairman, the Green Thumb program is in its 9th year of successful operation. There have been some four independent evaluations of the program made by independent study teams.

All of the evaluations were favorable to the Green Thumb program; all showed that the program is cost-effective, is making positive contributions to its objectives, and is successful not only in enabling low-income older rural workers to improve their economic status but what is probably even more important their feeling of self-esteem and their knowledge of having contributed to needed essential community services and improvements.

Virginia Green Thumb Projects

In August 1967, the first Green Thumb projects were authorized in the Commonwealth of Virginia. A State office was established in Blackstone, Va. There were 70 job "slots" authorized and they were placed, by the State Advisory Board, in Lee County, Washington County, Grayson County, Chesterfield County, Newport News and Virginia Beach. The program was expanded in March 1969 to 144 "slots." In August 1969 six Green Light "slots," for ladies, were authorized in Newport News. In March 1972 the Green Thumb and Green Light "slots" were combined. The present authorized Green Thumb worker strength is 165 persons. In addition to the original counties there are now Green Thumb projects located in Pulaski County, Alleghany County, Roanoke County, Brunswick County, Surry County, and Westmoreland County. In 1973 projects were sponsored by the Virginia Department of Highways, the Virginia Division of Parks, the city of Newport News, the town of Jonesville, the town of Abingdon, the town of Pulaski, Brunswick County Board of Supervisors, Washington County Department of Recreation and Parks, and Roanoke County Department of Recreation and Parks.

During the past year 210 older persons received gainful part-time employment in the counties and cities mentioned above. The average

age of the workers was 69 years, 2 months. The average family size was 2⅛ persons with an average family income of $1,630, including social security and excluding Green Thumb earnings of $1,600.

In previous years these older part-time workers have built parks, arboretums, rock walls, rail fences, bridges on hiking trails, bathhouses, amphitheaters, park benches, trails for the handicapped; they have planted hundreds of thousands of pine seedlings, flowers, shrubs, and trees in parks and along highways; cut hundreds of miles of brush along highways and opened up hiking trails; built bridges on trails; painted old and new buildings, renovated buildings for use as recreational centers, senior citizen centers and a fire house; dug, balled and burlaped thousands of shrubs and trees for planting along the highways. In 1973 they continued the same type of work which is discussed later in this report. During the year the Roanoke County Department of Recreation and Parks recognized their outstanding work by placing two plaques, one at Ogden Senior Citizens Center and one at Catawba Recreation Center. These plaques were in recognition of the outstanding work done by the Green Thumb. There were numerous newspaper articles about the program in various areas of the State. The program was covered by television on two occasions.

Green Thumb workers are a group of older people who desire to work and want meaningful work. They do not want welfare or a "handout." Most of them have reached a time in life in which they are passed over for employment and when the more fortunate can retire. Due to their low incomes they still need the work. We will cite a few cases in point.

One 71-year-old enrollee retired after working 50 years as a general laborer and finally as a groundskeeper. His retirement income was $31 per month and his social security was $72 per month. He was unemployed for 3 years until he was enrolled in the Green Thumb. During this period he actively sought employment but due to his age could not find employment. At the time that he started in the program there was no automobile transportation available, therefore he rode the Greyhound Bus to work. This was expensive and he was later able to find a ride in an automobile pool. As soon as he came to work he displayed outstanding work habits and an outstanding ability to get along with his fellow workers. When a foreman's vacancy occured his fellow workers requested that he be made the foreman. In his work as a foreman he has displayed leadership, knowledge of the job and a deep sense of love and loyalty to his crew. What makes his situation so unique and unusual? This foreman has only one arm, having lost an arm in an accident at the age of 6; and further he is a black man and all of his crew members are white men.

A Green Thumb widow, age 70, lived alone and was receiving a monthly social security benefit of $69.60 from which $4 was deducted for medicare premiums. She had no children to assist her. She had been unemployed for almost 4 years. During the past year she has worked as an aide with the county department of health. She assisted the county in transporting the aged and the sick to the health clinic. In addition to this she made periodic visits to the homes of the sick. While working in the clinic she prepared the patients to see the medical personnel and assisted in other duties at the clinic. According to the county nurse "she has rendered invaluable service to the county and has shown love, respect, and desire to help the sick." Not only has the Green

Thumb benefited her by providing a part-time job, but also, she has been of great benefit to the citizens of her county through her devotion to people and her desire to serve others.

We mentioned only two of 165 workers, however, a similar report could be made on all of the enrollees.

The Green Thumb worker is a person who needs work, a person who wants to work, a person who is proud to work rather than to receive a "handout," and a person who is a victim of society's bias toward the aged person. Not only has the work helped the enrollee financially, but also, it has restored his (her) self respect, confidence, dignity, and in many cases physical and mental health.

Green Thumb has met with enthusiastic local acceptance. We have never received a local complaint against the program. The enrollee has benefited and the local communities have benefited.

FRIDAY, MAY 17, 1974.

OCCUPATIONAL SAFETY AND HEALTH

WITNESS

DR. JOHN V. GRIMALDI, PROFESSOR OF OCCUPATIONAL SAFETY AND HEALTH AND DIRECTOR, THE CENTER FOR SAFETY, NEW YORK UNIVERSITY

Mr. OBEY. Next we have Dr. John V. Grimaldi, director, The Center for Safety, New York University.

Dr. GRIMALDI. Mr. Chairman, I am here as an interested professional in the field, Mr. Chairman, to plead for financial support of the Occupational Health and Safety Administration as well as for NIOSH, and in particular to ask you to consider adding to the NIOSH budget funding for support of training programs in the field of occupational safety and health.

The Occupational Safety and Health Act (OSHA) has been considered landmark legislation. It may in fact be more important than imagined. The act is the only significant means today for bridging the gap between the need for solving the dreadful hazard control problem and knowledge about how to do it.

Although the act is concerned specifically with the prevention of work injuries and illnesses, its madate for developing innovative implementation methods can accomplish much more. Especially when coupled with the directive for providing an adequate supply of qualified personnel, with these responsibilities the act essentially is the first powerful resources which can enable advancement from the generally unsatisfactory levels of hazard control effectiveness.

The trouble with implementing work safety and health has been the dependence on logical, but largely limited, achievement programs. It is a trouble that restrains safety in practically every area where hazards emerge from a dynamic society. There are many safety concepts and techniques in fashion today. Basically, however, we apply notions which for the most part were popular several thousand years ago.

Hazard control is a demanding, complex problem. While hazards often can be controlled simply by enclosures or other protective means.

the interaction of behavioral, environment, technological, economic and other factors generally complicates the control problem. Selecting optimal methods for effecting the needed controls frequently is a decidedly difficult task. Our failure to do this well is noted in the annual intolerable number of serious injuries and illnesses that emerge from work and other necessary activities.

A significant handicap to hazard control effectiveness has been the lack of personnel educated specifically for attacking the problem. Most of the specialists in the field have been trained for some other work. They entered the field largely because of certain qualifications which an employer found they had for the task (as he envisioned it). Professional training programs have been limited largely to discrete problem areas such as industrial hygiene or industrial safety. None, until the advent of OSHA, was able to begin the development of knowledge and tutorial skills that would prepare qualified practitioners, researchists and instructors for the complex, specific job of advancing occupational safety and health. There simply were no funds to support such development.

In the absence of appropriately trained personnel and the means for developing an increasingly informed attack on the hazard control problem, the objectives of OSHA are not likely to be realized. Although it is certain that the Nation's work places now will be safer, it cannot be expected that the desired change in the Nation's work injury rates will develop simply from regulating the causes of injury and disease. Bitter experience tells us that even though such regulation is a necessary step in the hazard control process, much more is needed. All that one has to do to be convinced of this is consider the catastrophes that have repeated despite the existence of the best safety criteria that could be mustered.

The hopes so many of us have for occupational safety and health advancement may be threatened now. Not only are we concerned about the criticisms that have led to proposed amendments of the act, but the decision to eliminate support of professional training programs is a damaging blow. Probably many of the complaints about the act can be attributed to our archaic notions about safety. I believe that we will change our concepts only through the influence of the kind of investigations which university centers of hazard control research and instruction can provide. They cannot exist simply, however, by competing for research contracts. And if they could, the funding available for such contracts is too pitifully small even to be encouraging. The significant progress of medical education and research can be attributed to the support such as only the Federal Government could provide. Occupational safety and health deserves as much. At its start, OSHA programing did have the expectation of professional education support. In fiscal year 1973 this amounted to $1.2 million. The sum was halved in 1974. It is zero for fiscal year 1975.

The implicit value in strong university centers of research and instruction, devoted to the resolution of the hazard control problem, seems obvious. The absence of budgetary consideration for such development is nothing less than serious.

There are other considerations concerning the NIOSH and OSHA budgets however. Although we literally are breaking new ground in this unique national effort to advance work safety and health, there are significant limitations imposed on the two agencies designated to lead

the Federal effort. NIOSH, I understand for example, may expect a budget sum of $27,848,000 in fiscal year 1975. This is greater than the budgeted $26,804,000 in fiscal year 1974. However, about $800,000 of the 1975 budget is allocated for salary increases. The real dollars available for NIOSH programing will be about the same in 1975 as it was in 1974.

If I may interpolate, the absence of any funding for training support means that actually the NIOSH budget is more limited this coming year than it was in the previous year. HEW incidentally does not appear to provide NIOSH with an identity in its budget. There is no line item covering NIOSH.

The Occupational Safety and Health Administration fares better in the Department of Labor. Its budget is up in 1975 to $102,500,000 from $70,500,000 in 1974. These sums are devoted, of course, to what might be termed operational expenses. All are allocated to such necessary activities as compliance inspections, State programs, statistics gathering and the training of employers and employees in the fulfillment of the act. The proposed 1975 budget for administering OSHA however reduces to about $1.10 per worker and some areas are yet to be touched.

Agriculture, for example, is one occupation that has been demonstrably hazardous, but is not evident as yet in OSHA's programs. Doubtless budgets and other constraints are the reasons. However, it is impossible to ignore the fact that while farm workers make up only 5 to 6 percent of the Nation's work force, they account for 17 percent of the on-the-job fatalities. Agriculture is the third most hazardous occupation after mining and construction. It is the only occupation where death rates increased in the past 10 years, while others decreased. Agriculture may be the most neglected occupation when provisions for worker safety and health are considered.

It is hoped that with these few words a sharply drawn picture of the need for maximizing the fiscal support of NIOSH and OSHA has been presented. It can be magnified significantly if it is considered that the Williams-Steiger Act, when supported appropriately, can enable the achievement of occupational safety and health and, in so doing, advance control generally. The importance of this consideration probably cannot be overstated.

Controlling the hazards which cause trauma may be the primary hearth care need in the Nation today. The most recent figures (1968) indicate all forms of trauma take up at least 22 million hospital days—four times the requirements for cancer patients and somewhat more than for all heart patients. As many as half of the available hospital beds have been estimated to be occupied by trauma victims.

Providing adequately for the support of OSHA's programs and NIOSH's mandated responsibilities is important to the achievement of occupational safety and health. It will deliver not only the wanted control of work hazards, but will enable development of the emerging hazard control disciplines and the schools that teach them. If this progress can be encouraged we can expect secondary benefits that could exceed the ambitions and values of the act. I hope the way can be found to maximize NIOSH's and OSHA's support. All things considered dare we do less?

Mr. OBEY. Thank you very much, Doctor.

Dr. GRIMALDI. Thank you.

FRIDAY, MAY 17, 1974.

LABOR-HEW APPROPRIATIONS

WITNESS

GERALD McENTEE, EXECUTIVE DIRECTOR, PENNSYLVANIA STATE COUNCIL, THE AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL–CIO

Mr. OBEY. Next we have the American Federation of State, County, and Municipal Employees, AFL–CIO, Gerald McEntee, director of council 13 from Pennsylvania.

Mr. MCENTEE. Mr. Chairman, I want to congratulate you on the pronunciation of my name. People usually have great difficulty with that.

Mr. Chairman, I have an abbreviated statement to make orally and a full statement for the record.

Mr. OBEY. Very well.

Mr. MCENTEE. Mr. Chairman, my name is Gerald McEntee and I am executive director of the Pennsylvania State Council of the Nation's largest public employee union—the American Federation of State, County, and Municipal Employees, AFL–CIO. I am here today on behalf of my State organization and on behalf of the International Union. We appreciate the opportunity to appear before your committee today.

I would say to the chairman that our International Union hoped that Tom King, our Wisconsin State director, could also be here but he is involved in some very serious and important negotiations within his own State.

AFSCME has some 75,000 members in the State of Pennsylvania and nearly 700,000 members nationally—all of them public employees and a great many of them affected directly by the actions this subcommittee will take on the appropriations for the programs administered by the Department of Health, Education, and Welfare and the Department of Labor.

One year ago a representative of our union came before this subcommittee to express concern over the attempts by the Nixon administration to drastically reduce or phaseout Federal funds for a variety of health care and health manpower programs. The subcommittee was gracious and responsive. Congress ultimately restored some of the funds that the White House sought to eliminate.

I will speak to similar concerns in the fiscal 1975 Federal health budget. We have more than 150,000 members in the health professions, and their well-being is of considerable importance to our union.

We also are deeply concerned about proposed budget items affecting employment security programs, public employment programs, and public school programs. I will speak first of employment related programs.

EMPLOYMENT SECURITY

During the past year our national union has seen cutbacks in employment security personnel and program resources in State after State. Unless Congress increases the budget request for unemployment in-

surance and employment service functions, this trend is sure to continue.

The reason for these cuts are not entirely clear. What is clear is that unless the appropriations are increased, we can anticipate longer waiting lines in employment offices; longer timelags before persons filing for unemployment compensation begin receiving their checks; cutbacks in programs geared to reach minorities and an increase in tax delinquencies—especially from small employers.

One problem has been the way in which the Department of Labor has been funding employment service and unemployment insurance functions under the Wagner-Peyser Act and the Social Security Act. Last year the Department badly underestimated the effects of inflation when it calculated how much it would need for these functions.

Instead of correcting this problem in fiscal year 1975 the Department of Labor appears to be continuing it.

In unemployment insurance, the Department of Labor would again underfinance the basic workload. It also failed to anticipate the increase in unemployment which is occurring this year.

The administration's supplemental request of $85 million for unemployment insurance for fiscal years 1974 and 1975 will help correct this problem. However, as proposed, the $85 million will not be available for salary increases or for the tax collection function. Underfinancing tax collections could mean the loss of millions of dollars in tax revenue.

Therefore, we urge that funding for unemployment insurance be increased to realistically reflect anticipated increases in salaries and nonpersonnel items.

We also recommend adequate funding of the tax collection function and a careful review of the contingency fund request to guarantee that it will be enough to take care of this year's likely unemployment increases.

For the Employment Service, the total drop in program level for fiscal 1975 could add up to about 11 percent when you include the so-called "productivity cuts, the effects of inflation and the evidence of underestimated costs per man-year."

Difficulties in the Employment Service are likely to further increase in fiscal 1975 because of the change in the delivery of manpower funds required by the Comprehensive Employment and Training Act.

Whereas in the past, MDTA funds flowed through State Employment Service Offices, and supplemented Wagner-Peyser funds, now some of those funds will go to local prime sponsors which may or may not use the local offices of the Employment Service. This shift in the flow of funds is likely to cause personnel dislocations.

We feel, therefore, that Employment Service staffing financed under the Wagner-Peyser Act should be raised back up to the fiscal 1973 level.

In addition, where local prime sponsors use agencies other than the Employment Service, we would strongly urge that efforts be made to transfer Employment Service personnel who might be laid off. We would also urge that their benefits, seniority, and bargaining rights be preserved. We urge the committee to take special note of this in its report.

I would mention also in our State because of this underfunding last year we did have some layoffs of personnel within the employment security program, and as a matter of fact discussions are now underway talking about the same kind of things.

Last year the officials of our Department of Labor and industry as well as representatives of the labor movement met with our own congressional delegation to attempt to get more funding in this area. I would hope that the committee would certainly take this past experience into consideration.

PUBLIC SERVICE JOBS

Congress took an important step toward establishing a meaningful permanent public service job program when it passed the Comprehensive Employment and Training Act of 1973. It recognized public employment as an integral part of a comprehensive manpower policy in title I of CETA. For the first time, State and local governments can use Federal dollars for public job creation regardless of the unemployment rate.

But the administration's budget would not give public service jobs a chance.

It requests the bare minimum required by law for title II and about the same amount under title I as was available last year for MDTA and EOA manpower programs. This latter amount is, in effect, a cutback because of inflation and the rise in the minimum wage. The $350 million for title II would fund only about 50,000 jobs.

We support an appropriation of at least $1.4 billion in fiscal 1975 to fund about 200,000 public jobs. We believe this to be a realistic minimum level.

This $1.4 billion—which represents a $1.05 billion increase over the administration request—should be equally divided between titles I and II of CETA to enable localities with an unemployment rate of less than 6.5 percent to take advantage of the public jobs program through title I.

If this money were channeled through title II alone, many unemployed people would be shortchanged. We think it is essential that the money be shared.

In addition to the overall funding increase for public employment, we also recommend a further increase for title I which, because of inflation and the new minimum wage law, is necessary to maintain other title I programs at the last several years' level.

At this point, I also would like to emphasize our continuing concern about the protection of regular public employees' rights under Federal public employment programs.

We supported passage of the Emergency Employment Act, but we had serious problems with the way it was administered. We encountered such practices as the passing over of regular employees for promotions, discriminatory treatment with regard to rehiring laid-off public employees, and failure by the employer to provide an opportunity for us to comment on grant applications prior to their submission.

What we would really like to see is that these Federally funded employees come in at the entrance level of a classification series. In

many States and civil service systems we have promotional ladder-type series such as equipment operator 1, and equipment operator 2, 3, or 4. It is inherent within collective bargaining agreements and within the civil service systems that promotions come with within. Under the old program, we had people in city, county and State employment who were skipped over and not given promotions to a higher classification within their series. Instead, these higher level jobs were given to people coming in under the Federal program.

What we would like to see, if you will, is that these people come in at the entrance level and then they really, as the Federal Government intended in the beginning, become part of the system as they move up through the promotional ladder and find jobs permanently.

We would urge you in your report to stress the importance of fulfilling the employee protections in CETA both through clearly worded Federal regulations and through vigilant oversight by the Department of Labor.

HEALTH

As the Nation's largest union of health workers, AFSCME has 60,000 members in mental health and retardation (primarily in State employment) and 65,000 general hospital members (primarily in county or city employment). Our membership includes professionals, paraprofessionals, and nonprofessionals.

From our perspective, the administration health budget is shortsighted, inflationary and destructive of progress in health care in this country. Mandated medicare and medicaid increases have been made by destroying all planning, construction, and manpower programs. The administration calls for national health insurance which will put heavy demands on the system. At the same time, it provides no resource development of manpower facilities or planning. This can only lead to further rapid increases in health care costs.

To discuss health appropriations I must, of necessity, touch on areas that are not yet covered by authorizing legislation. Let me say in general that AFSCME believes that adequate Federal involvement is essential to the development of a better system for delivering decent health care care to all Americans.

Our interests in the health care budget are not categorical. I want to touch on three major program areas—planning (particularly mental health), facilities, and manpower.

MENTAL HEALTH

Mental health in this country is in a crisis, yet this budget includes no funds for mental health planning; no funds for development of a mental health delivery network; a minimal increase in the community mental health center program; and a cut of almost 50 percent in manpower training.

In State after State, the rhetoric of providing "community services" as an alternative to institutional services, has been based on a premise of Federal funding of community mental health centers in the form of startup, construction, or staffing grants. No Federal funds have resulted and institutions are being dismantled without any community alternatives. And these institutions are being dismantled in State after

State, whether it is Wisconsin, Pennsylvania or California or whatever.

As a matter of fact we have had in our State, and I am sure even in the State of Wisconsin, changes in institutional systems. Patients and residents have been moved from State institutional programs into community health programs—because of lack of funding we have had tremendous problems in this particular area. Because the Federal Government hasn't made moneys available there are not viable community treatment programs. But the States are moving ahead because this is an idea whose time apparently has come.

We have had experiences in the State of Pennsylvania where they have deinstitutionalized, where they have moved mental health patients out of our institutions, and because community mental health programs are not available they have moved them into inadequate nursing homes. And in some cases we have found out—and we have researched this—they have ended up in motels maybe in the center of Harrisburg, Pa. I think it is a most critical area. If we are going to move into community health programs they have to be funded and a major part of this funding must be and has to be the Federal Government.

Frankly, unless the Federal Government steps into this situation, we're headed for disaster.

The original Community Mental Health Center legislation had as its goal the development of one Community Mental Health Center to serve every 75,000–200,000 citizens by 1980. This would have required sufficient manpower for a network of mental health services to meet the real needs of our citizens. It is not available for the 400-odd centers now in existence—much less the true need in the future.

The only identified training money in the mental health budget is $65 million—a decrease from $128 million in 1974. This item must be increased to provide training for paraprofessionals in mental health.

The changing philosophy in mental health toward short term or minimal hospitalization and extensive outpatient care requires the retraining of virtually all present mental health workers. This factor has not been addressed by the administration budget.

HEALTH MANPOWER

There is a need to provide trained personnel at all levels—not simply physicians or others with graduate degrees. The majority of patients are cared for by aides, orderlies, technicians, and nurses.

To fill this need we must improve the chances of experienced health workers to move out of dead end jobs and into necessary health careers. AFSCME has designed and implemented career development programs in which thousands of nonprofessional health workers obtain new skills, high school diplomas and college credits to move upward into all the health professions. The therapy aide who makes the minimum wage of $4,800 can never become an occupational therapist without a scholarship.

But the budget recommends cutting all health training moneys—even though there is rhetoric based on "improved programs" such as the National Health Service Corps. All health scholarships have been abolished, except for $3 million requested under Health Service Corps fellowships.

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The members of our union want to move upward—to become more skilled, to become technicians or nurses. They want to gain pay, recognition and status—and—they want to give better care to patients. Without adequate scholarships, loans, and traineeships these health workers will be unable to attend school.

From fiscal 1972 to fiscal 1975, in a period of recession coupled with 8 to 10 percent annual inflation, we have the administration proposing that a 1972 Health Student Assistance program of $109.5 million be decreased to a mere $3 million in the fiscal 1975 budget request. To meet the need for health manpower, AFSCME proposes that loans, scholarship and traineeships be increased for mental health, nursing, allied health and public personnel when authorizations permit.

EDUCATION

Finally, as a union that represents thousands of school district employees outside the teaching profession, we take issue with the administration's budget proposals for elementary and secondary education. Time does not allow me to go into that here today, but the comprehensive statement which we are submitting will include comments on the education appropriations proposals.

SUMMARY

In summary, Mr. Chairman, we look to this subcommittee to transform this barebones document, which the administration has submitted, into a budget to more appropriately reflects the genuine needs of the American people.

It is all well and good for the administration to seek to hold down spending, but the priorities reflected in the executive budget show too little concern for the everyday needs of everyday people in this country.

I appreciate the time you have allocated me and stand ready to provide any assistance we can offer this committee.

[The statement follows:]

TESTIMONY BY GERALD MCENTEE, AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO

Mr. Chairman, my name is Gerald McEntee and I am executive director of the Pennsylvania State council of the Nation's largest public employee union, the American Federation of State, County and Municipal Employees, AFL-CIO. I am here on behalf of the State organization, and also on behalf of the international union.

We have some 75,000 members in the State of Pennsylvania and nearly 700,000 members nationally—all of them public employees and a great many of them affected directly by the actions this subcommittee will take on the appropriations for the programs administered by the Department of Health, Education, and Welfare and the Department of Labor.

I'm grateful for the opportunity to appear before you and I want to extend the gratitude, as well of our union's national officers—President Jerry Wurf and Secretary-Treasurer William Lucy.

One year ago today a representative of our union came before this subcommittee to express concern over the attempts by the Nixon administration to drastically reduce or phase out Federal funding for a variety of health care and health manpower programs. The subcommittee was gracious and responsive. Congress saw to it, ultimately, that some of the funds that the White House sought to eliminate were restored.

I will speak to similar concerns in the fiscal 1975 Federal health budget. We have more than 150,000 members in the health professions, and their well-being is of considerable importance to our union.

But we are also deeply concerned about proposed budget items affecting employment security programs, public employment programs, and public school programs.

AFSCME represents employees in each of these public service areas, and I am here on behalf of those employees. Theirs is a dual interest: as workers they naturally are alarmed at the prospect of fund cutbacks that will reduce staff and make it more difficult for them to perform their functions. And as consumers of the services provided by these programs—that is, as beneficiaries of public health programs, as parents of schoolchildren, and users of training and employment services—we are opposed to cuts which will endanger the quality or limit the availability of these services.

EMPLOYMENT SECURITY

During the past year our national union has witnessed cutbacks in employment security personnel and program resources in State after State. Unless Congress increases the budget request for unemployment insurance and employment service functions, this trend is sure to continue at a time when high unemployment requires greater not fewer resources.

In my own State of Pennsylvania we are told to expect to lose at least several hundred jobs. AFSCME officials in Wisconsin predict a 13 percent staff reduction for these two programs. We have similar reports from Illinois, Washington, and New Jersey. Small rural employment offices will be closed in many localities, unless additional assistance is made available.

The reasons for these cuts are not entirely clear. What is clear is that unless the appropriations are increased, we can anticipate longer waiting lines in employment offices, longer timelags before persons filing for unemployment compensation begin receiving their checks, cutbacks in programs geared to reaching into minority communities and an increase in tax delinquencies—especially from small employers.

One problem has been the way in which the Department of Labor has been funding employment service and unemployment insurance functions under the Wagner-Peyser Act and the Social Security Act. Last year the Department underestimated the effects of inflation when it calculated how much it would need for both Employment Service and unemployment insurance functions. Thus it underestimated how much it would cost to perform the anticipated workload and fewer people could be paid. In addition, the Labor Department did not include enough money for nonpersonnel services, such as rent, lighting, and the like. Since these items are largely fixed, that meant less money for staff.

Additional problems for the Employment Service resulted from the energy crisis. State agencies were directed to shift employees from Employment Service activities to unemployment insurance activities—a policy which since has been discontinued. This redirection of resources occurred when the Labor Department already had reduced the Employment Service operating level on the basis of so-called productivity improvements.

In Unemployment Insurance, the Department of Labor would again underfinance the basic workload in fiscal 1975. It also has failed to anticipate the increase in unemployment numbers which is occurring this year.

The administration's supplemental request of $85 million for unemployment insurance for fiscal years 1974 and 1975 will help correct this problem. However, as proposed, the $85 million will not be available for salary increases or for the tax collection function. The underfinancing of the tax collection function could result in the loss of millions of dollars in tax revenue.

Therefore, we urge that the funding for unemployment insurance be increased to realistically reflect anticipated increases in salaries and nonpersonal items.

We also recommend adequate funding of the tax collection function and a careful review of the contingency funds request to guarantee that it will be enough to account for this year's likely unemployment increases.

For the Employment Service in fiscal year 1975, the Department of Labor is asking for another cut on the basis of "improved productivity"—$25 million, or 6 percent. Inflation also will eat away additional resources and there is again evidence that the average cost per man-year was underestimated. This could result in a total drop in program level by about 11 percent at a time of high unemployment which requires greater not less help for jobseekers.

Difficulties in the Employment Service are likely to further increase in fiscal 1975 because of the change in the delivery of manpower funds required by the Comprehensive Employment and Training Act.

Whereas in the past MDTA funds flowed through State employment service offices, and supplemented Wagner-Peyser funds, now some of those funds will go to local prime sponsors which may or may not use the local offices of the Employment Service. This shift in the flow of funds is likely to cause personnel dislocations and possible unemployment for many of our members.

It is being argued that the Employment Service should have to compete in the open market to provide manpower services. But, when the Employment Service is receiving fewer Federal funds in real dollars and experiencing greater instability and lower morale, it would seem that it is at a decided disadvantage.

We feel therefore, that Employment Service staffing funded under the Wagner-Peyser Act should be raised back up to the fiscal 1973 level.

In addition, where local prime sponsors choose not to use the Employment Service and to use other agencies, we would urge that the Department of Labor recommend to local prime sponsors that every effort be made to offer employment to Employment Service personnel whose jobs would be jeopardized. We would also urge that their benefits, seniority, and bargaining rights be preserved. We ask the committee to take special note of this in its report.

PUBLIC SERVICE JOBS

AFSCME has consistently supported the establishment of a permanent public employment program by the Federal Government. We have viewed such a program as both a job creation program and as a way to help provide important and needed public services for our citizens at a time when State and local governments are hard pressed to maintain existing service levels.

Congress took an important step in this direction when it passed the Comprehensive Employment and Training Act of 1973 (CETA). While retaining the old section 6 program of the Emergency Employment Act in title II of CETA, Congress recognized public employment as an integral part of a comprehensive manpower policy in title I of CETA. For the first time, State and local governments can use Federal dollars for public job creation regardless of what the national or local unemployment rate is.

But the administration's budget would not give public service jobs a chance. It requests the bare minimum required by law for title II—$350 million—and about the same amount under title I as was available last year for MDTA and EOA manpower programs. This latter amount is, in effect, a cutback because of inflation and the rise in the minimum wage. The $350 million would fund only about 50,000 jobs.

Now, there are those who would say that unemployment is beginning to dip and we don't need a big public jobs program. But the March unemployment rate of 5.1 percent was only 0.4 percent lower than the unemployment rate in July 1972—the high point of the Emergency Employment Act.

Not once since EEA was passed has unemployment dipped below 4.5 percent—the trigger under EEA. We still have over 4½ million persons unemployed, according to official figures, and those figures don't count the so-called hidden unemployed.

We therefore support at least $1.4 billion in the 1975 appropriation to fund about 200,000 public jobs.

In advocating this position we are joining with such groups as the AFL–CIO, the United Auto Workers, the National League of Cities and U.S. Conference of Mayors in a coalition of concerned parties. We believe this funding proposal is a realistic minimum level to which the Federal Government should commit itself.

This $1.4 billion—which represents a $1.05 billion increase over the administration request—should be equally divided between titles I and II of CETA. This will enable localities with an unemployment rate of less than 6.5 percent to take advantage of the public jobs program through title I. Of the 50 largest cities in the country, only 17 now have citywide unemployment rates exceeding 6.5 percent; 29 have areas that reach or exceed that level, and 4 have no area of 6.5 percent.

Were you to channel all public employment funds through title II, it would mean shortchanging many unemployed persons. In Luzerne County, Pa., for example, the average unemployment level in 1973 was 7,366, but only 1,959 unemployed people would be covered by title II.

In Union County, N.J., the average number of unemployed jobseekers as 7,999, but only 1,804 of them would have been covered by title II. In the State of Montana, 1973 average unemployment stood at 19,644, yet only 4,533 people would be covered by title II.

These examples demonstrate a clear need to specifically provide public employment funds in title I, which has neither the residency nor unemployment limitations of title II.

In addition to the overall funding increase for public employment, we also recommend a further increase for title I which, because of inflation and the new minimum wage law, is necessary to maintain other title I programs at last year's level. We estimate this would amount to about $450 million.

Finally, I would like to emphasize our continuing concerns about the protection of regular employees' rights under Federal public employment programs.

We supported the passage of the Emergency Employment Act, but we had serious problems with the way it was administered. We encountered such practices as the passing over of regular employees for promotions—"leapfrogging"—discriminatory treatment with regard to rehiring laid-off public employees, and failure by the employer to provide an opportunity for us to comment on project applications prior to their submission.

CETA is a substantial improvement over the EEA. It prohibits leapfrogging and the hiring of any person when a regular employee has been laid off from the same or substantially equivalent job. It requires that only entry-level jobs in each category may be filled until applicable personnel procedures and bargaining agreements have been met. It also requires an employer to provide an opportunity for unions to comment on applications prior to their submission.

However, these requirements must be vigorously enforced by the Department of Labor or they will be subverted. We are particularly concerned about the possibility of employers redefining job categories to get around the entry-level requirement. We are also dissatisfied with the Department of Labor's regulations on prior comment. They fail to require advance publication of 30 days for fiscal 1975 applications and the rules for next year are confusing and contradictory.

We would urge you in your report to stress the importance of fulfilling the intent of CETA with respect to employee protections both through clearly worded Federal regulations and through vigilant oversight by the Department of Labor.

HEALTH

As the Nation's largest union of health workers, AFSCME has 60,000 members in mental health and retardation (primarily in State employment) and 65,000 general hospital members (primarily in county or city employment). Our membership includes professionals, paraprofessionals and nonprofessionals—doctors, registered nurses, technicians, LPN's, nursing aides, dietary aides, maids—all those who produce the product of health care. All of them have a stake in the legislation before this subcommittee.

The administration health budget is shortsighted, inflationary, and restrictive of progress in health care in this country. Mandated medicare and medicaid increases have been made by decimating all planning, construction, and manpower programs. The administration calls for national health insurance which will put heavy demands on the system. At the same time, it provides no resource development of manpower facilities or planning. This can only lead to further rapid increases in health care costs.

The American Federation of State, County, and Municipal Employees believes that comprehensive health care is a right for all citizens. In order to move toward that goal, there must be adequate Federal support for the development of a system in which there is care accessible to all citizens with sufficient quantity and quality of skilled manpower and facilities.

Our interests in the health care budget therefore are not categorical. This testimony deals with three major program areas which are critical to meeting those goals—planning (particularly mental health), facilities, and manpower.

MENTAL HEALTH

Mental health in this country is in a crisis. The budget includes no funds for mental health planning; no funds for development of a mental health delivery network; a minimal increase in the community mental health center program which the administration has scheduled for demise; a cut of almost 50 percent in manpower training. In State after State the rhetoric of providing "community

servies" as an alternative to institutional services has been based on a premise of Federal funding of community mental health centers in the form of startup, construction, or staffing grants. No Federal funds have resulted and institutions are being dismantled without any community alternatives.

Examples from two States should make clear the need for increased mental health funding for planning to use scarce resources wisely.

In April 1974 the Missouri State Legislature, in a move called the rape of mental health services by the president of the Missouri Psychiatric Association, appropriated $103.7 million—$69 million less than the amount requested. The St. Louis Globe-Democrat quoted numerous legislators to the effect that the cuts were in response to Federal budget cutbacks and impoundments.

In Indiana, the 1973–75 biennial budget called for a cut of $2.4 million in institutional budgets to provide community care with no phase-in period, minimal community facilities, and dramatic staff cuts in already poorly staffed State institutions—because there was no longer alternative Federal funding.

The original community mental health center legislation had, as its goal the development of one community mental health center to serve every 75,000–200,000 citizens by 1980. This would have required sufficient manpower for a network of mental health services to meet the real needs of the citizens. It is not available for the 400-odd centers now in existence—much less the true need in the future. The only identified training money in the mental health budget is $65,101,000—decrease from $128,021,000 in 1974. This item must be increased in order to provide training for paraprofessionals in mental health. The changing philosophy in mental health toward short term or minimal hospitalization and extensive outpatient care requires the retraining of virtually all present mental health workers and this factor has not been addressed by the administration budget.

HEALTH MANPOWER

Our health manpower concerns go far beyond the categorical grant programs and are specifically addressed to the need to provide trained personnel in all areas of health—not any isolated professions. There is a need to provide personnel at all levels—not simply physicians or others with graduate degrees. The majority of patients are cared for by aides, orderlies, technicians, and nurses.

It is an artificial, if not unreal, situation to be forced by lack of authorizing legislation to discuss health manpower funding. The lack of authorizing legislation in all major areas, forces us to consider a massive projected decrease in health manpower funding (from $12 million in 1973 to $420 million in the fiscal year 1975 budget request) at the same time as the Nation faces a need to increase the supply of health workers.

To fill this need we must improve the chances of experienced health workers to move out of dead end jobs and into necessary health careers. For this reason, AFSCME has designed and implemented career development programs. Thousands of nonprofessional health workers have obtained new skills, high school diplomas, and college credits to move upward into all the health professions. The therapy aide who makes the minimum wage of $4,800 cannot ever become a occupational therapist without a scholarship. The 45-year-old psychiatric aide will never get credit for his experience in an associate degree mental health technican program unless more Federal grants are available.

The dry budget statements of the administration stress that, "students in the health professions, who can anticipate high earnings, generally are able to finance a greater share of their educational costs. Federally guaranteed private loans are available * * *" (budget, pp. 119–20).

And so the budget recommends cutting all health training moneys—even when there is rhetoric based on "improved programs" such as the National Health Service Corps. All health scholarships have been abolished, except for 3 million requested under Health Services Corps fellowships.

Yet, for the nurses aides, technicians, women, blacks, Chicanos, and others who make up the health work force of this country, there are no "anticipated high earnings" nor can these workers finance their own educational costs. These workers require career ladder programs to develop new skills; to be retrained; and require financial and educational assistance.

It is in the area of financial assistance for educational programs for upgrading our members' skills that AFSCME has its greatest interest. The members of our union want to move upward—to become more skilled, to become technicians or nurses. They want to gain pay, recognition, status—but something more—they want to give better care to patients. But our Members work—they work full time

at providing services to patients and they work full time in order to feed their families. Without adequate scholarships, loans, and traineeships AFSCME members and other health workers, whether they are registered nurses or aides, will be unable to attend school on a full-time basis. On a continuous part-time basis the health delivery system has an extreme delay in gaining the absolutely necessary skills of the technical or professional person.

Last year, in testimony before this subcommittee, we noted the decrease in loans, scholarships, and traineeships for all health workers. And this year, except for funds for M.D.'s all loans, scholarships, and traineeships are being eliminated. Thus, a severe decline in degree or certificate training for nurses, mental health and allied health professionals, and all other training is expected, according to budget estimates. (Special analyses, fiscal year 1975 budget, p. 143.)

From fiscal year 1972 to fiscal year 1975, in a period of economic recession coupled with 8–10 percent annual inflation, we have the administration proposing that a 1972 health student assistance program of $109,510,000 be decreased to a mere $3 million in the fiscal year 1975 budget request. In order to meet the need for health manpower, AFSCME proposes that loans, scholarships, and traineeships be increased for mental health, nursing, allied health, and public health personnel when authorizations permit.

It is essential that the citizens of each State realize the impact of Federal cuts on health care. We are in need of more health workers. With lessened Federal support in the key areas of innovative projects, institutional support, and student assistance, States will have one of two difficult choices—provide the difference in funding through local taxation or allow care to deteriorate. We fear that the second alternative will be the decision of many States.

In summary, the American Federation of State, County, and Municipal Employees, AFL–CIO, recommends to this subcommittee that Federal appropriations in health manpower reflect concern for the education of adequate numbers of medical paraprofessionals and professionals—nurses, allied, mental, and public health personnel to provide comprehensive health care for all Americans.

We believe that the budgets for manpower make impossible the necessary concepts of redistribution of resources, true career ladders with resultant upgrading of jobs, and minority representation in health.

We particularly urge increases over the administration request in the areas of grants and projects; institutional support through capitation payments; and student assistance.

We find that the administration budget for health is inadequate. We urge that this committee increase the funding in the areas of mental health planning, and health manpower.

EDUCATION

As a union that represents thousands of school district employees outside the teaching profession, we object to the administration's budget proposal for elementary and secondary education. Not only would it eliminate many worthwhile programs but it is utterly unrealistic in its funding levels in this era of double-digit inflation levels.

Specifically, we view the increase for aid to disadvantaged students, under which many AFSCME members are employed as teaching aides, as inadequate. It should be increased to at least $2.1 billion.

We object to the drastic cuts in impact aid. The impact aid program has its critics, and some of their points are valid. But in the absence of workable alternative assistance programs for school districts, the drastic cuts proposed by the administration are unwise. As many as 3,000 school districts would suffer from the cuts—resulting in higher local taxes or unemployment and reduced educational services. The $40 million "cushioning" proposal written into the budget is inadequate. Both "A" and "B" program funding should be increased and the public housing section should be funded at a minimum of $50 million.

We see no reason why Federal assistance for public libraries should be slashed to $25 million or why no money is requested for construction. The current program provides needed services for the disadvantaged and handicapped. It also provides funds to help localities build library facilities in areas which lack them. We support at least $62 million for library services and $20 million for construction.

SUMMARY

In summary, Mr. Chairman, we look to this subcommittee to transform this bare bones document which the administration has submitted into a budget that more appropriately reflects the genuine needs of the American people.

It is all well and good for the administration to seek to hold down spending, but the priorities reflected in the executive budget show too little concern for the everyday needs of everyday people in this country.

I appreciate the time you have allocated me and stand ready to provide additional material or any technical assistance we may offer this subcommittee as it works to provide a more suitable budget for HEW and Labor Department programs. Thank you.

Mr. OBEY. Thank you very much.

FRIDAY, MAY 17, 1974.

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

WITNESSES

DR. EDWARD RADFORD, PROFESSOR OF ENVIRONMENTAL MEDICINE, JOHNS HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH AND HYGIENE

DR. RICHARD WADE, DIRECTOR, PROGRAM SERVICES, AMERICAN PUBLIC HEALTH ASSOCIATION

Mr. OBEY. Next is Dr. Edward Radford, professor of environmental medicine, Johns Hopkins University School of Public Health and Hygiene.

Dr. RADFORD. My name is Dr. Edward Radford and I am professor of environmental medicine, Johns Hopkins University School of Public Health and Hygiene. Today, I am speaking on behalf of the American Public Health Association, a national professional association representing over 25,000 of the country's leading health authorities. In view of APHA's longstanding and continuing interest in occupational health, we actively supported the passage of both the Occupational Safety and Health Act and the Coal Mine Safety and Health Act, and have carefully followed up the implementation of these important pieces of legislation.

Our concern for occupational safety and health prompts us to comment today on the proposed appropriations to the National Institute for Occupational Safety and Health (NIOSH).

I would like to add that I personally am not convinced that the implementation of the act has been effective and there has been a question as to whether the current administration wants them to be effective.

NIOSH has been given a formidable mandate. A mandate it has, in our opinion, begun to implement in a straightforward and efficacious manner. We do believe, however, that undue administrative and financial constraints have been placed on NIOSH, and that these constraints have hindered its progress.

We believe that insufficient funds and staff reductions have kept NIOSH from developing adequate programs in surveillance, standards development, field studies, and general health effects research.

I will take a little time today to review the statistics on the problem of occupational-related diseases and inquiries in this country.

The indications are that upwards of 5 percent of all deaths in the country have an occupationally related component, and from my experience with the situation in Maryland, dealing with it on a day-to-day basis, with the incidence of problems we are turning up I think if

anything, that estimate is on the low side. In other words, a very substantial part of death and disability that occurs in this country is related to the kinds of hazards that people encounter in their everyday work. To put it as succinctly as I can, I think the day has really passed when, in a country that considers itself civilized, men must put their lives on the line in order to make their daily bread.

A great host of new problems are arising, and it would be a mistake to say that the situation is getting better. In fact, there is a lot of evidence it is getting worse, and part of the reason is a development of a whole range of new products, materials, and so on that are used. The classic example most recently is the vinyl chloride issue, which I have been closely associated with, illustrating how a compound thought to be a very safe material has found its way into numerous products you and I use everyday, and has turned out to have very hazardous characteristics sufficient to cause disease and death in the workers and possibly also affecting the general public.

This is the kind of situation where, if we had known more and had better surveillance on the workers, we would have been able to protect the public's health as well. There is information that this is getting not only into the form of aerosol spray materials but also into the general atmospheric area. It is our position that the American public can no longer passively accept the health problems extant in our work environments.

APHA further believes that the NIOSH budget should be expanded to $40 million for fiscal year 1975.

You heard the previous speaker talking about reduction of training in mental health to $65 million. I am not trying to say the need is not there. All I am pointing out is that when we are concerned with problems in the work place we devote a pittance. And I consider this as nothing short of a national scandal, that a country like ours which likes to consider itself as progressive neverthless has fallen behind the rest of the world, at least some parts of it, in its attitude in protecting worker health.

Specifically recommending this increase of budget the APHA staff—and I might say on my left is Dr. Richard Wade who is Director of the Program Services of American Public Health Association and who can speak to this if you would like.

It can be argued that progress has been made as a result of the passage of the Occupational Safety and Health Act and the Coal Mine Health and Safety Act. But, we know much more should and can be done to improve the conditions and reduce the problems associated with occupational exposures to deleterious agents. More and more, the work environment is being implicated as a source of noxious agents. Moreover these agents are related to long-term adverse health effects and subsequent death, disability, and work loss. The National Institute for Occupational Safety and Health (NIOSH) should initiate or increase their efforts in the following areas: Occupational carcinogenesis, field studies, and manpower training. These should be funded for the first year by $12 million increase over the $28.8 million budget requested for NIOSH by the administration.

1. The development of a program on occupational carcinogenesis. If you look down the allocation of the fiscal year 1975 budget you can see the amount for field surveillance or the epidemiologic program.

Sections A and E are in order of $1 to $2 million each, which is barely enough to maintain a staff even to carry on more or less brush fire operations.

One of the ways this can be done is by coordinating some of the programs of the National Cancer Institute, which has a very large budget, with the National Institute of Occupational Safety and Health and the administrative mechanisms for doing this are being worked out at the staff level; but still it is clear that the NIOSH are not able to do this adequately with the staff they have.

So that the emphasis on field programs is not only for cancer, as I would emphasize, but also in terms of developing surveillance for other chronic diseases such as chronic lung disease, the black lung problem Dr. Kerr will refer to, but also a great many other chronic lung diseases which we believe may have important effect from one's workplace. For example, welders, steelworkers, coke-oven workers, a wide range of problems of this type, as do agricultural workers.

Now, the third area referred to in my written statement is that more NIOSH funds are needed in manpower development. The situation is extremely critical in contrast perhaps to the mental health program, which I am not trying to say should be any way reduced in importance. The fact is we have never developed an adequate cadre of people trained in this field, and that is one of the reasons why we are at such a disadvantage at the present time. We simply don't have the people ranging all the way from simple inspectors, meaning by that, people who can go in and evaluate quickly with relatively simple apparatus, on a broad scale the kinds of occupational hazards that exist, to industrial hygienists, to nurses and physicians who are aware of and able to recognize those kinds of problems.

I don't mean to exclude other schools than schools of medicine and public health. I think it is important to recognize that, even down to the junior college level, we feel it is important that training be available in this area, but I don't see it developing with the kind of budget NIOSH has available.

For example, in the State of Maryland we are attempting, with some of the junior colleges, to develop programs at the 2-year level for inspectors, followed up by a second 2 years in the Johns Hopkins School of Health Services, and followed up subsequently by more advanced training if the student wishes it. Well, training to develop a new program like this is going to take new funds, new people, and new emphasis on the part of the Federal Government.

In summary, we believe that serious health hazards continuing in work environment are getting worse probably, many of which we are uncertain as to the nature and degree of hazards posed. It is of critical importance to undertake more research, field investigation, and medical monitoring to be able to understand when these dangers are present and what to do about them. To do this will mean an increase of funding to several of the programs already ongoing in NIOSH and initiating others. It will also mean increasing our support of the training of professional workers in this field. This is an area of growing importance because of the changes in technology which are coming at us almost daily.

I would like to summarize my own personal remarks by again emphasizing the situation with regard to occupational health, which is

far better than trying to treat them once they happen. This emphasis must come if we are really going to really do an adequate job for workers in this country.

Thank you.

[The statement follows:]

STATEMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

My name is Dr. Edward Radford, and I am chairman of the Department of Occupational Medicine, Johns Hopkins University School of Hygiene. Today, I am speaking on behalf of the American Public Health Association, a national professional association representing over 25,000 of the country's leading health authorities. In view of APHA's longstanding and continuing interest in occupational health, we actively supported the passage of both the Occupational Safety and Health Act and the Coal Mine Safety and Health Act, and have carefully followed up the implementation of these important pieces of legislation.

Our concern for occupational safety and health prompts us to comment today on the proposed appropriations to National Institute for Occupational Safety and Health (NIOSH).

NIOSH has been given a formidable mandate. A mandate it has, in our opinion, begun to implement in a straightforward and efficacious manner. We do believe, however, that undue administrative and financial constraints have been placed on NIOSH, and that these constraints have hindered its progress.

We believe that insufficient funds and staff reductions have kept NIOSH from developing adequate programs in surveillance, standards development, field studies, and general health effects research.

I will take the time today to review the statistics which define the severity of the problem of occupational related diseases and inquiries in this country every year. I am sure that these statistics are prominent in all our minds.

The current vinyl chloride issue indicates to us the need for further expansion of our basic knowledge of occupational diseases and reveals the urgent need for greater medical surveillance and how these demonstrated harmful effects of occupational disease might be conservative compared to the full degree of the problem.

We believe that the American public can no longer passively accept the health problems extant in our work environments. APHA further believes that the NIOSH budget should be expanded to $40 million for fiscal year 1975. It can be argued that progress has been made as a result of the passage of the Occupational Safety and Health Act and the Coal Mine Health and Safety Act. But we know much more should and can be done to improve the conditions and reduce the problems associated with occupational exposures to deleterious agents. More and more, the work environment is being implicated as a source of noxious agents. Moreover, these agents are related to long-term adverse health effects and subsequent death, disability, and work loss. The National Institute for Occupational Safety and Health (NIOSH) should initiate or increase their efforts, each of which should be funded for the first year by $12 million increase over the $28.8 million budget requested by the administration in:

1. The development of a program on occupational carcinogenesis. NIOSH should allocate $5 million in 1974 to developing, in conjunction with the National Cancer Institute and the National Environmental Health Research Center, a national program designed to begin surveying the working population as to the incidence and prevalence of various types of cancer in different work groups. The National Cancer Institute should be asked to focus their attentions on the development of more sensitive, more reliable, and less costly screening procedures, for the early detection of cancers suspected of being of occupational origin.

2. A second set of programs already being implemented within NIOSH, but which need considerable strengthening, are the field studies, epidemiological investigation, and medical surveillance programs. Here again, APHA believes that these activities need more money, $3 million to $4 million more, and more professional staff. Without such increase funding and additional personnel, NIOSH, we fear, will be limited to being a "firefighting operation," able to take action in occupational health issues only when well publicized crises have brought work-related health problems to the public consciousness.

3. The third area in which we believe that more NIOSH funds are needed is in manpower development. There currently exists a shortage of industrial hygienists, occupational physicians, industrial nurses, as well as paraprofessionals such as occupational health technicians. These people are the firstline defense against occupational disease. We question the progress that can be made given the current and projected shortage of these specialists. Schools of medicine and public health must be given adequate funds to continue and increase the number of occupational health specialist trainees.

In summary, we believe serious health hazards continue in the work environment; hazards that are as yet uncertain as to their nature and health and economic impact. It is of critical importance to undertake more basic research, field investigations, and medical monitoring to be alert to the dangers inherent in the work environment. To do this will mean increasing the funding to several of the programs already ongoing within NIOSH and initiating others. It will also mean increasing our support for the training of professional occupational health-workers. This is an area of growing importance as changes in technology raise the possibility of additional environmental assaults in the workplace. It is an area that must not be shortchanged by a concerned, growing, and civilized nation.

Mr. OBEY. Mr. Smith.

Mr. SMITH. My colleague here and I are both interested in the vinyl chloride situation. You mentioned they are using it as a carrier in aerosol bombs, hairspray, and so forth. How serious do you think this is, and how conclusive do you think the proof is that it causes damage, and what damage?

Dr. RADFORD. I think the proof is quite conclusive that vinyl chloride exposure over reasonably long periods of time—by that, I mean 6 months on up to 20 years—can cause damage of a wide variety of types: Loss of the bone of the end of the fingers and toes, the condition called acro-osteolysis, chronic skin diseases, liver cancer of a particular kind that has been formerly rare but it looks like we are going to start seeing a lot of it, just as we have with some of the asbestos-related cancer. Liver cancer preceded often by liver damage; that is, a severe kind of cirrhosis that is very characteristic in leading to chronic and continued liver damage.

There is some indication there may be cancer from animal experiments, but this is still not certain.

There is some indication that perhaps brain cancer as well may be induced by vinyl chloride.

On the question of the hazards from aerosol, experiments done by EPA in sort of prototype bathrooms, ladies' restrooms, and so on have shown that a single application of a hairspray with vinyl chloride as the propellant can raise the concentration in the room as high as 300 parts per million, at which point it will slowly decay over a period of time.

Taking into account all of the possible types of sprays that might be used containing vinyl chloride, a family, mother, father, and children using this type of propellant spray for insecticides, hairsprays, other furniture or cleaning procedures and so on, would be exposed over a long period of time to concentrations which are above the presently recommended occupational standards that OSHA has just put out, one part per million. Well above this.

So if, in fact, it turns out that concentrations in the range of 10 to 20 parts per million over a workday period have these effects I described, then it could well be that the general public that may have used an unusual group of these materials, could have the same effect.

Mr. SMITH. Should women who have used this kind of hairspray for a number of years be concerned that they might suffer these infections?

Dr. RADFORD. I don't want to be an alarmist. I think we can perhaps do a lot of harm by scaring a lot of people. On the other hand, the fact is some of these have been widely used. The question of whether they have been more used in the commercial kinds of materials rather than for the general consumer is one I don't have the full answer to. Apparently, in the commercial ones, it was more widely used than in the usual ones. So that would raise the question for the beauticians. There is concern about the possibility that beauticians might have been getting an exposure to this over the years, which could be significant.

Mr. SMITH. I was going to say the beauty shops use it day in and day out and they could be exposed 8 hours a day.

Dr. RADFORD. That is an occupational exposure that definitely warrants looking into. As far as the housewives at home are concerned, I think unless they had used one of the kinds that we know now did have vinyl chloride in them for a long period of time, I wouldn't be too alarmed. On the other hand I asked my wife the other day, "What kind of hair spray do you use?" And it happened to be some of the Clairol products which were the ones that were using vinyl chloride. That set me to thinking along this same line.

Mr. SMITH. That is all.

Mr. OBEY. Thank you for your very thoughtful statement. I told an earlier witness I had a staff member at the last two conferences in New York on vinyl chloride. I know Mr. Smith shares my concern, and I can't speak for other members of the committee but I certainly believe that at least my No. 1 priority in this entire budget, at least as it relates to health care, is strengthening of the budget for NIOSH and other related programs throughout the Government. I think you are absolutely right.

Dr. RADFORD. Thank you very much.

FRIDAY, MAY 17, 1974.

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH BUDGET

WITNESS

DR. LORIN KERR; DIRECTOR, DEPARTMENT OF OCCUPATIONAL HEALTH, UNITED MINE WORKERS

Mr. OBEY. Now we have Lorin Kerr, director, Department of Occupational Health, United Mine Workers.

Dr. KERR. I would like to start off by commending Dr. Radford for an excellent statement. I am glad he testified for APHA because he is so much better informed in occupational health. It was beautiful.

I am Dr. Lorin E. Kerr, director, Department of Occupational Health, United Mine Workers of America. It would be presumptuous of me to burden you with a lengthy discourse on the numerous inequities of the administration's 1975 budget for the Department of Health, Education, and Welfare. You have already heard many experts and in the ensuing days will hear from more whose familiarity with essential details surpasses mine. It requires no sagacity, however,

to grasp the obvious—the administration is increasing the tempo of its effort to annihilate the health delivery system which has been so laboriously assembled throughout the Nation. Programs designed to improve and maintain the health of those whole ills and injuries had been festering sores in our society are now being callously abolished. Sorely needed funds for training doctors, nurses, dentists, and other allied health personnel are brutally excised. While it is generally accepted that tax money is essential for manpower training it is particularly true in all the health disciplines. To eliminate these funds means the complete and total destruction of all efforts to break down onerous barriers still confronting most people disadvantaged by color, creed, or economics seeking health training.

Unconscionable as these budgetary manipulations are, the threat of the 1975 budget request for the National Institute for Occupational Safety and Health to our economic productivity is, if possible, even more alarming. Industrial disability results in losses of 250 million working days, 10 times more than from strikes, costing $1.9 billion in lost wages and an annual loss to the gross national product of $9 billion. Resources that could be available for productive uses are siphoned off to pay workmen's compensation costs. Far too long has the annual Government pronouncement that only 2 million workers are injured on the job and of those 14,000 are killed or die later been unquestioningly accepted by the public. A 1969 report paid for by the Department of Labor indicates that a more accurate annual accounting will probably reveal nearly 20 million job-related injuries and over 20,000 deaths. These are shocking figures!

Alarming as this toll of death and disability of job-related injuries may be we have no accurate national accounting of job-related illnesses. Recently, the U.S. Public Health Service reported that each year we can expect 100,000 deaths and approximately 400,000 new cases from occupational diseases alone. On this point it should be noted that statistics may not reflect all occupational illnesses since many job-related illnesses are not recognized as such. More than 10,000 chemicals are widely used in industry and at least 500 new ones are introduced annually. Only 450 chemicals are controlled by existing standards which are obsolete, ignore delayed toxic effect, particularly cancer and chronic respiratory diseases and are poorly enforced. Despite warnings many workers are exposed continually to potent occupational carcinogens. It is estimated that at least 1,100 of 6,000 uranium miners will probably die of job-induced lung cancer during the next 20 years. We have no knowledge of the numbers of workers with silicosis, byssinosis, or asbestosis just to mention a few of the more highly publicized man-made dust diseases. The same is true of all job-related illnesses such as impaired hearing, lead poisoning, and cancer of the lung and bladder. In addition, we are confronted with the impact of highly mechanized jobs on the total health of the worker, the evaluation of which requires the rapid application of biotechnology.

Since the enactment of the Federal Coal Mine Health and Safety Act of 1969 (Public Law 91–173) more accurate figures on one occupational illness—the chronic pulmonary diseases occurring among coal miners—are for the first time becoming available. Recent reports indicate that of the more than 560,000 black lung applications received

by the Social Security Administration more than 230,000 totally disabled miners and 140,000 widows are receiving Federal black lung benefits. Since July 1, 1973 the Department of Labor has received 28,000 more applications for black lung benefits and estimates that by June 30, 1974 more than 40,000 such applications will have been received.

Incidentally, the Social Security Administration, the cost of those benefits is running somewhat more than $1 billion a year. Moreover, each year the death of more than 4,000 miners can be directly attributed to black lung. Furthermore, more than 15 percent of the working miners have radiologically diagnosable coal workers' pneumoconiosis. Thus there is good reason to believe that another 20,000 to 25,000 men still working in the mines may well be eligible for black lung benefits in the next few years. Parenthetically much of this illness could have been avoided by devoting about $2 million to the application of known preventive measures each year for the last 25 years. The value of adequate ventilation and use of water was well known in 1949. As more complete figures become available for specific exposures in other industries it is likely that a comparable toll of death and disability will be recorded among many workers.

The enormity of these figures clearly indicates that the health of the worker on the job and the effect of the job on his total health and well-being is a major health problem confronting the Nation. With the enactment in 1969 of Public Law 91–173 and of the Occupational Safety and Health Act of 1970 (Public Law 91–596) Congress mandated that this needless slaughter of the Nation's prime resource must stop. Both laws, however, become empty, meaningless shells in the absence of money enabling Federal agencies to comply with this mandate. Ruthless personnel reductions have plagued NIOSH since its inception in 1970. In fact we are told the shortage of manpower in NIOSH is so critical that it may challenge the operation of the laws themselves. The 1975 budget figure for NIOSH is limited to 33 cents per annum per employed worker. One dollar would be little enough to begin the attack on this glaring threat to the health of all workers—the ignoring of which is a national scandal. NIOSH has been able to complete only 15 criteria documents while OSHA has taken action on only one.

This scandalous lack of concern for workers completely overlooks the fact that traces of toxic substances can go undetected and take their toll only after years of exposure while other substances can cause health problems years later, even after only one exposure. The lack of adequate funding also means the NIOSH is forced to limit its meager resources to putting out a few brush fires. And to compound the evil thereof the administration has callously terminated funds for training grants, thus exacerbating a personnel shortage which is already at an ominously low level.

The United Mine Workers of America is deeply concerned and urges you to fiscally effect the implementation of the bold mandates you passed with such unprecedented majorities in 1969 and 1970. In 1972 Congress acknowledged the significance of preventive measures when it approved a budget of nearly $65 million for NIOSH. This figure included $10 million for research and $10 million for treatment of black lung. In accordance with Public Law 91–173 these appro-

priations should have been the first of those authorized in the same amount for each of 3 years. Unfortunately, these and all other new requests were eliminated by an administration veto and NIOSH ended up with only slightly more than the usual $25 million where it continued to remain until September 1973 when the Senate endeavored once more to provide at least $10 million for treatment of black lung. This was slashed in the conference committee to $5 million and the 5 percent reduction dictate of OMB further reduced it to $3.5 million. This leaves a balance of $26.5 million for treatment and $30 million for research of black lung authorized by Public Law 91–175 which you can no longer disregard.

Payment of the Federal black lung benefits does ease the plight of the victims of the industry and we commend you for this action. However, in the absence of authorized appropriations, we can only conclude that the acknowledged savings effected by prevention and early treatment are unknown to those seeking the demise of NIOSH.

Unfinished tasks haunt us all but Congress dare not walk away from a national disgrace. The poverty of affluence overwhelming the Nation today must not be permitted to stultify your efforts to assure every worker that job-related injury and illness is not the penalty for working for a living.

Mr. OBEY. Thank you, Doctor. I couldn't agree more.

Dr. KERR. I hope a lot of other folks do too.

FRIDAY, MAY 17, 1974.

MATERNAL AND CHILD HEALTH

WITNESS

DR. FRED SELIGMAN, UNIVERSITY OF MIAMI SCHOOL OF MEDICINE; CHAIRMAN, ASSOCIATION OF CHILDREN AND YOUTH PROJECT DIRECTORS

Mr. OBEY. We have the Association of Children and Youth Directors, Dr. Fred Seligman, chairman, University of Miami School of Medicine. We are happy to have you with us.

Dr. SELIGMAN. Mr. Chairman and subcommittee members, my name is Fred Seligman, M.D., M.P.H., director, Division of Comprehensive Health Care, associate professor of pediatrics and assistant professor of psychiatry at the University of Miami School of Medicine, Miami, Fla. I am chairman of the Association of Children nad Youth Project Directors. In this capacity, I represent the staffs of the 68 children and youth projects throughout the United States and the more than one-half million children and youth served by these programs. I am also representing the maternity and infant care project directors. My remarks are also on behalf of the Ambulatory Pediatric Association, a national association of more than 700 professionals, primarily from the discipline of pediatrics. This association is the major organization that is concerned with medical education and health services to children in the outpatient setting

My remarks are additionally on behalf of the American Public Health Association, this Nation's major public health organization which has over 25,000 active members from all health disciplines.

Mr. Chairman, I appreciate the opportunity to present our views concerning fiscal year 1975 HEW appropriations for maternal and child health programs, and to present to you testimony concerning the status of the extraordinarily successful special project grants under title V of the Social Security Act. We will limit our comments primarily to the appropriations relating to section 503 and section 516 of title V. The wisdom of the House Ways and Means Committee and the Senate Finance Committee in developing the special project grants of title V, and the subsequent fiscal support of both this subcommittee and the Senate Subcommittee on HEW Appropriations, have had meaningful impact on the delivery of needed health services to more than 1 million pregnant women, infants, children, and teenagers.

SUCCESS OF SPECIAL PROJECTS

The accomplishments of the special projects have been extensive and have been well documented. Infant mortality rates in geographical areas served by maternity and infant care projects have been significantly reduced. These projects have been so successful in this regard, that it is easy to forget that in the not too distant past, there were target areas, especially urban, with inordinately high infant mortality rates. Children and youth projects have developed an extraordinarily successful reporting system that has documented decreasing costs of care per patient and significant reduction in rates of hospitalization.

BASIC TO A NATIONAL HEALTH PLAN

The special projects have emphasized comprehensiveness, quality control, and evaluation. Cost benefits, community involvement, and educational spinoffs have been great. The special projects have laid a framework on which a national health plan can be built. Indeed, many of the prominent legislative proposals for national health insurance now being considered by Congress build upon the existing title V programs.

LINKAGES TO OTHER ORGANIZATIONS

As much as local options and funds have been available, the special projects have attempted to develop linkages to other health organizations. Special projects such as the children and youth project at Brooklyn Jewish Hospital have developed services for adults utilizing neighborhood health center funding. The University of Miami program has a contractual arrangement to provide health services to Head Start children. The Greensboro, N.C., children and youth project is one of many special projects that has received funds from the Department of Agriculture to operate a supplemental feeding program. Some special projects are linked to university affiliated centers that specialize in mental retardation and handicapping conditions. Most projects have linkages to crippled children's programs (that receive funds through sec. 509 of title V). Other projects relate closely to drug rehabilitation programs, community mental health centers, and other specialized programs.

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TRANSITION TO STATE AUTHORITY

This past year has been and continues to be a difficult year for the special projects, especially those projects which exist in highly urban States such as Florida, Illinois, Massachusetts, New York, and Pennsylvania, because of the transition of special project grants from Federal to State authority.

VIEWPOINT OF THE PRESIDENT'S HEALTH ADVISER

In spite of the fact that the administration's intent has been to transfer funding for the special projects from direct to formula grants, even the administration has acknowledged the success and value of the special projects. One year ago I had the privilege to discuss the status of these programs with Dr. James Cavanaugh, the President's Special Adviser for Health. At that time, it was Dr. Cavanaugh's opinion that the special projects of title V have been "the most successful of all health programs in this administration."

INCREASE IN NUMBER OF PROJECTS

Because of the transition of special projects to formula grants, the number of children and youth and maternity and infant care projects will, commencing July 1, 1974, actually increase in number. All States will now be required to operate at least one of these projects, along with the three other special projects—namely, dental projects for children, intensive neonatal projects, and family planning projects. In fact, beginning July 1, 162 new special projects will be initiated. (The number of new projects will actually be greater than the some 150 special projects now in existence.)

HOLD-HARMLESS PROVISIONS

On June 30, 1973, mindful of the problems of transition of authority, Congress passed Public Law 93-53 amending title V by adding a new section 516. I need not remind this subcommittee of the hold-harmless legislation of Public Law 93-53. Section 516(a)(1)(A) authorizes hold-harmless legislation for the population groups being served by special projects and section 516(b)(1)(A) authorizes the appropriations to implement this, commencing in fiscal year 1975.

HEW FISCAL ESTIMATES

This subcommittee is well aware of HEW estimates indicating that approximately $30 million of additional funds were necessary to implement the hold-harmless clause in fiscal year 1974 and that in fiscal year 1975, this would be $36 million.

We appreciate the difficult decision that this subcommittee faced last November in considering the $30 million suggested by this subcommittee's Senate counterpart for HEW MCH 1974 supplemental appropriations. Even though the need for $30 million had been projected at the time this subcommittee considered this request, a significant portion of the current fiscal year had elapsed. Further, the States held harmless in 1974 had a lag period while developing plans and staff for new projects.

As we approach July 1 the situation is entirely different. First, a different group of States in fiscal year 1975 come under the hold-harmless provision.

Second, all States are now ready and able to start the additional special projects required by law. (A minimum of 250 special projects are required by Public Law 93–53.) New moneys are needed to start these projects.

Mr. Chairman, special projects already in existence in urban States face a dismal picture unless your subcommittee sees the wisdom of increasing the MCH appropriations. HEW has attempted to juggle its distribution formula so that the impact on any particular State would be minimal. However, HEW cannot alter this dismal picture without additional funds.

Allow me to cite some specific examples of insufficient funding. Our own children and youth program at the University of Miami School of Medicine serves 7,200 patients. In fiscal year 1974, we received $765,000 from HEW. We have made as much use of third-party moneys as possible. Because of the restrictive nature of title XIX payments in providing limited reimbursement for preventive services, we are only able to collect about $30,000 yearly from third-party payments. To maintain our present operational level in fiscal year 1975, we will require a budget appropriation from HEW of approximately $840,000. Our staff currently consists of approximately 75 full-time staff equivalents. Yet, our project allotment of HEW funds from the State of Florida will be $571,000 and this amount is already based on a shift of $18 million from section 503—formula funds—to section 516—supplemental funds—as recommended in the President's budget. This is a budget reduction of more than 25 percent in spite of a significant increase in operating costs. Unless we can receive additional funds very soon, we will have to release more than one-third of our staff—dedicated and expert professionals—and discharge some 2,500 to 3,000 child patients from our program. Special projects in New York State will be even more severely affected by the budgetary reduction of 40 percent planned for July 1.

An exodus of qualified professionals, who do not have the confidence of program continuity, has already started to occur in special projects. Many projects do not have project directors. Some professional are transferring to those States that will be developing special projects. Sponsoring institutions do not have the necessary financing to subsidize these programs. Our own institution, the University of Miami, receives no indirect costs for project operation.

All this is occurring amidst the discussion and probable passage in the foreseeable future of a national health insurance plan. Many of the proposals currently under consideration not only leave title V intact but build on it. Certain of the proposals will actually expand existing title V programs.

OUR POSITION CONCERNING SECTION 516

The administration has recommended $7 million be appropriated for the 1975 supplemental provisions of section 516. Another $10.4 million of released impounded funds should also become available solely, of course, for 1975. This leaves a shortfall of approximately $19 million. We disagree with the administration's proposal to allevi-

ate the shortfall of the hold-harmless provision by transfering $18 million from section 503 to 516.

We strongly believe this is not within the spirit and intent of Public Law 93–53. We do not advocate compromising the needed formula funds required for section 503. We do not ask you to rob Peter to pay Paul. We ask you to appropriate a minimum of $19 million for the special projects under section 516.

This additional appropriation is absolutely needed. It is a minimum. It means that special projects in many States will still receive less funds than they have received in 1974. The requirement of beginning 162 new special projects will cut into the ongoing operating budgets of both formula fund and supplemental fund programs. For example, in my State, three new special projects must be started in order for Florida to have an acceptable comprehensive State plan as required by legislation. Florida plans to expend an additional $900,000 to begin these three special projects. These funds will have to come from already reduced allocations to the State. Thus, the special projects already in existence will receive reduced funding even with full supplemental appropriations.

NEEDS OF NEW PROJECTS

Additionally, we urge this subcommittee to reconsider the formula grant level of section 503. Based on an estimate of $500,000 per new special project, $81 million will ultimately be required to develop the 162 projects as the legislation requires. We propose phased funding over the next 3 years, and accordingly urge this subcommittee to appropriate one-third of this amount in fiscal year 1975. Therefore, we propose that this subcommittee increase the current appropriation level of section 503 by $27 million.

CONCLUSION

Mr. Chairman, I have appeared before this subcommittee previously. The Association of Children and Youth Project Directors have fought continuously year by year for the survival of these programs. Many of us have spent inordinate efforts in maintaining financial solvency rather than spending our time developing even stronger program operations. We seek and need your support. We ask you to appropriate the necessary $19 million required to hold harmless the special projects already in existence. Further, this should be accomplished without taking moneys from other needed maternal and child health programs. All of us at the operational level wish to once again move forward in our mission of providing quality health services to low income mothers and children. We ask you to appropriate sufficient funds to allow all maternal and child health programs, general and special, in all States, urban and rural, large and small, to maintain the delivery framework that has been developed, so that we can ultimately merge into a Comprehensive National Health Plan.

We are in great desire of this subcommittee's continued commitment to maternal and child health. This is needed immediately, before professional staffs and patients become further disillusioned. This can be accomplished by immediate affirmative action by your subcommittee as we have recommended.

I thank you.

FRIDAY, MAY 17, 1974.

SPEECH, LANGUAGE, AND HEARING DIFFICULTIES

WITNESS

LANGDON P. MARVIN, JR.

Mr. OBEY. Last we have Mr. Marvin, appearing on speech, language, and hearing difficulties.

Mr. MARVIN. Mr. Chairman, distinguished members of the House Appropriations Subcommittee on HEW. My name is Langdon P. Marvin, Jr., of Washington, D.C., and New York, and I appear as a nonsalaried friend of the ear, nose, and throat doctors and of the scientists who are trying to cure speech, language, and hearing difficulties. I am at 5530 Wisconsin Avenue, Suite 840, Washington, D.C. 20015 and 240 East 76th Street, New York City, N.Y. 10021.

In answer to Chairman Flood's question last March 27, the National Institute of Neurological Diseases and Stroke (NINDS) stated that speech, language, and hearing difficulties affect over 20 million Americans.

In cooperation with NINDS, a distinguished group of 32 doctors and scientists whose names are listed below, produced a report on "Early Detection of Laryngeal Pathology" published by the University of Florida at Gainesville. The report concludes that NINDS should use its contracting mechanism to stimulate more effort on early detection and on research, prevention, diagnosis and treatment of voice disorders.

Endorsement is also given to Chairman Flood's interest in more research to prevent and treat chronic inflammatory diseases of the middle ear and mastoid.

Last year your House Report 93–305 on HEW Appropriations for 1974 at page 35, concluded: "Recent studies indicate that a much larger number than previously reported, at least 2 million persons lack sufficient hearing to understand speech."

This subject has been of special interest to Congressman Michel. Here is a newspaper column entitled "New Gadget Aids Nerve Deafness" by Gobind Behari Lal which appeared in several papers including the "Boston Herald-Traveler" of March 10, 1974. The author refers to a "coil with platinum electrodes about the size of a 5-cent piece" developed by the nonprofit Ear Research Institute (formerly Los Angeles Foundation of Otology) under Dr. William House. This implantation has brought sound to totally deaf persons. It is effective in all three types mentioned in your committee report last year: "nerve deafness, congenital deafness, and deafness caused by virus infections of the mother during pregnancy." This research has been conducted by private funds, but this and related research teams feel Federal funds would accelerate and improve this work. This Institute has been discouraged about applying to NINDS but hopes for encouragement by this committee.

I ask to insert selected parts of the Laryngeal-Gainesville-Moore report, two newspaper columns, and a condensed report on electrodes for auditory prosthesis following my above brief remarks.

[The information follows:]

EAR RESEARCH INSTITUTE,
Los Angeles, Calif., May 16, 1974.

GENTLEMEN: Genuine medical breakthroughs happen very seldom in a lifetime. A Fleming and his penicillin, a Salk and his vaccine, just don't happen every day.

For 15 years the Ear Research Institute has been actively investigating the possibility of making totally deaf persons hear. We feel that today, a genuine medical breakthrough has occurred because we have nine totally deaf persons who can, through cochlear implantation, hear their own voices, hear footsteps or a door close, and hear many of the sounds of speech. This electronic prosthesis can be implanted beneath the skin behind the ear and by installing its electrodes adjacent to the auditory nerve, the sensation of sound can be transmitted electronically to this nerve. For persons with the cochlear implant, it represents the beginning of a new life, a life that was formerly handicapped.

In its present form of development, this device has the potential of providing this same type of hearing for at least 200,000 people living in the United States today. It will not be normal hearing, but it is hearing and it makes it possible for them to communicate easily with the aid of lipreading.

Already the potential of this device is beginning to be understood in terms of less severely handicapped people and future development will provide many spin-offs that will be useful to all Americans afflicted with hearing loss. Actually, about one American in ten has a hearing loss at some time in his life. Our problem is no longer whether this device will work, but how soon we can provide its benefits to the thousands who can be helped and how to expedite the potential of this concept.

We have some very definite ideas at the Ear Research Institute as to how this can be accomplished. First, substantial amounts of money must be available for auditory prosthesis research. This research will be directed toward improving the electrode system so that more information can be transmitted to the remaining hearing nerve in totally deaf people. We feel we will need at least $200,000 per year, over a period of 5 to 10 years, for our continuing research projects. In addition, a number of other institutions will be working in this area and will need substantial funding. At the present time, unfortunately, this funding does not seem to be forthcoming as evidenced by the fact that a rather modest grant request for research done at the Ear Research Institute, in cooperation with Caltech, was turned down by the National Institutes of Health. We feel quite strongly that this represents insufficient funds and inadequate understanding of this most important area of research.

Secondly, substantial funds will be needed to build facilities for increased research, primarily to build facilities for the rehabilitation of those patients on whom the cochlear implant has been used. If these patients can be studied intensively and successful rehabilitation methods developed then they will obtain the maximum use of these devices more readily than if they were left without adequate rehabilitation.

Thirdly, as information is gained about the cochlear implant and the rehabilitation aspects of this device, teaching facilities will have to be set up to teach otologists, engineers, rehabilitation experts, and other paramedical people about the application and use of this device.

In the past, the research done at the Ear Research Institute in Los Angeles has been entirely funded by grateful patients who have contributed to the research programs. In the future, however, in order to reach our potential created by this major breakthrough, we will need vastly increased funding. Very active planning is going on regarding the facilities and with our research projects to accomplish our goals in the quickest way possible. We estimate we will need a $15 million institution in order to centralize the know-how and to build the facilities for this know-how to carry on with the cochlear implant. In addition, substantial ongoing research and rehabilitation funds will be needed at the Ear Research Institute and other institutions as this work spreads to other sections of the country.

The cochlear implant has the potential of emptying the deaf schools throughout the land. It also has the potential of making more people self-supporting rather than dependent upon their families or the Government. We feel that funds directed now to the development of the cochlear implant will be funds extremely well spent. This is a great humanitarian effort, which has the additional advantage of providing tremendous savings in tax dollars.

Sincerely yours,

WILLIAM F. HOUSE, M.D.

[From the Los Angeles Times]

Implanted "Electronic Ear" To Aid Deaf Gaining Acceptance

Device enables most nerve deafness victims to hear environmental noises but not to understand conversation

(By Harry Nelson)

While 200 doctors watched on television screens, a Los Angeles surgeon Saturday implanted an electronic "ear" in a deaf patient, touching off what may be a new era in medical thinking about nerve-type deafness.

It was not the first time an artificial inner ear has been implanted in a patient, although probably fewer than a dozen have been done in this country.

What was different was the attitude of the audience of hearing specialists who recently have become more optimistic about the treatment of nerve-type deafness with implanted electronic devices.

"We believe we now can give the patient something worth while, although we are far from reaching the ultimate goal, Dr. William F. House said in an interview following the surgery at St. Vincent's Hospital.

House is clinical professor of surgery at USC school of medicine and director of research of the Ear Research Institute, formerly the Los Angeles Foundation of Otology.

It is estimated that 300,000 Americans are afflicted by nerve-type deafness, of whom about 200,000 could receive some benefit from implanted devices.

Until recently it was believed that nothing could be done for persons with this type of deafness because it was thought the hearing nerve was useless.

But research revealed that the nerve still functions in about two-thirds of patients for whom the problem is in the cochlea, a snail-shaped organ between the eardrum and the hearing nerve.

The electronic device implanted Saturday in a 51-year-old woman replaced her defective cochlea with an artificial one.

While electronic ear research is encouraging, present models do not enable the patient to understand speech, at least not without several years of intensive rehabilitation whereby they gradually learn to discriminate some words.

But the patients can hear sounds in the environment such as a telephone bell, automobile sounds, and slamming doors.

Most doctors have considered present-day models of electronic ears unworthy of widespread application because they do not enable the person to understand conservation readily.

This attitude appears to be changing toward an emphasis on what the device does afford—the hearing of environmental sounds—rather than on what it does not afford.

If a patient has no leg, shall I wait until our tissue transplantation has progressed far enough that I can transplant a leg on him that will work as well as yours or mine, or shall I offer him a peg or a wooden leg?" House asked.

"I shall offer him a peg or wooden leg, and that is where we are at this time in our cochlear implant work."

The surgery conducted by House was part of a course sponsored by his institute to teach ear surgeons from the United States and 10 foreign countries how to do it.

The cochlea's job is to translate mechanical sounds forces into electrical impulses which can be carried to the brain by the hearing nerve.

The type of patients who can benefit from the artificial cochlear are the ones who lack the tiny hairs which line the cochlea and which transmit sound to the hearing nerve. Without those hairs, hearing is either impaired or nonexistent.

Some people are born lacking the hairs. Others have lost some or all of the hairs from the aging process or loud noise or drugs such as streptomycin.

The electronic ear consists of a cochlear stimulator worn outside the body which activates an electric current in response to sound and passes it to a spot on the surface of the skin behind the ear.

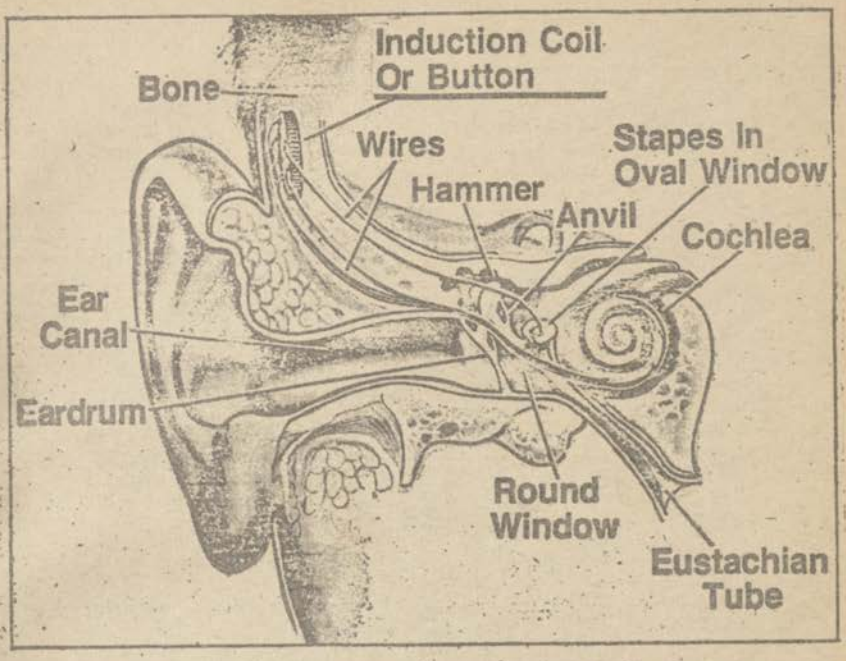
This "electric signal" is transferred to a transducer implanted in the mastoid bone behind the ear. A wire leads under the skin into the cochlea where the electric signal does the job of the missing or damaged hair cells of stimulating the hearing nerve.

Saturday's operation was the eighth by House since he began working on artificial cochleas in 1958.

The kind of hearing afforded by the electronic device was described by Charles Graser, a 44-year-old southern California librarian who received an implant in May 1972, this way:

"A year ago I heard nothing unless I was in the laboratory with test instruments. Tonight I went bowling and heard all the noise of people's voices, pins falling, clapping, and so forth," Graser said.

"On the way to the bowling alley the car radio was playing. I heard a voice and asked my wife if the speaker had not said 'Santa Monica.' A moment later, I said I thought he had said 'Saturday.' My wife then said that the announcer was talking about some event in Santa Monica that happened Saturday."



THE ELECTRONIC 'EAR'—Electric current from an outside cochlea stimulator is transferred to induction coil or button implanted in bone behind ear. The signal is then sent to the cochlea by wires and there does the job of the missing or damaged hairs by stimulating the hearing nerve.
Times drawing by Russell Arasmith

[From the Boston Herald Traveler, Mar. 10, 1974]

NEW GADGET AIDS NERVE DEAFNESS

(By Gobind Behari Lal)

LOS ANGELES.—Electronic stimulation of the inner ear is achieving hearing sensations to an encouraging degree among persons afflicted with a common form of "nerve deafness."

This has raised the hope of Los Angeles researcher Dr. William Fouts House and his collaborating electronic engineer Jack C. Urgan, that help is on the way to such deaf persons, long regarded as doomed to live totally deprived of the sounds of the external world.

The essence of the method, described as the "electrode implantation into the cochlea," the snail-shaped nerve cell organ of the inner ear, is this: electrical and magnetic waves are brought next to the nerve of hearing, the auditory nerve, which conveys signals into the brain where sound is perceived.

* * * * * * *

The implantation is performed surgically by Dr. House. The operation took 1 hour and 30 minutes in one case of a 51-year-old deaf woman, whose surgery was observed in a special televised presentation.

One of the first to undergo the treatment was Charles Graser, now a 44-year-old librarian in the vicinity of Los Angeles. Graser suffered severe burns in 1959. He was given enormous doses of antibiotics of the "mycin" types, which apparently destroyed the hair-like nerve cells of the cochlea of the inner ears. A normal hearing person has about 30,000 such hair-nerve cells in each ear. Graser became totally deaf.

Since May 1972, when he was given an earlier form of the electrode system, his hearing has become good enough to "recognize notes on the piano, to identify many environmental sounds." Lipreading has become easier. He is able to carry on simple telephone conversations with his family.

"Selection of totally deaf persons between the ages of 25 and 60 years, suited for the implantation, is important at this time of the development of the technique," says Dr. House and his colleagues at the Ear Research Institute, formerly known as the Los Angeles Foundation of Otology.

The cochlear implant consists of an induction coil or "transmitter," to which is attached a strip of platinum wire. Another wire also emerges from the coil, which is attached permanently to a spot inside the ear to complete the electrical circuit.

* * * * * * *

The coil, with its platinum electrodes, about the size of a 5-cent piece, is fitted into a hollow made surgically in the mastoid bone just behind the ear. One of the wires is fixed into the inner ear's "round window" to complete the electrical circuit.

The other wire, the essential one, is pushed into the ear and right into the spiraling chamber of the cochlea of the inner ear. This will be the electrical stimulator when a 16,000-cycle-per-second alternate electric current is passed into it from an external generator.

The generator, the size of a pack of cigarettes, is easily carried in the shirt or coat pocket. It has a mercury battery and a tiny, efficient microphone to pick up sounds from outside.

It is to be attached by an insulated wire cord to a tiny "driver coil," the size of a collar button. When the current comes from this coil, worn in the frame of a pair of glasses and hidden behind the ear, magnetic waves activate the surgically implanted induction coil.

From the activated induction coil the alternating electrical current goes into the wire inserted into the cochlea and stimulates the inner ear. The alternate electrical waves cause motion in the natural fluids of the cochlea, which transmit signals to the terminals of the nerve of hearing which, in turn, convey signals into the brain.

Mr. OBEY. Thank you very much. This concludes the hearings by the subcommitee for the Departments of Labor and Health, Education, and Welfare.

Prepared Statements

We have a number of statements which have been submitted to us by interested individuals and organizations as well as from several Members of Congress. These statements will be placed in the record. In accordance with our usual custom, we will hold the hearing record open for 1 week for the purpose of permitting additional statements, which we understand are on the way, but which we have not yet received, to also be included in our hearings.

[The statements referred to follow:]

Vocational Education

Statement of Congressman Gunn McKay, Utah

Mr. Chairman, I appreciate this opportunity to testify on behalf of funding for State Advisory Committees on Vocational Education.

It shoul dnot be necessary to make a case for vocational education. Yet this area is chronically neglected when the education pie is divided. In my mind, the issue is moral, as well as practical. Any one of us who has attempted to locate a plumber or a carpenter probably has had reason to lament the shortage of skilled and competent craftsmen. At the same time, our young people are emerging from universities each year to find that jobs in their fields of study are in short supply. Many have to locate work on a "catch as catch can" basis. It is apparent that we are not educating our young to fill the jobs available.

But more than this, I am disturbed at the tendency in education circles and in this society, to view a vocational or nonuniversity education as a poor second to a liberal arts education. There often is a stigma attached to those who prepare themselves for a vocational or technical job rather than heading for the State college. This tendency is as irrational as it is unfortunate, because jobs that are demanding, creative, and satisfying do not conform to the "university"-"non-university" boundaries. Our attitudes deprive technical jobs of their dignity and discourage our children from choosing a kind of life that might be satisfying to them.

Our emphasis on university education has translated into dollar terms. The majority of our young people do not obtain a university degree. In Utah, about 75 percent do not, according to the 1972 advisory report of the Utah State Advisory Council for Vocational and Technical Education. Yet, in Utah, for the 1973–74 school year, 82.7 percent of the instructional dollar for postsecondary education went for professional and liberal arts education. I use my own State as an example because I believe the pattern there may be similar to that in other States. In fact, Utah historically has been extremely progressive in its education system and has made great strides in this area in the past few years. In fiscal year 1974, 17.3 percent of the instructional costs of postsecondary education ($7.7 million) went to vocational-technical education. This was up from 11 percent ($4.4 million) in fiscal year 1972.

The Utah State Advisory Council on Vocational Education has been a significant force behind the improved voc-ed picture in Utah. The council has performed a Herculean task in focusing attention on vocational education, generating interest, and bringing change. Because of the work of the council, education planners know where to put their funding and their efforts, students have data on job availability, and the public is realizing that the boundaries between college and career planning needn't be as sharp. Vocational information and instruction is being given at all levels of public education, from elementary school through high school. Interest and enrollment have increased. It is now estimated that 47–49 percent of all high school students are taking at least one vocational class.

As this committee knows, the original authorization for advisory councils stipulated that no less than $50,000 should go to each State. As this committee also knows, HEW interpreted this stipulation to mean that actual appropriations could be prorated, with the $50,000 minimum tied to the $150,000 maximum level. Thus, many States received less than $50,000. A subsequent court decision upheld the formula used by HEW.

Utah received $35,265 for fiscal year 1974 for its States advisory council. The State contributed additional funding to bring that up to $50,000. A State advisory council cannot reasonably operate on a level lower than $50,000. In Utah, that

money pays two salaries, the cost of a publication and all incidental expenses. There is no guarantee from year to year that the State will augment the Federal funding, should Federal funding fall below $50,000. Indeed, it is my view that the council should be independent of reliance on State funds since the aims of State boards of education are usually at variance with vocational education goals.

I would hope that this committee would give careful consideration to bringing the minimum level of funding for each State advisory council on vocational education up to $50,000 for fiscal year 1975. Without this minimum funding, there is serious constraint on the abilities of these councils to perform their necessary advisory roles. We have determined that there is a need for advisory councils—they are established by law. They have done an excellent job. I hope the committee will take action to insure that they have the minimum level of support which they need to function.

Career Education

Statement of Hon. Dick Shoup, a Representative in Congress From the State of Montana

Mr. Chairman, I wish to thank you and the distinguished members of the subcommittee for the opportunity to present my statement on behalf of career education. As you know, career education is of particular importance to the University of Montana which is located in my district and in the city of Missoula. At the university, there is growing concern about the funding of career education programs. In the past, funding for career education has been practically overlooked, and the people at the University of Montana are hopeful that the Congress will share their concerns in this area and provide the appropriations necessary to establish an effective nationwide program.

The Senate has recognized the need for career education and has passed H.R. 69 amended, therein, title IV, section 407, providing for a $15 million authorization for each of the next 3 fiscal years. It is my desire to see this $15 million authorization retained in the report of the conference committee.

Dr. Vincent Barry at the University of Montana has spearheaded the proposal for a "National Cooperative for Career Education" and has been joined by nine other universities in supporting this thrust for career education. At this point I enter for your sincere consideration, Dr. Barry's statement, which I feel not only provides justification for career education, but for the concept of a national cooperative effort. Thank you again, and I ask that you please give Dr. Barry's thoughts your earnest attention.

A Brief Description of the National Cooperative for Career Education

Career education is a concept which brings deeper meaning to education for boys and girls of the Nation by integrating the basics of the three R's with the world outside the classroom. Therefore, career education applies what youngsters learn in the classroom to the world that surrounds them.

For the past several years, career education materials and model programs have been produced under the auspices of USOE, NIE, the regional education laboratories of the Nation, universities, State departments of public instruction, and school districts. In many instances, what has been developed in one area of the Nation by one group is similar to what has been developed in another area of the Nation by a different group. Also, the developed materials and models have had a limited dissemination. Rarely do the best of these materials get from one school to another. The University of Montana has developed a proposal for a National Cooperative for Career Education which will produce a nationwide delivery system for career education materials and models. This system will assure that materials and instructional programs already developed with Federal, State, and local moneys get into the hands of teachers and students in the elementary and secondary schools of the Nation. The National Cooperative for Career Education will further assure that the materials are appropriate for the youngsters to be served and that teachers are trained to utilize them properly.

The National Cooperative for Career Education will establish centers for training and dissemination at strategically located universities across the Nation. Educators within the areas served by these centers will be brought into a center for a period of 10 days to 10 weeks to develop a career education program which

specifically meets the needs of the youngsters in their school districts. The universities involved are: University of Southern California, Syracuse University, University of Oregon, University of Georgia, Ohio State University, University of Virginia, University of Missouri, University of Arizona, Gonzaga University, and the University of Montana to further the cause of the National Cooperative for Career Education.

Elementary and Secondary Education Act

Statement of Congressman Alphonzo Bell, California

Mr. Chairman, I wish to call the subcommittee's attention to one of the new and significant additions to the Elementary and Secondary Education Act of 1974, and express my support for this amendment entitled the "Safe Schools Study."

Earlier this year, the Committee on Education and Labor expressed its concern about the rising incidence of crime and violence in the Nation's elementary and secondary schools, as well as the lack of a comprehensive national delineation of the scope and nature of the problem. The committee was aware of scattered reports, statistics, newspaper clippings, and such, which clearly indicated that the problems are real, extensive, and of great magnitude, and of great expense both in monetary and human terms.

For example, the National Education Association reports an annual cost to schools nationwide of $200 million due to vandalism. The incidence of crime and violence in schools is also reported to be on the rise. A 1970 study by the U.S. Senate Subcommittee on Juvenile Delinquency found in 110 school districts for the period from 1964–68, an 86-percent rise in school burglaries and a 36-percent increase in vandalism. The recent brutal slaying of Oakland, Calif., School Superintendent Marcus Foster adds a new dimension to the problem.

Early last year, the Education and Labor Committee considered an operational program to deal with the problem as proposed by the Safe Schools Act. However, the committee articulated several reservations about funding an operational program at this time. The committee expressed concern that the program was funded on scattered findings and statistics. There was some concern among members that such a program might prematurely be sponsored at the Federal level, when local prerogatives and existing local solutions have not been fully investigated. A further concern was that without sufficient study of the various types of programs which could mitigate crime and violence in the schools, the options for a variety of program solutions would be severely limited. Concerns expressed were not so much in opposition to the intent of the program, but to the lack of justification for Federal intervention and the absence of information both on the extent and nature of the problem and on successful solutions to it.

Accordingly, the committee and the House have adopted an amendment entitled the "Safe Schools Study Act." This title authorizes a comprehensive investigation by the Secretary of Health, Education, and Welfare of crime and violence in elementary and secondary schools nationally. The study will determine the incidence of crime and violence in the schools and note trends and projections over a 5-year period.

The Safe School Study Act provides the following timetable: Within 30 days after enactment, the Secretary must request each State education department to begin to collect relevant information; within 7 months, the States will submit their findings to the Secretary; within 13 months, the Secretary will report such findings together with his recommendations to the Congress.

In connection with this study, the Secretary must utilize data available as a result of existing pertinent studies. He will provide separate information on elementary and secondary schools, and may reimburse State education departments for expenses incurred.

In March of this year, Congressman Augustus Hawkins and I held hearings in Los Angeles which served to confirm our belief in the critical necessity for such a study. I strongly urge the Education Subcommittee of the Appropriations Committee to give every consideration to this significant study, which we all hope will provide us with the solutions we require to assure equal educational opportunities—free from the fear of crime and violence—to all of our Nation's children.

IMPACT AID

STATEMENT FROM CONGRESSMAN CHARLES G. ROSE III, NORTH CAROLINA

Mr. Chairman and members of this distinguished subcommittee, on April 9, 1974, a group of eight U.S. Office of Education officials appeared before this subcommittee and presented the administration's appropriations request for the impact aid program for fiscal 1975.

According to this administration request, the appropriations for Public Law 874 would be reduced to $320 million, a decrease of $254,116,000 from 1974 appropriations. I wish today to oppose this drastic, unwarranted, and unwise planned reduction, to share with you my reasons for such opposition, and to urge you to reject the administration's request.

The impacted area program of financial assistance to school districts where large numbers of children of federally connected parents attend school was established in the early 1950's with the passage by the 81st Congress of Public Law 815 and Public Law 874.

Public Law 815 related to the provision of funds for the construction of school buildings. Since appropriations for this purpose for the past several years have been meager or nonexistent, this statement will not deal further with this part of the program.

Public Law 874 authorizes the payment of funds for the "maintenance and operation" of public schools in federally affected areas. It is the need for the continuation of this part of the program that is the critical concern of the school districts which have depended on it for essential operational support for 20 years.

The principle which was the basis for the creation of this program is a simple one. The law recognizes that when a facility, usually military, is built in an area by the Federal Government, land on which it is built becomes nontaxable property, as do the buildings and equipment which constitute the facility. It further recognizes that when there is a resulting influx of people who require availability of schools for their children there is an impact of need which must be met by the local educational agency. When this agency is largely dependent upon local government for its operational and maintenance requirements, and local government depends on property tax revenues as a source for its funds, there is then a sharp disproportion between need and availability of support.

Public Law 874 bases payments on two tax-loss factors: The residence property in which the family lives, and the establishment property where a parent works or to which he is assigned. Thus, a child who resides on Federal property and whose parent works on or is assigned to Federal property is considered an "A" category child; and payment is made to the school district at one-half the national average of school cost per child, or $463.09 for 1973–74.

A child whose family resides off the Federal installation and whose parent works on or is assigned to the Federal installation, or whose family resides on and the parent works off the installation, is designated a "B" category pupil; and payment is made to the school district at the rate of one-fourth the national average cost per child (one-half the "A" payment) or $231.54. Thus, the law recognizes the two halves of the impact or tax loss and provides for payment accordingly.

Currently, "A" category pupils are paid at 90 percent of entitlement and "B" category pupils are paid at only 63 percent of entitlement. These two percentages should be equal.

The proposed budget by the President for 1974–75 projects no payment at all for "B" category pupils, except for hardship situations. "A" category pupils are still to be funded at the current rate.

In the context of the overall situation with respect to the impacted area program, certain observations specifically pertinent to the schools can and should be made.

First, although our federally connected parents pay taxes on the homes they live in, a great many of them live in house trailers; and these are taxable only as personal property. However, if the individual chooses not to become a legal citizen of the county, and most of them do, he pays no tax on personal property.

The point should be made here that even though tax may be paid on the residence of the family there is still no tax paid on the installation where he works or to which he is assigned; and the impact formula takes that into account as described above. Payment is made at only 50 percent for children of this family because only the tax loss on the installation is considered.

Second, it seems only reasonable that our Government consider the bargain it is getting under impact, especially in regard to the military connected child. If a comparison is made between what it pays to military base schools and the formula amount under the impact program the difference is considerable—$962 on the one hand and $231.54 on the other. If these children now attending our schools were to be picked up and transported to base schools and buildings, staff, materials and equipment were provided for them the extra cost would indeed be fantastic.

In making their presentation to you the U.S. Office of Education officials argued that—

No funds are being requested for the "B" children since "B" children either reside on non-Federal land or have parents who are employed on non-Federal land and there is a local tax base to help offset the costs of their education. Unfortunately, that statement shows little concern for the realities of the situation or the welfare of the schoolchildren who will be most directly affected.

In my own district, the Seventh District of North Carolina, were we receiving our full entitlement this fiscal year we would be receiving $12,362,272. However, under the present formula our school officials advise me that we will actually receive approximately $8,653,000. If the administration's request is approved as a hardship case we receive only 40 percent of this amount in fiscal 1975 and in fiscal 1976 we will receive no impact aid funds at all. In Cumberland County we have two large military bases—Fort Bragg and Pope Air Force Base. Were we able to collect taxes on this property we would have an additional tax base of approximately $237,278,900. With this additional tax base we could undoubtedly finance our school systems. However, as you gentlemen know, Federal property is not taxable, and it is simply not true that there is a sufficient local tax base to offset the costs of educating the children under discussion.

What happens if the administration's request is granted? For the most part we all lose. The children get a poorer quality of education at a time when there is a crying need for improved educational opportunities. Teachers lose their "teacher supplements," thus, making it more difficult for local school systems to attract top quality teachers. Therefore, the students lose again. And the schools are forced to work with less funds with which to provide school supplies. More significantly funds will no longer be available to hire additional teachers to reduce the teacher-pupil load and to enrich the academic program. Again, the children lose.

But what about the property owner? He loses, too, for inevitably local government will be forced to make up for this loss of revenue, and this most likely means an increase in property taxes. This increase would come at a time when the taxpayer is already overburdened. In short, the proposed reductions and eventual elimination of Federal assistance to schools in federally affected areas means increased taxes and the delivery of fewer services, and those who will be cheated and hurt the most are those we should most want to help—schoolchildren. I urge you to realize the foolishness of this administration request and act decisively by rejecting this abandonment of a very necessary Federal program.

ELEMENTARY AND SECONDARY EDUCATION

STATEMENT OF THE COUNCIL OF CHIEF STATE SCHOOL OFFICERS

Mr. Chairman and members of the subcommittee, the Council of Chief State School Officers represents the superintendents and commissioners of education in the 50 States and extra-State jurisdictions.

We want to express the appreciation of the chief State school officers for the subcommittee's support of education programs over the years.

The need for forward funding for education programs

Mr. Chairman, the schools of this Nation simply cannot operate intelligently or efficiently unless educators in the States and localities know how much money can be expected from the Federal Government sufficiently in advance of the beginning of the fiscal year. As you may recall, the committee appropriated Federal education funds a year in advance to fiscal year 1969 under the authority which still exists in the General Education Provisions Act.

The administration has proposed forward funding in the fiscal year 1975 budget request for the U.S. Office of Education, but this request was made contingent upon authorizations for program consolidation which might be satisfactory to the administration, and it also proposes the use of supplemental appropriations as a vehicle. Mr. Chairman, the level of frustration among local

school superintendents over the uncertainties of amounts of timing of Federal funding cannot be exaggerated. While we understand the committee's concerns as expressed in the report on fiscal year 1974 education appropriations over the need for timely authorizations, particularly in title I of the Elementary and Secondary Education Act, we should point out that the administration's willingness to undertake forward funding this year may be an opportunity that ought not to be missed. Perhaps your committee will be able to act on forward funding. Mr. Chairman, after the enactment of the new authorizing legislation and completion of your work on the regular fiscal year 1975 appropriations, through the provision of a supplemental appropriation for forward funding to fiscal year 1976. Thereafter, the regular annual appropriation should be 1 year forward funding. We would urge this course in the strongest possible terms.

The need to establish education funding as a higher Federal priority

It is our very strong feeling Mr. Chairman that the fiscal priorities of the Federal Government do not meet the country's real need. If you will forgive our presumption, Mr. Chairman, we must say that your committee has the responsibility to reject this administration's claim that spending for education is inflationary and must be sacrificed as a political expedient in a time of fiscal trouble. The most recent indepth study of economic effects of Federal spending for education by the Congress (the report of the Senate Select Committee on Equal Educational Opportunity) clearly shows quite the opposite, that spending for education contributes to the economic well-being of the country. We object, Mr. Chairman, to budgetary priorities which propose an increase in defense spending by the Federal Government in fiscal year 1975 which is more than half again as large as the entire budget request for elementary and secondary education.

Analysis of congressional appropriations on the last 4 fiscal year budget submissions by the President shows that the Congress has consistently supported increased appropriations for HEW programs while reducing the President's proposals in other areas, and has annually reduced the President's total budget. We applaud your committee for the leadership it has provided to the Congress in this reordering of budget priorities, and urge you to continue to provide adequate funding for education programs. Attached to this statement is a table setting forth the record of the Congress in this regard.

Your committee knows that the President's budget request for elementary and secondary education for fiscal year 1975 is $230 million below the level expended in fiscal year 1974. The fiscal year 1975 request for all of USOE is $141 million less than the budget request for fiscal year 1972. While the total amount budgeted for the U.S. Office of Education for fiscal year 1975 is approximately the same as the fiscal year 1974 appropriation, it must be noted that the budget for higher education has increased approximately $250 million. In effect, the administration's budget has taken funds from elementary and secondary education to cover the increased Federal support for higher education.

Elementary and secondary programs suffer losses since fiscal year 1969

I am sure your committee is constantly reminded of inflation. In the elementary and secondary education area however, this argument cries out for attention. In a 5-year analysis from fiscal year 1969, allowing a conservative 6 percent per year inflation factor, there has been a serious erosion of goods and services available through Federal funding for elementary and secondary education programs. Of the 16 major Federal elementary and secondary education programs, 11 showed dollar losses since fiscal year 1969 correcting for inflation. Despite significantly increased appropriations by your committee for education of the handicapped and vocational education, the 16 programs show a net inflation loss of $100 million between 1969 and fiscal year 1974. A atble explaining these losses due to inflation is attached to this statement.

The need for additional funds to assist poor children

Title I of the Elementary and Secondary Education Act provided funds in fiscal year 1974 to approximately 5 million children in 13,900 school districts throughout the country. The purpose of the program is to provide financial assistance to local education agencies serving areas of concentrations of children from low income families. Research analysis compiled by the committees of Congress during the past year provides a record of State and local data demonstrating gains in the basic educational achievement of children served by title I.[1] Despite

[1] House Education and Labor Committee Report 93–805.

the gains of the past years, Mr. Chairman, it is also clear that, above and beyond the pride we all feel that the largest elementary and secondary education program of the Federal Government assists the children of poverty, the current effort does not meet the real need. Equal educational opportunity cannot possibly be achieved by providing only approximately $175 additional a year for each title I student, which has been the pattern of the program since its initiation. All available educational research indicates that this money is not most effectively used unless it is concentrated at at least $300 per pupil. In those States where such concentration is achieved, the data clearly show superior results. In addition, census and other data show that under the existing formula utilizing income levels and AFDC information, an additional 1 million poor children are not being served because of the insufficiency of funds to implement the formula. As the committee knows, that formula is being revised, and both the House and Senate versions would activate the so-called Orshansky factor for fiscal year 1975; the utilization of the Orshansky factor—which is a sliding scale to income related to size of family and farm and nonfarm conditions—will expand the number of eligible children by an additional 15 percent. Thus, under current criteria we see we are reaching only 85 percent of eligible children, and under the formula which will take effect next year, we will be reaching only 70 percent of the children defined as eligible by the formula.

The Council of Chief State School Officers therefore recommends that this committee appropriate an additional $215 million above the administration's budget request or total of $2.1 billion for title I ESEA for fiscal year 1975.

This amount obviously will not cover the full shortfall related to numbers of eligible children and the necessary concentration of funds for fiscal year 1975; we do feel, however, it is a reasonable compromise between the demonstrated need and the fiscal realities which your committee faces.

ESEA title V greatly assists States

Title V of the Elementary and Secondary Education Act provides grants to assist States in strengthening the leadership resources of their State education agencies. Grants are approved for the purposes of statewide planning; information retrieval and dissemination systems for improving education; curriculum research, development, and demonstration; improvement of teacher preparation; improvement of State public school finance systems; statewide programs for measuring educational achievement; training programs to improve the competency of State and local school personnel; consultive services to local education agencies in specific curriculum areas such as education of the handicapped; and evaluation and demonstration projects in support of Headstart and other early childhood programs.

Members of the subcommittee have received summaries of activities in their States under ESEA title V. In Massachusetts for example, title V has enabled the State education agency to assist local education agencies in the implementation of Massachusetts' law which mandates expanded programs for handicapped children. Pennsylvania is using title V funds to develop competency-based teacher education and certification programs. In Oregon, title V funds have been used for the planning and dissemination of new curriculum programs including environmental education, health education, and improved reading curriculum; it should be noted that in these areas the Federal Government provides funds for local education agency programs, but no specific categorical assistance for State coordination or oversight. Title V funds therefore reinforce national priorities in education through this flexible funds at the State level.

Section 505 of ESEA title V provides 5 percent for discretionary grants by the U.S. Commissioner for special projects. Texas is participating in a performance-based teacher education special project under section 505. Twenty-six States are participating jointly in a section 505 project to improve State agency assistance in environmental education, another Federal education priority.

Part C of title V authorizes financial assistance to State and local educational agencies to assist them in improving their planning and evaluation capabilities. Thirty-eight States have used their funds for the establishment and maintenance of a nucleus planning and evaluation unit. Twenty-six States have used part C moneys for design, instal'ation, or improvement of educational data systems. Thirty-three States have trained agency planners and evaluators, and 13 States have used these funds for the improvement of management-by-objective systems.

The administration has been proposing almost level funding for ESEA title V, part A, since fiscal year 1969; in that year the budget proposed $29 million, and for fiscal year 1975 the administration is proposing only $34 million for part A. Using a conservative inflation factor of 6 percent a year, the administration's

request of $34 million for fiscal year 1975 is, in fact, a loss to State education agencies of $10 million below the fiscal year 1969 level.

Chief State school officers are requesting an appropriation of $50 million for part A of title V for fiscal year 1975, which would allow a reasonable inflationary factor of 8 percent per year above the congressional appropriations for fiscal year 1973. We are also asking the committee to fund part C of title V at a level of $15 million for fiscal year 1975, an increase of only $5 million above the congressional appropriations for fiscal year 1973, in order that this relatively new program may experience the normal development which the Congress intended; the authorizations for fiscal year 1974 for part A were $90 million, and for part C, $20 million.

Emergency School Aid Act

The council urges the committee to fund this program at the level appropriated for fiscal year 1974, that is $258 million. The administration's argument that the need for this program is ended is incorrect. It is very clear that school districts throughout the country continue to require assistance in eliminating racial isolation. Funds from this program have been used effectively through the South to assist that region in its progressive efforts to desegregate. The need continues to be great in the North as well.

One of the major advantages of this program is that the funds may be used to "follow the child," that is, these funds can assist minority students who have been transferred into middle-class schools. This avoids the difficulties which have been faced under title I of the Elementary and Secondary Education Act, where the funds have been targeted in school buildings with high concentrations of low-income children, with loss of the benefits of the title I funds accruing to minority group children transferred into majority-white schools.

The administration also has not made any proposal for corresponding increases in other programs if the Emergency School Air Act should be cut back to $75 million as proposed in the budget. The council would oppose this loss of $180 million to elementary and secondary education Federal assistance.

ESEA Title III Programs in Innovative Education

The Council of Chief State School Officers emphatically supports an increase in the budget request for ESEA title III, programs in educational innovation. This ESEA program has been a model of Federal, State, and local cooperation for the improvement of public school curricula. Across the country, approximately two-thirds of these Federal grants, which are made on a project grant basis by SEA's, have been continued by local boards of education after the expiration of Federal funding. In every State, the projects, which are selected with the advice of statewide advisory councils, have successfully enabled teachers and school administrators to attempt new directions in program, materials, and methods.

The funding for this program has been level for 5 years at $146 million with the exception of fiscal year 1973, in which year the courts forced the release of the congressional appropriation of $171 million. The council urges the committee to again fund ESEA title III at $171 million level, in order to allow for at least minimal expansion of this excellent program over fiscal year 1974.

Education of the handicapped

The Council urges the committee to appropriate $25 million of additional funding for the education of the handicapped above the budget request, that is to provide $175 million for the program for fiscal year 1975. In State after State, courts are mandating additional State assistance to insure that every handicapped child has an opportunity for an education. The cost of this additional activity will run into the billions nationwide. The modest increase requested here will merely allow the continuation of these excellent programs while the Congress considers additional authorizing legislation for this purpose. It is our experience that programs for the handicapped are among the best administered activities in the U.S. Office of Education.

Regionalization of USOE programs

The Council again urges the Appropriations Committee to prevent the additional expenditure of funds by the U.S. Office of Education for the decentralization of elementary and secondary education programs to the regional HEW offices. It seems clear to us that the committee should object to the expenditure of additional administrative funds including salaries and expenses for the purposes of this unnecessary administrative layer. We note again that the budget request for elementary and secondary education programs is $230 million less for fiscal year 1975 than fiscal 1974 appropriations. We see no possible justification for

increased administrative costs for additional bureaucracy in a time when the Administration is requesting cuts in program funds.

National Institute of Education: Congressional intent

CCSSO emphatically supports a strong national research and development effort in education. The mandate provided by the Congress in establishing the NIE was a vigorous and enlightened effort to improve U.S. schools.

CCSSO has supported each annual budget request for the NIE.

CCSSO enthusiastically supports the concepts behind many of the current NIE programs which can improve elementary and secondary education. Examples of some of these are:

Experimental schools program.
Teachers helping teachers.
Research on cultural bias in tests.
Research in bilingual/bicultural education.
Studies of educational technology.
Unusually effective schools program.
Research on education of the handicapped.
School finance policy studies.

Research and development in dissemination, including: Information system operation and development, improvement of the ERIC system, State Education Agency dissemination systems development, and consumer information in education.

Consistently, however, the work of the Institute has been isolated from the constructive input and participation of working public educators. State and local school officials, teachers, and administrators are under-represented on the National Council of Educational Research and on the Institute staff. Too much of the Institute's funding supports isolated research grantsmen in corporations and private universities rather than developmental participation by public school personnel.

In the area of dissemination of research and development results, for example, a high priority in the legislation establishing NIE, the Federal effort has lacked cost-effectiveness because of the failure of the Institute to concentrate sufficient resources or to involve state and local education agencies in even a pilot comprehensive dissemination system. In its development activities in general, NIE has neglected to involve the educational practitioners who should be identifying the research problems and participating in the development of improved products and techniques.

State education agencies, for example, have not participated in ERIC Improvement, Consumer Information, or Access to Products, all NIE program areas of strong SEA interest and capability.

Since its inception, NIE has appeared to ignore the congressional intent expressed at the creation of the agency by the conferees on the Higher Education Amendments of 1972: "The conferees intend that dissemination activities be a separate line item in the Institute budget to protect against future encroachment on education research and development funds."[1] We believe that the Appropriations Committees of the Congress have the means at hand to insure that the Congressional intent for the work of the Institute is realized.

While the Council of Chief State School Officers has supported the budget requests for the National Institute of Education up to this time, we are not able to support the fiscal 1975 request for $130 million without specific earmarking of funds by the Congress.

We support the Institutes fiscal year 1975 request for $130 million only with the following conditions: $84,600,000 earmarked for funding for existing activities, with the next $30 million earmarked for dissemination/utilization activities specifically through state education agencies, involving representatives of teachers associations, school administrators, school boards and school community groups.

We suggest that NIE be directed to: (1) assist State education agencies in development and validation of improved education programs, products, teaching and certification programs including promising products and program/diffusion of validated new programs, products and techniques to local education agencies, including development of information distribution systems, intermediate linkage agencies and agents, demonstration schools and teacher center programs, and state and local staff training for these developmental programs. Such systems may integrate dissemination efforts supported by all Federal education programs

[1] Conference Report 92-798 on Senate bill 659, "Education Amendments of 1972," May 22, 1972, p. 204.

in a State; (3) the Institute should particularly encourage and assist State education agencies in such developmental and dissemination efforts which will assist LEA's to equalize educational opportunity, particularly for disadvantaged and minority school children, both in rural and urban areas of the States; and (4) these funds should also be used to encourage coordinated developmental efforts among groups of state education agencies including building capacity in SEA's and LEA's with limited developmental and dissemination experience, and between state education agencies and educational laboratories and research centers.

Finally, Mr. Chairman, CCSSO urges that Congress direct the Institute to commission additional evaluations of its experiments with educational voucher programs prior to any additional development work. These evaluations should be conducted by teams including representatives of state and local school systems and teacher organizations, in order that the worth of these controversial projects can be definitely established.

Career education

The Council would like to support the administration's budget request of $10 million for career education. We believe considerable valuable work has been done in developing concepts and materials necessary for this program, and that considerable interest exists in the States for its continued development. A recent survey of State education agencies indicated that more than one-half of all States rate career education as a high priority item. Eighteen States have a written State plan for career education; virtually every State education agency has appointed a person to be responsible for career education. Nine States are now budgeting State funds for career education. We believe that the present USOE plans for career education would appropriately involve State education agencies and would greatly assist those agencies in their efforts to make career education operational.

National Center for Educational Statistics

We would like to support the budget request of $11.6 million for data systems improvement. While we do not believe that this amount of money is sufficient to upgrade the capabilities of the National Center for Educational Statistics in making available complete and more timely data, we believe that the administration is making an honest effort to improve its functions in this area. We particularly support the item marked common core of data for $1,350,000, which funds would be used to assist States in developing and processing commonly useful data.

Adult education

Fifty-seven million adults over 16 have not completed high school and are not enrolled in school. During the past year, a million persons participated in adult programs under Federal funding, 4.4 million have participated since 1966. The documented gains in adult educational achievement, earning power, and tax revenue return to the Government due to this program solidly demonstrate its cost-effectiveness.

The Council urges an appropriation of $113 million, approximately half of the present authorization:

Grants to States	$102,801,000
Staff development	3,000,000
Special projects	7,000,000
National Advisory Council on Adult Education	199,000
Total	113,000,000

Other programs

We attach a table to this testimony, Mr. Chairman, to indicate to the committee the levels of funding which we would recommend for the committees' use with regard to other elementary and secondary education programs.

Conclusion

Finally, Mr. Chairman, we would like to express our appreciation to the committee for the cooperation which we have enjoyed with the committee and its staff during the past months. In a time when the administration's budget request has been totally inadequate to meet the needs of States and local school systems, the committee has been most fair in providing adequate appropriations and supporting report language. We look forward to the opportunity to continue these cooperative efforts.

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

EDUCATION DIVISION SUGGESTED APPROPRIATIONS

May 1974

(Dollars in millions)

Program Title	FY1974 Appro. (after 5% cut)	FY1975 Budget	Suggested Appropriation	
Elementary and Secondary: (programs subject to consolidation under budget proposal are marked with an asterisk (*)				
Emergency School Aid	$ 234.004	$ 75.000	$ 258.000	
Elementary and Secondary Education Act:				
Title I ESEA, Part A-Basic Grants	1,719.500	1,885.000*	2,100.000	
Title III ESEA-Supplementary Svcs.	146.393	146.393*	164.000	
Title V ESEA-Strengthening State Departments of Education:				
- General Support	34.675	34.675*	50.000	
- Comp. Planning and Evaluation	4.750	4.750*	15.000	
Title VIII ESEA-Dropout Prevention	4.000	4.000*	4.000	
Title VII ESEA-Bilingual Education	50.350	75.000*	75.000	
Ethnic Heritage	2.375	-0-	2.375	
Title III NDEA-Matching Grants Equip.	28.500	28.500*	75.000	
Environmental Education	1.900	1.900*	4.000	
Educational Broadcasting	18.675	14.000	37.000	30 Facilities 7 Sesame/Electric Co.
Right to Read	12.000	12.000	12.000	
Follow Through	41.000	35.000	41.000	
Drug Abuse	5.700	-0-	12.000	

(Dollars in millions)

Program Title	FY 1974 Appropr. (after 5% cut)	FY 1975 Budget	Suggested Appropriation
Impact Areas Aid:			
Public Law 874 (SAFA)			
"A" Students	$ 214.100	$ 229.300	$ 240.500
"B" Students	305.116	40.000	387.381
"C" Students (public housing)	-0-	-0-	50.000
Sec. 2 (Loss of tax base)	9.000	7.000	7.000
Sec. 3(e) (Decrease of Fed. activity)	3.200	3.200	3.200
Sec. 3(c)(4) Sp. Pmt.	0.350	0.300	0.300
Sec. 3(c)(2)(B) Deductions	-1.000	-1.000	-1.000
Sec. 4 Sudden Increase	0.150	0.150	0.150
Sec. 6 Ed. on Fed. Prop.	41.450	42.950	42.950
Sec. 302 Re-imbursable Pmts.	0.050	0.050	0.050
Sec. 7 Natural Disasters	2.000	N/e	N/e
Public Law 815 School Construction:	19.000	20.000	40.000
Education of the Handicapped			
ESEA Title VI:			
Part C-Early Childhood Projects	12.000	14.000	14.000
Reg. Resource Centers	7.000	9.000	9.000
Part F-Media Services & Cap. Films	13.000	13.000	15.000
Part G-Specific Learning Disabilities	3.000	3.000	5.000
Part E-Innovation & Development	10.000	10.000	10.000
Part C-Deaf/Blind Centers	14.000	12.000	18.000
Part D-Sp. Ed. & Manpower	40.000	38.000	40.000
Recruitment and Information	0.500	0.500	0.600
Part B State Grant Program	47.500	47.500	60.000

(Dollars in millions)

Program Title	FY 1974 Appropr. (after 5% cut)	FY 1975 Budget	Suggested Appropriation
Vocational Education: (Programs subject to consolidation are marked with an asterisk (*)			
Basic Grants	$ 405.347	$ 493.895*	$541.285
National Advisory Council	0.330	(0.330)*	0.363
VEA Sec. 102(b) Stud. w/spec. needs	20.000	-0-	24.200
VEA Part F Consumer and Homemaking	30.994	-0-	45.000
VEA Part H Work-Study	7.849	-0-	9.997
VEA Part G Cooperative Education	19.500	-0-	23.595
VEA Part A St. Advisory Councils	3.044	-0-	4.315
Vocational Research:			
VEA Part D Innovation Grants to States	16.000	-0-	17.600
VEA Part I Curriculum Development	4.000	-0-	4.400
VEA Part C State Research Grants	18.000	-0-	19.800
EPDA Vocational programs	11.268	-0-	11.268
Career Education	-0-	10.000	10.000
Adult Education:			
Grants to the States	53.286	63.485*	103.000
National Adv. Council	0.199	-0-	(.199)
Special Projects	7.000	-0-	7.000
Teacher Training	3.000	-0-	3.000
Library Programs:			
Title II ESEA School Lib. Svcs.	90.250	90.250*	120.000
LSCA Title I Grants to States	44.155	25.000	62.000
LSCA Title II Pub. Lib. Const.	-0-	-0-	20.000
LSCA Title III Inter.-Lib. Coop.	2.593	15.000	17.300
LSCA Title IV Older Readers Svc.	-0-	-0-	6.200
HEA Title II College Lib. Programs			
College Resources	9.975	-0-	21.000
Training	2.850	-0-	6.000
Research	1.425	-0-	3.000
HEA Title VI Match Grants. Equipment	11.875	-0-	12.500

TABLE 1
CHANGES MADE BY CONGRESS IN PRESIDENT'S
BUDGET REQUESTS OVER FIVE-YEAR PERIOD (1970-74)
(in billions of dollars)

DEPARTMENTS	FIVE YEAR TOTAL CHANGES (-) OR (+)	FY 1974	FY 1973	FY 1972	FY 1971	FY 1970
Defense	$ -19,142.7	$ - 3,535.8	$ - 4,794.2	$ - 3,025.4	$ - 2,149.7	$ - 5,637.6
Foreign Assistance	- 4,091.6	- 1,212.5	- 263.0	- 1,153.2	- 342.2	- 1,120.7
Military Construction	- 1,093.9	- 286.0	- 261.4	- 92.7	- 97.0	- 356.8
Treasury, Postal Service, General Government	- 509.6	- 140.1	- 8.8	- 280.2	- 42.0	- 38.5
State, Justice, Commerce, Judiciary	- 475.2	- 56.9	- 4.3	- 149.7	- 143.1	- 121.2
Legislative	- 119.8	- 72.0	- 5.6	- 6.0	- 8.4	- 27.8
District of Columbia	- 119.2	- 15.3	- 26.9	- 16.6	- 0.1	- 60.3
Transportation	- 115.0	- 112.3	- 41.2	+ 45.0	- 95.7	+ 89.2
Interior	+ 109.0	+ 72.8	+ 21.8	+ 29.4	- 4.5	- 10.5
Supplementals, Other	+ 136.6	- 120.5	+ 217.5	+ 151.5	- 75.6	- 36.3
HUD, Science, Space, Veterans	+ 354.7	+ 439.0	- 132.2	+ 32.7	+ 241.3	- 226.1
Public Works, AEC	+ 593.8	- 8.1	+ 15.8	+ 59.0	- 24.9	+ 552.0
Agriculture, Environment, Consumer Protection	+ 2,522.8	+ 408.1	+ 481.8	+ 1,039.1	+ 342.5	+ 251.3
Labor - HEW	+ 5,546.8	+ 978.0	+ 1,762.3	+ 974.1	+ 693.3	+ 1,139.1
TOTALS	$ -16,403.3	$ - 3,661.6	$ - 3,038.4	$ - 2,393.0	$ - 1,706.1	$ - 5,604.2

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* Five Year Comparison *
* and Assessment *
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In order to assess accurately the impact of the FY 1974 appropriations after withholding of the 5% permissive authority, it may be helpful to compare program funding against the FY 1969 standard. To do this realistically however, requires the introduction of a corrective factor to take into account the effect of inflation on the purchase of educational goods and services.

The following table therefore contains a column incorporating a 30% "de-flator" applied to the FY 1974 amounts after having reduced each by the 5% discretionary authority. The 30% "de-flator" represents a conservative estimate of the erosion which has taken place in buying power since FY 1969.

(in millions) Program	(a) FY 1969 Appropriation	(b) FY 1974 Appropriation less 5%(where applicable)		(c) FY 1974 Corrected by 30% deflator	(d) Corrected $ Gain or Loss
Elementary and Secondary Education:					
Title I ESEA (Disadvantaged)	$1,123.127	$1,719.500 -515.850	=	$1,203.65	+80.523
Title II ESEA (School Library Materials)	50.00	90.250 -27.075	=	63.175	+13.175
Title III ESEA	164.876				
Supplementary Centers and NDEA Title V	17.000 181.876	146.393 -43.918	=	102.475	-79.401
Title V ESEA (Streng.State Depts. of Ed.)	29.750	39.425 -11.820	=	27.605	- 2.145
NDEA III (Matching Equip. Grants)	78.740	28.500 - 8.550	=	19.950	-58.790
Bi-Lingual Prog.	7.500	50.350 -15.105	=	35.243	+27.745
Drop-out Prog.	3.000	4.000 -1.200	=	2.800	-2.200
Impacted Aid:					
P.L. 874	305.916	574.415 -172.325	=	402.090	-103.826
P.L.815	14.091	19.000 - 5.700	=	13.300	- 0.791
Education of the Handicapped:	79.815	147.079 -44.124	=	102.955	+ 23.140
Vocational Education:	259.590	502.827 -150.848	=	351.979	+ 92.389
Adult Education:	45.000	61.300 -18.390	=	42.91	- 2.09
Higher Education:					
Basic Opportunity Grants --		473.000 (New Program-non comparable)			
Student Assistance:					
EOG	124.600	210.300 -63.090	=	147.210	+ 22.610
Work-Study	139.900	270.200 -81.060	=	189.140	+ 49.240
NDEA Title II Loans	193.400	293.000 -87.900	=	205.100	+ 11.700
Special Prog for Disadvantaged	36.014	70.331 -21.099	=	49.232	+ 13.218
State Student Incentive Grants --		16.000(New Program-non comparable)			
Cooperative Education --		10.730(New Program-non comparable)			
Insured Loans-Interest	76.400	310.000 -93.000	=	217.000	+140.600

FY 1969 Appropriations Comparisons with Comparable FY 1974 Amounts Adjusted
continued: (in millions)

Program	(a) FY 1969 Appropriation	(b) FY 1974 Appropriation less 5% where applicable		(c) FY 1974 Corrected by 30% deflator	(d) Corrected $ Gain or Loss
Higher Education:					
Institutional Assistance:					
Aid to Land Grant Colleges	$11.950	$9.500 -2.850	=	$6.650	-$5.300
NDEA Title III Streng. Developing Instit.	30.000	99.992 -29.997	=	69.995	+39.995
University Comm.Svs. Title I HEA	9.500	14.250 -4.275	=	9.975	+ 0.475
Undergraduate Instr. Equip.	14.500	11.875 -3.563	=	8.312	- 6.188
Lang.Tng and Area Studies	18.195	12.693 -3.808	=	8.885	- 9.310
Construction					
Grants	91.000	-0-	=	-0-	-(118.3)
Loans	3.920	31.425 - 9.427	=	21.998	+18.078
Veterans Cost Inst.	--	23.750		(New Program non comparable)	
State Adm.HEFA I	7.000	9.500 -2.850	=	6.650	- 0.350
College Personnel Development	76.900	7.056 -2.117	=	4.939	-71.961
Library Resources:					
Public Libraries	40.709	46.749 -14.025	=	32.724	- 7.985
Library Const.	9.185	-0-	=	-0-	-(11.400)
College Libr.	25.000	9.975 -2.992	=	6.983	-18.017
Libr. Tng.	8.250	2.850 -0.855	=	1.995	- 6.255
Education Prof. Development:	115.900	70.473 -21.143	=	49.330	-66.556
Educational Broadcasting Facilities:	4.037	15.675 -4.703	=	10.972	+6.935
ALL EDUCATION	$3,648.904	$8,023.666			
DIVISION PROGRAMS:		-1,807.100		-$4,216.556	+$367.652

From the foregoing chart, it would appear that there have been gains made in Office of Education programs financing over the past five years, even with a conservative inflationary effect discounted, but it also shows that many major programs have had their effectiveness reduced through underfunding, and it does not reflect demographic factors of demand such as the growth in student populations, or other population services. A large part of the net growth is attributable to newly funded programs such as Emergency School Aid which will receive $258,193,000 in FY 1974 or the Pell Basic Grants funded at $475,000,000 in FY 1974, neither of which was in existence in FY 1969.

STATEMENT ON BEHALF OF THE AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS SUBMITTED BY JAMES R. KIRKPATRICK ASSOCIATE SECRETARY

Mr. Chairman, members of the subcommittee, my name is James R. Kirkpatrick, and I am an associate executive secretary of the American Association of School Administrators. The American Association of School Administrators (AASA) is the national professional association for the school superintendency with some 21,000 members representing school districts of every size and geographical location.

AASA wishes to note and commend the members of the subcommittee and its chairman for the affirmative and effective efforts made last year in relationship to the funding of Federal education programs.

It is understood by AASA that the subcommittee can take no action on some matters of deep interest to us due to the lack of authorizing legislation. However, we believe that our statement is appropriate under the circumstances regardless of the possible difference in authorizing versions now under consideration by the two Houses of Congress.

ADVANCE FUNDING

One of the most frustrating matters for local school administrators to deal with is their inability to plan the Federal education programs well in advance of their actual implementation.

Such an ability would lead to a far more efficient and effective use of the Federal education dollar, a concern which local school administrators share with their Federal legislators.

Only once—fiscal year 1969—has such a wise move occurred. Now, in light of the current willingness of the administrative to consider such a move, is one of the best chances to secure improved opportunities for American youth as well as obtaining a "bigger bang for the buck." We plead for your understanding and support in this matter.

COMPENSATORY EDUCATION (ESEA TITLE I)

AASA continues to believe that this program aimed at providing financial assistance to local school districts serving concentrated locations of children from low-income families is worthy of continued support. Recent congressional research indicates that the program has resulted in basic educational gain for such children (see House Education and Labor Committee report 93–805).

AASA also believes that, in its attempt to find an equitable distribution formula, the Congress is well aware of the hardships which could be inflicted on both those school districts reflecting concentration decreases as well as increases.

In light of the above consideration and in recognition of the continued inflationary tread, AASA believes that a fiscal year 1975 allocation of $2.1 billion would provide the most realistic, equitable funding under the current circumstances.

VOCATIONAL EDUCATION

A comprehensive national program of vocational education adequately supported by the resources of the Federal Government is a necessity.

The role of secondary schools in this program is one that has become more vigorous in recent years and must continue to be nurtured both in Federal interest and support. This subcommittee can do much to maintain the impetus.

The American Association of School Administrators believes that a sum of some $710 million should be appropriated for the funding of the programs found in the Vocational Education Amendments of 1968, Education Professions Development Act—part F, and career education.

NATIONAL INSTITUTE OF EDUCATION

The value of a strong national research and development program for education has always been an accepted belief of the AASA and we have supported past budget requests for NIE on that basis.

From the viewpoint of AASA, the slow "liftoff" of NIE from its launching pad has been of some concern.

Our concerns center in the following: (1) Much of the past NIE research has lacked the involvement of the elementary and secondary school sector and

has, therefore, been of less value than it might have been with their participation; (2) the NIE dissemination apparatus needs strengthening; and (3) the NIE interest and commitment to the education voucher system (*a*) has the tendency to drain off already scarce Federal dollars from the public school pool, and (*b*) has poured thousands of these scarce Federal dollars into feasibility studies that seemingly produce nothing.

While AASA maintains these concerns, it has, through considerable and lengthy discussions with NIE leadership, developed a degree of confidence that the prospects for a greater utilization of the NIE potential is possible. AASA supports the administration's fiscal year 1975 budget request of $130 million for NIE.

Impact Aid

Despite well-publicized isolated inequities, the need for impacted area aid remains. Rather than to inflict reductions on all districts, the inequities should be remedied by formula revision.

AASA believes that under present circumstances, all 3A category students should be funded at 100 percent of entitlement, 3B category at 77 percent, an initial funding (of some $50 million) for students residing in federally financed public housing (3C). School construction funding (Public Law 815) should be allocated $40 million to begin cutting into the backlog of needs previously determined.

Conclusion

The administration's priority rating for elementary and secondary education continues obscure. Despite statements to the contrary, we are unable to determine in its budget requests just where its education priorities have increased—certainly not in the public elementary and secondary school programs.

Mr. Chairman, we urge your continued support in the effort to provide our schools with the needed resources to more adequately perform in accordance with the national interests.

Education Programs

Statement by John W. Scott, Master of the National Grange

Mr. Chairman and members of the subcommittee, I am John W. Scott, master of the National Grange, with national headquarters at 1616 H Street NW., Washington, D.C.

The National Grange represents over 600,000 members in 41 States and 7,000 local communities. The Grange has a heterologous membership, embracing farmers, rural residents, as well as urban constituents. All have not only a basic inherent interest in agriculture but are concerned with the economic success and stability of our rural communities. Therefore, National Grange policies and programs pertain to a broad array of circumstances affecting the lives of farmers, rural residents, and urban consumers; they result from member action generated by community and national interest—not by agricultural interest alone.

The Grange, entering its 108th year of service to rural communities, has a longstanding support of vocational education and especially the prominence of vocational agriculture. In 1905, the National Grange delegate body passed the following policy:

Whereas Agriculture Education, to be complete and attain its ultimate end, should at least begin in the common and secondary schools: Therefore be it

Resolved, That the National Grange use its effort as a unit and also through the several State organizations to secure recognition by our several State departments of public instruction in placing the sciences directly relating to agriculture upon the curriculum of said common and secondary schools.

Shortly after the passage of the Smith-Hughes Act, which the Grange strongly supported, the delegate body, at the 53d annual session in 1919, at Grand Rapids, Mich., passed:

Resolved, That the National Grange oppose any discrimination against rural schools in the administration of the Smith-Hughes Act, and we direct our legislative representative at Washington to present our views on this matter to the Administrative Board.

Resolved, That we request our legislative representative at Washington to urge the development of means whereby the funds provided by the Smith-Hughes law be made more readily available for the aid of rural vocational education.

In 1937, the Grange recognized the growing need for vocational education. The delegate body passed:

Whereas the necessity of vocational agriculture training in school is essential and the demands for new departments are increasing; Therefore, be it

Resolved, That the National Grange continue its activities for ample appropriations.

The Grange, almost since its inception, has called for vocational education for agriculture to be funded at appropriate levels which will insure adequately supervised and coordinated programs in all States. In 1970, the delegate body passed the following resolution:

VOCATIONAL AGRICULTURAL EDUCATION

Vocational Agricultural Education practically lost its identity in the U.S. Office of Education about the same time all educational agencies were placed under the Department of Health, Education, and Welfare. The Education Act of 1968 does not refer to vocational agriculture by name.

There is a definite and visible trend to downgrade and deemphasize the importance of vocational agriculture education even though approximately 40 percent of the Nation's work force is now employed in agriculture-related occupations.

The Grange has long recognized the worth of vocational agricultural education to society and to the economic well-being of our Nation. We have worked diligently and continuously to maintain quality courses of study in vocational agricultural education in public schools.

We therefore recommend:

1. That every effort be made to reestablish the identity of vocational agriculture in the U.S. Office of Education.

2. That an agricultural advisory board be established by the division of vocational agricultural education to evaluate the status and progress of vocational agricultural education in the respective States. That this board continuously review the curricula for vocational agricultural education to see that they adjust to and meet the needs of our changing times.

3. That the Future Farmers of America, as a youth organization, be considered as an integral part of agricultural education and hold its meetings during the school session.

4. We recommend to the Peace Corps that F.F.A. members and students of vocational agriculture provide a ready source of effective and competent leadership for Peace Corps projects.

At the 107th annual session of the National Grange, in November 1973, at Lincoln, Nebr., the delegate body passed the following resolution:

VOCATIONAL EDUCATION

Whereas the Federal Government is providing decreasing support for vocational programs; and

Whereas these programs are of proven value, and for agriculture even more vital, under increasing pressures for agricultural production and agricultural services: Now, therefore, be it

Resolved, That the National Grange urge reinstatement of adequate support for quality vocational education programs including the employment of necessary program officers to assure ongoing programs; and be it further

Resolved, That minimum guidelines for States to qualify for Federal money be established which will include the following:

1. That local teachers are responsible for the activities of the vocational youth groups, and the activities of the youth groups are an integral part of the respective vocational curriculum. We urge that Future Farmers of America (F.F.A.) be made an integral part of the vocational education program.

2. That State departments of education provide curriculum and program staff to assure vocational youth groups are part of the vocational curriculum.

3. Teacher training institutions adequately instruct new teachers on how to assure vocational youth groups are part of the vocational curriculum.

We recommend that the U.S. Department of Health, Education, and Welfare, Office of Education, keep at least two people working in the national office trained

in vocational agriculture, and have at least one person in each regional office trained in vocational agriculture, and spending a major portion of their time in vocational agriculture programing; and be it further

Resolved, We urge categorical funding at local, State, and national levels for vocational education.

The need for vocational education is greater now than ever before. We recognize the need for additional support for the expansion of the vocational education budget. We feel that the budget should reflect a 10-percent increase in program growth and a 10-percent increase in order to offset the cost of operation anticipated for fiscal year 1975. The National Grange is requesting that appropriations for fiscal year 1975 be made to find the Vocational Education Amendments of 1968 at $690.5 million. We urge that the language of the appropriations specifically call for $25 million of these funds to be used toward State planning. We request $11.2 million for the Education Professions Development Act, part F, and $10 million for career education.

We urge your committee to reidentify vocational agriculture into the programs of vocational education at the Federal and State levels. We request that vocational agriculture be reinstated as a line item in the Federal budget for vocational education. In addition, we urge that all State plans be required to include vocational agriculture as a part of each State's vocational programs with adequate supervision and administration to assure the success of the program in each State.

The administration has called for all-out agricultural production for the years ahead. This will only be possible if this country can supply enough trained manpower to man our farms and operate all the many facets of the agriculture-related businesses. The average age of the American farmer is near 57. This is too old, and we need to reman the American farms. By having a well-trained force for American agriculture, we will be able to continue to keep our agricultural economy strong and growing.

Need for Research and Planning

The National Grange supports the activities of the National Advisory Council of Vocational Education and the many State Advisory Councils on Vocational Education. In addition, we urge that adequate funding be made available for continued State planning.

The National Institute of Education has served as a major source of research for the U.S. Office of Education. Recently it has had very few studies in vocational education, at a time when these programs are in real need of research and growth. We request that the major emphasis of the U.S. Office of Education be carried on by the colleges and universities across the country. The coordination of educational research should be carried on by the staff of the program areas of the USOE.

We appreciate this opportunity to make known to this committee the views of the National Grange on the budget of the Office of Education for fiscal year 1975.

Higher Education Act, Title I

Statement of Dr. W. L. Turner, Vice Chancellor for Extension and Public Service, North Carolina State University, Raleigh, N.C.

This committee, Mr. Chairman, is well aware that the President's budget failed to include a request for support of the community service and continuing education program under title I of the Higher Education Act. This is not a new tune but replay from the past. However, the Congress in its more careful deliberations has seen fit to provide support for this singular piece of legislation.

Yes, we do consider this to be a singular piece of higher education legislation. It has made possible the active participation of 1,236 colleges and universities in creative and cooperative community service activities. The history of this program has demonstrated that no other institution in our society has the needed resources or the readiness for service as do our colleges and universities. This demonstration was made possible by title I of the Higher Education Act.

This program continues to demonstrate the effectiveness of Federal-State teamwork in (a) strengthening the continuing education dimensions of higher education and in (b) providing problem-solving assistance to American communities.

Fiscal Year 1973 Highlights

More than 350,000 adults benefited from participation in 644 community service and continuing education projects in fiscal year 1973 . . . . These projects were staffed by 3,302 faculty members . . . over 14,000 graduate and undergraduate students served as a resource, working as technical assistants, interns and researchers. Institutional participation reached a new high as 731 colleges and universities delivered community service projects supported by title I, HEA . . . more than 100 off-campus learning centers enabled many adults to continue their education at more convenient times and locations. Institutions from their funds provided 81 percent of the required matching dollars for community service and continuing education.

In the productive history of title I, HEA, 1973 was a banner year. With the increase in appropriations, significant changes were wrought. Most significant was the increase of participating community colleges—32.3 percent of all institutions were 2-year public colleges—an increase of 13 percent over fiscal year 1971. Federal funds going to 2-year institutions were doubled going from $758,600 in fiscal year 1972 to $1,584,400 in fiscal year 1973. State universities share their experience with smaller institutions. Thus, with title I support, their competence is enhanced through the conduct of community service programs.

There has been criticism in the past that funds under this State-grant program were "spread too thinly." The facts indicate, however, that projects have continued over time to become more comprehensive. The data on "average project cost" is as follows: fiscal year 1968—$12,151; fiscal year 1970—$13,913; fiscal year 1972—$15,684; fiscal year 1973—$21,260.

In the approval of institutional projects in fiscal year 1973, the States continued the urban oriented emphasis of the national program. The development of "Comprehensive" projects to serve metropolitan areas as well as rural suburban regions was made possible by increased funding and built on the successful experiences of prior years. In close cooperation with the Office of Education, State agencies made marked progress toward the development of statewide programs of community service and continuing education.

The National Evaluation

As authorized by the Education Amendments of 1972, The National Advisory Council on Extension and Continuing Education is now engaged in a review and evaluation of the title I HEA program. While the Council has made interim reports to the Congress, the final report will not be made until March 31, 1975.

The purpose of this review is to determine which projects represent the most effective use of title I, HEA funds. And the review will serve as the basis for the Council's recommendations, "with respect to the means by which the most successful programs and projects can be expanded and replicated."

Is it past belief that a responsible administration would, at the time of a congressionally mandated study, choose to eliminate the very activity being studied. Our common sense dictates the continuation of the title I, HEA program until "the facts are in" and the Congress is permitted to make its own assessment of the need for and value of Federal support for community service and continuing education.

Programs for the Elderly

The amendments to the Older Americans Act in 1973, expanded the community service and continuing education program (section 110) to authorize grants to institutions of higher education for the planning ,development, and implementation of "programs specifically designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing problems of elderly persons living in rural and isolated areas."

Program experience, under title I, has clearly established that higher education in concert with community groups has excellent potential for alleviating many of the problems of the elderly. However, funds to support a wide range of educational programs for older Americans and the service personnel who work with them are not available from existing sources.

Highly visible, adequately funded pilot and demonstration projects, as were authorized, will not only achieve their immediate objectives but will enable the States to initiate similar programs. The funding of this authority will be a signifi-

cant step towards the goal of a comprehensve Federal-State educational program for the elderly.

We therefore, recommend a startup appropriation of $3 million to initiate this experimentation and demonstration program.

In conclusion, it is important to note that title I, HEA has increased its significance at tue confluence of several forces. Communities seek assistance from colleges and universities in all community problems. Faculties are responding in larger numbers with the needed assistance within the limits of their resources. Students are finding new means to be of service and to enhance their learnings. The convergence of these three forces—communities, faculties and students—combine to provide a highly effective instrument for dealing with the concerns of the American people.

A $25 million appropriation would enable the States to further refine their educational strategies and to provide all areas of each State with high-quality programs geared to locally identified needs. With $3 million of this sum allocated for section 110 of the act, we can foresee the time when institutions of higher education, in cooperation with public and private agencies, will be making a significant contribution to the improvement of the quality of life for every older American.

Office of Education

Statement of Dave McCurrach for the National School Supply and Equipment Association

Mr. Chairman and members of the subcommittee. My name is Dave McCurrach, and I am executive vice president of the National School Supply & Equipment Association, 1500 Wilson Boulevard, Arlington, Va. We are a national trade association, now in our 57th year. Our membership is comprised of over 460 companies engaged in the manufacture and distribution of school supplies, instructional materials (except textbooks) and equipment. Our members produce and distribute a great variety of items of educational or health value which are sold to the schools of America, and here is just a sampling: chalk, art materials, maps, educational toys, school paper, seats and chairs, desks and tables, furniture and equipment for science laboratories, cafeterias and libraries; gymnasium, athletic and playground equipment, and a wide variety of audio-visual equipment. Collectively, NSSEA members have thousands of salesmen in the field calling on thousands of schools on a daily basis. There is, as a result, vary valuable and constructive communication between our members and the schools. Many of the officers of our member companies are themselves former schoolmen.

Mr. Chairman, our members are concerned businessmen—concerned not alone for the success of their businesses and the well-being of their employees—but concerned also for the welfare of America's children and the continued vitality of American education. It is with this in mind that I would like to direct my remarks here to a pressing problem area—the level and timing of funding for Federal education programs.

Consider first the problem of late funding. Under title I of the Elementary and Secondary Education Act, for example, a program may call for the purchase of equipment. If orders are placed late in the year, they will reach the offices of school suppliers and manufacturers in the spring and summer—historically their businest seasons. The result of this bunching of orders, not surprisingly, is that delivery sometimes cannot be made on time, and educational programs suffer.

In this regard, Mr. Chairman, we would like to urge you and your committee to continue efforts toward expediting congressional action on the fiscal 1975 education appropriations bill. Your leadership can help reduce the delay and uncertainty experienced this year. But I think you would agree, Mr. Chairman, that not even the fastest congressional action on the 1975 bill will be enough to resolve all the uncertainties created for the schools by the late distribution of Federal funds. When funding levels are not known until the middle of the school year or later, planning and execution tend to be on a crash basis, and in their natural haste to take advantage of funds before the end of the year, schools may not spend them in the wisest manner.

Much of this uncertainty could be resolved by the forward funding of Federal education programs so that the release of Federal funds would more nearly

coincide with the beginning of a school system's fiscal year. Accordingly, the National School Supply & Equipment Association supports forward funding.

Interrelated with the problem of late funding is the lack of any reliable early signal on even approximate amounts that may be available for a given year. We recognize that reasonable men can differ over what the level of Federal funding for particular programs ought to be in any year. We would just like to be told what it is, and told in better time. NSSEA has consistently supported the proposition that the decision on the appropriate level of funding for education programs cannot take place in a vacuum, and that national goals and economic priorities must always be kept in focus. But how can we as businessmen be expected to gear up to provide needed school supplies and equipment in an orderly and timely way when funding levels vary so sharply from one year to the next, and when neither we nor the schools know until the proverbial eleventh hour what any year's amounts will be?

We are businessmen, Mr. Chairman. We want to help, but we don't presume to tell our Government in detail what the appropriate funding levels ought to be for a variety of national programs. We do, however, urge most earnestly that education programs be funded in a more orderly, consistent, and rational way than has been the case in recent years. It is imperative that schools and those of us who serve the schools not be whipsawed by the effects of on-again, off-again, up-and-down funding. We need to know, in short, what it is that we are being asked to do so we can meet in an orderly and efficient way the demands to be made on us by the schools we are committed to serve.

To illustrate our overall approach to these matters, Mr. Chairman, I would like to comment about a specific program with which we have had a great deal of experience—title III of NDEA, its substance and its funding. Title III is a matching program for the purchase of equipment, much of it in the audio-visual field. Each dollar of Federal money is matched by a dollar of local money. We realize that legislation may be enacted which consolidates title III of NDEA with other educational programs and NSSEA supports consolidation in the interests of efficiency of expenditures and administration. However, we in NSSEA continue to believe that this is one program where Congress can obtain a maximum educational return for a minimum Federal dollar outlay. When local money is involved, there must be local participation as well and closer local scrutiny of how all the money is spent. Accordingly, Mr. Chairman, we are convinced that extra educational benefits flow from each Federal dollar appropriated for title III of NDEA.

And this is not a theoretical view only, based solely on the general rationale of local involvement. Our knowledge, reflecting years of experience with this particular program, commends its great contribution to education. I should add further that NDEA title III is an almost classic example of the planning difficulties visited on schools and suppliers alike by the uncertain pattern of Federal involvement. I won't burden your hearing record with a long recitation of statistics, because you know them too well for that. I suggest only that for the past 5 years you scan and ponder the impact of varying authorized levels, budget recommendations, committee recommendations, floor levels, House-Senate differences, final appropriations, and actual dollars expended. When you do, I know you will understand why schools and suppliers are so often bewildered.

Mr. Chairman, the National School Supply & Equipment Association is grateful for this opportunity to present these observations on behalf of our membership. We sincerely believe that streamlining the appropriations process by implementing the concept of forward funding and maintaining a consistent, rational, and orderly approach to the establishment of funding levels for Federal education programs will admirably serve the cause of better education in America.

Thank you.

International Education

Statement of David Schimmel, Professor and Director, Global Studies Program, University of Massachusetts, Amherst

I am offering this statement in regard to the strengthening dimensions program for which the major education associations have recommended a budget allocation of $2,500,000. The need for international global understanding, what we have termed global literacy, has never been greater than at present, and this need will certainly increase in the future as, through population growth and technological progress, the fate of any one nation becomes increasingly inter-

twined with the fate of all others on the face of the globe. To date, universities have been of little help in promoing global literacy, even among their own students, primarily because global studies are segmented among a variety of the departments which make up the structure of most universities (physics, engineering, biology, geography, history, and sociology to name a few), with no one educational entity to focus the findings of all these disciplines on the understanding and communication of the multiple, interrelated forces which will determine the fate of the world in the years to come.

The funding proposed for the dimensions program can be an important impetus for encouraging universities to focus what are now disparate, uncoordinated programs and resources on one of the most crucial challenges of today, the study of global issues, particularly population growth and distribution, resource use and depletion, economic growth and environmental deterioration, and war/peace and cross-cultural understanding; and the education of the population, the general citizenry as well as university students, to achieve a standard of global literacy both broader and deeper than that presently held.

In the fall of 1972, the University of Massachusetts received such a grant from the USOE which resulted in the formation of the global survival studies program. A brief review of the progress of that program since the initial funding provides, I feel, an excellent example of the enormous impact that relatively small funding of this nature can have on the development of interdisciplinary university and Outreach programs to promote global literacy.

The initial 1972 grant was for $30,000, much of which was devoted to the planning and implementation of a series of faculty colloquia focused on global issues. These colloquia attracted more than 60 faculty members from some 25 departments and professional schools, and had the result of creating a number of important new directions within the university. In particular—

A global survival studies program was formed, involving 30 faculty from some 23 departments and professional schools as core faculty and sponsors;

A base of curriculum materials adaptable for use at all levels was developed;

A number of team-taught, interdisciplinary, upper level university courses were developed and offered; and

A freshman year course of study for 50–75 students was developed, approved, and supported by the university to begin the 1973–74 academic year.

In 1973, the USOE grant was renewed at $27,000. During this year, we have continued our focus on curriculum development, implemented the freshman year program (with university support), and begun a series of Outreach activities including workshops for regional school administrators and other decisionmakers, inservice training for practicing teachers, contacts with college and university people statewide, and communications with other education-oriented organizations. During this time, we have received over 100 requests for materials and assistance in developing global studies programs, have been asked to speak at a broad variety of professional conferences, and our programs have been highlighted in a number of national and international journals including "Development Forum" (UNESCO Geneva), "Changing Education" (cover article), "Current," and "The Scholastic Teacher." We were recently asked by the Connecticut Valley Superintendent Service Center to edit an entire issue of its magazine "Trend" which would focus on the development of curriculum and the teaching of global issues.

Another outgrowth of the formation of the global survival studies program has been the planning of a statewide program of global studies education. This effort was funded in 1973 by the Charles F. Kettering Foundation for $30,000 as a pilot program for the development of such statewide programs on a national basis. We anticipate the refunding of this program at a similar level for 1974 and expect it to become self-supporting after that time.

When looked at as seed money, one can see the powerful impact of the $57,000 2-year USOE funding. As a direct result of that grant, the university agreed to support a freshman year global survival studies program at a level of approximately $200,000 annually (including direct costs, faculty time, and facilities). The Outreach planning and curriculum development brought a private grant of $60,000 which we anticipate will generate a self-supporting program at approximately $100,000 annually.

In total, it seems clear that over the next 5 years the initial $57,000 USOE grant will have been multiplied over 20 times by contributions from the university and other sources.

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In terms of people reached, the effects of the initial grant have been equally impressive. From the original steering group of 8 people, we have, within the university alone, moved to a total of 20 faculty and staff people devoting significant parts of their time to the program and involvement of another 30 faculty members in various aspects of the program. Approximately 60 freshmen are enrolled full time in the freshman program, and an estimated 200 students have been reached in courses arising out of the global survival studies colloquia. More than 100 educators and school systems in the region have been in contact with us; and our Outreach program, just gearing up at this writing, has involved contacts with some 125 people and organizations during the year. Next year we would expect this program to reach a minimum of 500 citizens, and increase in scope each year thereafter. There is no way to calculate the numbers who have been influenced through our appearances at conferences and through journal articles, but the numbers are certainly in the thousands.

In summary, based on our experience with the kind of funding that would be available through the dimensions program of NDEA title VI, I believe that this program can have an extraordinarily powerful multiplier effect in developing programs focused upon international and global issues. The national need for such programs is clear and compelling. The appropriate university response to such need is hindered by traditional departmental structures. A focus of global concern is needed within the University, and often funding of the dimension type can provide that focus and, as it has at the University of Massachusetts, create a critical mass for well-funded and far-reaching programs in the crucial area of the achievement of global literacy for all U.S. citizens.

This description of the progress of the global survival studies program at the University of Massachusetts, Amherst, has been presented as an example of the multiple benefits which can accrue from funding of the dimensions type. It is hoped that the subcommittee will take this example into account in its deliberations on the fiscal 1975, NDEA title VI, HEW budget.

Career Education

Statement of Lewis C. Easterling, Manager, Economic Research and Analysis, Michigan State Chamber of Commerce

Mr. Chairman, members of the committee, I am Lewis C. Easterling, manager, Economic Research and Analysis, Michigan State Chamber of Commerce.

The Michigan State chamber represents over 4,700 corporations and individuals in Michigan.

We are concerned:

First. With the number of high school dropouts.

Second. With the number of high school graduates who are functional illiterates.

Third. With the swelling welfare roles.

Fourth. With the rising crime rate and increasing juvenile delinquency.

Fifth. With young people who "drop out" of society.

For these reasons we believe we must build schools with only two exit doors, one leading to immediate employment—the other to further education. We must close the door that leads to the street. We must find methods to make school more relevant to all our young people.

More than a century ago Abraham Lincoln said:

"Educated people must labor. Otherwise, education itself would become a positive and intolerable evil. No country can sustain in idleness more than a small percentage of its members. The great majority must labor at something productive. From these premises the problem springs, How can labor and education be the more satisfactorily combined?"

One hundred and ten years later we have the answer to President Lincolns question—career education is the answer—career education combines education and work for all students.

The Michigan State chamber has long advocated a system of integrated career planning and preparation in our public schools. During the past year we have been very encouraged to see:

Growing support from both businessmen and educators for career education.

That 90 percent of both the public and educators believe that the public schools should give more emphasis to a study of trades, professions and business to help

students decide on their career. (Gallup Poll on public attitudes toward education May 1973).

The U.S. Office of Education to create the position of: Associate Commission for Career Education.

The Michigan State chamber supports the efforts of USOE in helping to make career education a reality for all students and we urge that the moneys be appropriated to begin this effort.

It is our understanding that $10 million has been recommended and while we feel that this is a very minimal request we urge that it be approved in total.

Richard Cumberland, the Bishop of Petersborough, who lived from 1631–1718 once said: "It is better to wear out than to rust out". We sincerely believe that career education will enable us to "rustproof all of our young people".

Thank you.

Higher Education

Statement of Robert J. Pitchell, Executive Director, National University Extension Association

Mr. Chairman and members of the committee, the National University Extension Association represents 189 institutions of higher education in all 50 States, the District of Columbia, and Puerto Rico with programs in extension, continuing education, and community service. Most of our member institutions have participated in carrying out community service projects under title I of the Higher Education Act. We will limit our remarks to the appropriation for this program.

The title I program is in its ninth year. It has become established as the chief federally funded vehicle for extending the resources of our colleges and universities to the special needs of our States and local communities.

Despite constraints imposed by minimum and uncertain funding, title I has been a remarkably successful program. Since its inception, 1,236 institutions of higher education have been involved in the program. In fiscal year 1973, more than 350,000 adults were reached by 644 community service and continuing education projects funded through title I. Institutional participation reached an all time high of 731. More than 100 off-campus learning centers enabled many adults to continue their education at more convenient times and locations. While institutions are only required to provide one-third in matching funds, they actually supplied 81 percent in matching dollars last year.

During the first 7 years of its existence, title I received an annual appropriation of $9.5 million. In fiscal year 1973, Congress voted $15 million to expand the program. This increase in appropriations was instrumental in extending the program to new institutions and new communities. In fiscal year 1973, the number of public community colleges participating increased 13 percent over fiscal year 1971; they now constitute 32.3 percent of all institutions participating in the program. The amount of Federal funds going to community colleges doubled from 1972 to 1973, increasing from $758,600 to $1,584,000.

The increase in appropriations from 1972 to 1973 has resulted in larger individual project grants; the average 1973 project was funded at $20,000, an increase of $4,000 over 1972. This higher level of funding for project grants enabled States to fund multi-institutional approaches to community problems. The trend toward projects which involve cooperation among several institutions seems particularly significant in view of the growing emphasis on the development of statewide capabilities in continuing education and community service.

The funding of larger project grants has had several other beneficial effects on the title I program as a whole. Preliminary findings of the congressionally mandated evaluation being conducted by the National Advisory Council on Extension and Continuing Education indicate that projects funded at a higher level have exhibited greater effectiveness in meeting the purposes of the title I legislation. The increased funding has also enabled institutions to assume projects which have a broader scope and coverage.

The additional funding has enabled project managers to compile more management data on the effectiveness of projects. The National Advisory Council's evaluation points out that the most successful title I programs include good project management. Management techniques, such as information retrieval systems, internal and external evaluation and the extension of efforts through training and information sharing are not possible in projects with more modest levels of funding. Projects with higher levels of funding include management

components which permit better evaluation and monitoring of the overall effectiveness of the project.

In order to consolidate the strengths now evident in the title I program and to make further advances, we strongly urge an increase in the level of appropriations to $25 million. This increase in funding would encourage continued expansion of the number of participating institutions and even greater participation by community colleges in the title I program. The higher appropriation would enable institutions to broaden the scope of projects to reach more people and to aid in the solution of more difficult and pervasive social problems. Better management techniques associated with higher levels of funding would enable project managers to make more accurate judgments on the effectiveness of various types of projects.

We urge that in an appropriation of $25 million, $3 million be earmarked for the problems of the elderly. The 1973 amendments to the Older Americans Act expanded the community service and continuing education program to authorize grants to institutions of higher education for the planning, development, and implementation of "programs specifically designed to apply the resources of higher education to the problems of the elderly. . . ." Higher education in concert with community groups has excellent potential for alleviating many of these problems. However, funds to support a wide range of educational programs for older Americans have not been available from existing sources.

Finally, an increase in the title I appropriation to $25 million would expand the capability of the U.S. Office of Education to fund regional and national projects and to provide technical assistance to State agencies and institutions of higher education. These have been sorely lacking in programs to date because of the inadequate funding level.

One final point. We invite your attention to the fact that institutions of higher education are better prepared than ever for carrying out continuing education and community service programs. The leveling off of enrollments and the faculty surplus in most fields related to community service make this an auspicious and appropriate time to raise the appropriation to a level at which the program can more adequately satisfy vital program needs.

National Institute of Education

Statement From the Association of Colleges and Schools of Education in State Universities and Land-Grant Colleges in Regard to the Fiscal Year 1975 Appropriation for the National Institute of Education

April 30, 1974.

The Association of Colleges and Schools of Education in State Universities and Land Grant Colleges supported the legislation authorizing the establishment of the National Institute of Education. The association membership thought that at the time that NIE, as proposed, represented the best hope yet to (*a*) raise the basic level of knowledge about education, (*b*) discover solutions to operating problems in schools, and (*c*) improve educational opportunities for children and adults in the United States through educational research, development, and diffusion programs.

Nothing has occurred in the interim to alter this position of the association. The Institute has not made the rapid progress hoped for by some of its advocates. But it is still the heart of the Federal Government's investment in educational R. & D. There can be no rational disagreement with the proposition that we can learn more about the educational process and that this new knowledge can be translated into more efficient and effective programs for learners. The ultimate argument to support this proposition is that we have learned more and it is affecting educational practice now. Despite criticisms of recent past efforts in educational R. & D., the schools in 1974 are different and better than they were in 1964 because of Federal level expenditures on research and development, to wit:

1. Instructional materials.—The materials of instruction available for use in elementary and secondary schools have been improved demonstrably in diversity and quality. The best publicized of the changes has occurred in mathematics and science as an outgrowth of support from the course content improvement program of the National Science Foundation. However, similar examples of equal significance are available in social studies, English, elementary level reading and language arts materials, instructional aids appropriate for use with culturally different children, and tutorial aids for children with special learning dis-

abilities. Since these materials are ultimately and appropriately marketed by commercial publishers, their genesis in the educational R. & D. community is often lost.

2. Labeling children.—Youngsters who in 1964 were doomed to assignment in classes for the mentally retarded or emotionally disturbed are today functioning successfully in "regular class" settings. The educational R. & D. community has attacked and brought to light the problem of misassigning students whose sociocultural background was sufficiently negative to interfere with their normal learning and to force them inappropriately into classes for the mentally retarded. Educational R. & D. workers are busy today designing training programs for teachers and support materials for instruction that will allow even the mentally retarded to be returned to normal classrooms and near-normal learning with their own age groups.

3. Minority education.—Prior to the 1954 Supreme Court decision, educational researchers were already at work investigating the impact of segregated education on the blacks in this country.[1] More recently, and especially over the past decade, they have been engaged in the development of instructional materials for use with such children (for example, materials for bilingual education); have been studying and modifying the learning environments for these children (for example, the investigations of the impact of teacher expectancy on pupil learning); and have been working with local school districts in structuring and evaluating new programs for these youngsters.

4. Open education.—Ten years ago no one except the educational R. & D. community was concerned with opening up the structure of American education. Today hundreds of school districts are operating alternative schools for elementary and secondary age students (many initiated under the experimental schools program); career education is changing the conceptual base of what schools can do for and with a community; and institutions of higher education are initiating "open-university" programs across the country.

This list could be extended to a dozen illustrations. The creativity studies of the recent past changed the conception of an IQ-based limitation to human potential. The economic inquiries of the last few years modified the structure of accountability in education. But a dozen examples are not required to make the point. Educational research and development is alive and well in the American educational system—just slightly undernourished. Sometimes its results are directly traceable to changes in schools. Sometimes changes in schools provoke the development efforts needed to sustain them. Sometimes the research and develpoment effort modifies the dialog in the field and among laymen interested in education so that changes can be made. The fact remains that research and development in education is the substance on which the field feeds to sustain itself. The contributions it has made are demonstrable and require no apologies.

Let us return then to the central issue. Education needs research and development. Educational R. & D. has demonstrated its impact. The goals held out for the National Institute of Education to improve educational R. & D. are as worthy today as the day the Institute was first authorized. There may be disagreement about NIE's short-term achievements but even under the best of circumstances it is far too early to pass final judgment on the ability of this agency to achieve its promise. The Federal resource is the only resource for R. & D. in education since the heavy local and State contributions to education are consumed by the operational demands of the system.

The association, therefore, wishes to call to the attention of this commitee the following resolution adopted by its executive committee on April 30, 1974:

> The Association of Colleges and Schools of Education in State Universities and Land-Grant Colleges supported the establishment of the National Institute of Education as a necessary and significant step forward in developing a sound, federally supported program of educational research, development, and diffusion to improve the quality of education in American schools. Its promise and necessity are no less significant today than the day it was established. To fulfill that promise, the association supports vigorously a $130 million level appropriation for fiscal year 1975 which will allow the initiation of new program ventures by the Institute. Until such a level of funding is achieved it is impossible to assess the effects of the Institute on

[1] The results of this inquiry was published in 1955, Pierce, et al., "White and Negro Schools in the South: An Analysis of Biracial Education" (Prentice-Hall, Inc., Englewood Cliffs, N.J., 1955).

improving the quality of education. The Institute can and will succeed if it is offered the requisite support by Congress and the educational community to succeed.

Environmental Education

Letter From Thomas L. Kimball, Executive Vice President, National Wildlife Federation

Dear Mr. Chairman, the National Wildlife Federation appreciates the invitation ot comment on the proposed fiscal year 1975 budget for the Department of Health, Education, and Welfare.

We ask that this letter be entered into the official record of the public hearings on this budget proposal.

Since its beginning in 1936, the National Wildlife Federation has dedicated itself to encouraging a national awareness of the need for sound conservation and wise management of the Nation's precious natural resources. We have been convinced that the environment is only as secure as the citizenry is aware of the dangers that threaten it daily and the measures needed to protect it. As a result, environmental and conservation education always has been a major thrust of the work of the Federation, which today serves more than 3.5 million supporters in addition to offering a variety of information services to the general public.

For these reasons we have been deeply interested in the Environmental Education Act since its inception in 1970. The need for such a program has been dramatically demonstrated by the 4,700 project applications valued at $180 million it received during the first 3 years of its operation. However, the effectiveness of this program has been undercut by appropriations that have fallen far short of authorizations, and further impeded by staffing and administrative delays. The administration's determination to dismantle it has only added to the problems which have beset the Office of Environmental Education.

Recently, the Congress voiced its resounding opposition to the administration's campaign to liquidate OEE when it sent to the White House with full support of both the Senate and the House legislation to extend the Environmental Education Act for 3 years with a cumulative authorization of $30 million. The Federation applauds this action. But we feel compelled to remind the Congress that extension of the authorizing legislation is only the first hurdle environmental education must clear in its struggle for survival. If it is to exist in fact and not just word, the program also must receive the full $5 million authorization for fiscal 1975. To insure that, it is essential that your subcommittee include the necessary provisions for the OEE in the final appropriations bill.

Since its enactment, the Environmental Education Act has been caught up in a continuing state of administrative red tape—advocated in public by an administration which has worked behind the scenes to slow up and impede the program's effective operation. It would be a serious disappointment for the Congress now to do the same thing—support the program's continuation without guaranteeing the funding to back it up. We urge the subcommittee to give careful consideration to appropriating to the Office of Environmental Education the full $5 million authorization for fiscal 1975.

Health Programs

Statement of the American Nurses' Association

Mr. Chairman and members of the subcommittee, the American Nurses' Association appreciates this opportunity to present its views on the proposed Federal budget for fiscal 1975 for several programs within the Departments of Labor and Health, Education, and Welfare. As you know, the American Nurses' Association is the professional association of registered nurses in the United States, representing the largest group of health care providers in the country. The ANA is a member of the coalition for health funding and is in complete support of the minimum budget the coalition has proposed for fiscal 1975. We do stress the minimum aspect.

In light of the fact that many programs, the ANA is keenly interested in expire at the end of fiscal 1974 and presently have not been authorized to continue beyond that date, we will limit this statement to those programs of interest that are now authorized by Congress for fiscal 1975. These include maternal and

child health (title V, Social Security Act), nursing and medical research support, mental health manpower training, lead-based paint poisoning prevention, and health professional training programs of the National Institute of Occupational Safety and Health.

We anticipate testifying before the committee at a later date when the new Nurse Training Act and other HRA and HSA legislation for fiscal 1975 becomes law.

We have examined the President's proposed budget for the health portion of HEW and find it once again woefully inadequate to meet the health needs of the American public. The question continues to resound why again this year does the administration choose to make health care one of its prime targets for budget reductions? From reading the President's budget you would never know that last year he signed the appropriations bill for HEW for fiscal 1974 nor that the courts had rejected his attempts at impoundment of health funds and ordered the release of approximately $500 million for the very programs that once again come in for major reductions in the fiscal 1975 request. Was there no legislative intent established last year? Does the executive just continue blindly ahead on its course in the health field with little or no regard for what has transpired over its fiscal 1973 and 1974 budget requests? Frankly, Mr. Chairman this has us puzzled and deeply troubled. But not so troubled that we are not back before you again attempting to make the case for those programs of preventive health care that if ever adequately funded could do more to ultimately reduce Federal expenditures for acute care of the sick than any budgetary juggling of funds will ever do. One of the best examples of this type of preventive health care the ANA continues to wholeheartedly support is the maternal and child health program.

Maternal and Child Health

The President requests $266 million for MCH for fiscal 1975. This represents no increase over the previous year's funding and, in fact, the program has not received a major increase since 1972. In the past the program has provided project and formula grants for prenatal and postpartum care, preventive health care for preschool and schoolaged children and family planning services. The program has also supported the training of health care professionals such as maternal child nurses who specialize in the care of mothers and their children.

Now, as most interested parties know, the project grant authority ends June 30, 1974, and the transition is being made to formula grants to the States. During this period the States and others are looking to HEW's central and regional offices for guidance and technical assistance in drawing up their required plans for assuming the above-mentioned program responsibilities.

The incredible fact is the Secretary of HEW has chosen this time to institute a reduction in staff of MCH professional employees that has left the program completely understaffed and demoralized. The plan was to terminate 58 positions in MCH by the end of fiscal 1974. Those to be terminated included registered nurses, social workers, nutritionists, and others who have contributed their expertise solely to the maternal and child health program. Now staff in the central and regional offices are expected to be responsible for several different agency programs besides MCH with the result that the MCH program as mandated by Congress is threatened with extinction. As Dr. Arthur Lesser, former Director of Maternal and Child Health Services, HEW, has said:

> HEW has great opportunities to demonstrate the value of the taxpayer's investment in maternal and child health by the reduction of the shamefully high infant mortality rate among the poor and the prevention of illness among poor children. Instead, it wipes out the staff and proposes to eliminate title V altogether if its national health insurance bill is passed.

Headquarters staff historically have provided valuable resource materials to health practitioners, educators, and the general public. The information, publications, and statistics prepared by that specialist staff, have been very helpful to the Congress in the past. The headquarters staff does not duplicate the work of the regional offices. Maternal and child health programs have always had strong regional programs.

We, as nurses, deplore the administration's attack on the MCH program and call on the Congress to halt the staffing cuts and reorganization within the program before it is totally obliterated.

Nursing and Biomedical Research

The focus of nursing research is to increase the prevention of illness and to promote health. At the National Institutes of Health, Dr. E. Hasselmeyer is director of a study seeking the underlying causes of sudden infant death syndrome. SIDS strikes annually 10,000 apparently healthy infants between the ages of 1 and 6 months. The nurse should know the scientific epidemiology of this problem as well as the impact of it on the parents and the community. More importantly, she should know her role in management of the effects. At the University of Washington, Dr. K. Barnard is directing a study to identify "Infants and young children at risk for their development and health." Her hypothesis states there are critical periods during the continuum of growth and development. The goal of the study is to identify children who biologically and/or environmentally face a risk to their good health and development. Methods are being developed to allow for the identification of these children, as well as methods to measure the outcome of predictions about their health risks.

Federal support for nursing research projects has been available since 1955. For fiscal 1974 Congress provided a total of $3.8 million for nursing research grants and research training grants and fellowships under the authority of title III, section 301 of the Public Health Service Act. The President's budget again this year would completely wipe out Federal support for nursing research. This would mean a severe setback for the entire nursing research effort. A study of how doctoral candidate nurses have financed their studies shows only 7 percent able to do so without outside assistance. Of those who received financial assistance, 79 percent reported that it came from the Federal support program.

With the advent of Federal involvement in alternative systems of health care delivery such as health maintenance organizations it is more imperative than ever that research into better ways of providing nursing care be expanded. We urge the committee in the strongest of terms to reject the President's request to end nursing research and to restore funds for this activity in the fiscal 1975 Appropriations Act.

We also wish to speak in support of the biomedical research support programs carried on by the National Institutes of Health. There is no doubt that this is the finest medical research facility in the world. We are perturbed by the administration's emphasis on targeted research and feel that its insistence on slashing research training grants is a great mistake from which the reverberations will be felt for years to come unless the Congress restores an adequate level of funds.

Psychiatric Nursing Traineeships

The President's budget once again calls for the elimination of National Institute of Mental Health training stipends for mental health personnel. For nursing this means the end of support as soon as their agreements expire for the 60 graduate psychiatric nursing programs and the 118 undergraduate programs presently receiving grants from NIMH. This past year over 1,000 mental health nursing students received either traineeships or stipends. As the following table illustrates the total has been dropping the past 6 years as training money has grown more scarce.

NIMH STIPEND AWARDED FOR TRAINING IN PSYCHIATRIC NURSING FISCAL YEARS 1968-73 [1]

Fiscal year of award	Stipends awarded		
	Total	Graduate	Undergraduate
1968	1,681	1,316	365
1969	1,630	1,284	364
1970	1,432	1,175	257
1971	1,363	1,110	253
1972	1,287	1,025	262
1973	1,087	903	184

[1] For training in the following academic year; i.e. stipends awarded in fiscal year 1968 supported training in academic year 1968-69.

Our studies confirm what has been said for years that graduate level nursing students depend significantly on Federal aid to finance their education. Of particular significance is the fact that Federal funds constituted last year 50 percent or more of student aid in 81 percent of masters level nursing programs.

Our survey of graduate programs last year indicated that of those receiving traineeship grants, fewer than 10 percent could attend graduate school full time without that grant. Therefore, unless the NIMH training funds are increased to at least keep up with rising tuition costs, we anticipate a decrease in enrollments, thus decreasing again the supply of well-qualified psychiatric nurses.

The demand continues to grow for well-prepared psychiatric nurses in community mental health centers as well as psychiatric hospitals. The treatment fields of childhood mental illness, alcoholism, and drug abuse simply cannot find enough psychiatric nurses to fill their needs. It simply does not make any sense to end the NIMH stipend program when all the evidence we have seen points to the overwhelming need to greatly expand the program. We trust the committee will once again restore these funds to an adequate level.

Lead-Based Paint Poisoning Prevention

The budget requests $6.5 million for prevention of lead-based paint poisoning among children. This is the same amount as was appropriated for fiscal 1974 and falls far below the $25 million that is authorized by law for fiscal 1975. The program, administered by the Center for Disease Control in Atlanta, uses these funds as project grants to communities to screen children for symptoms of lead poisoning. In fiscal 1973 approximately 250,000 children were screened throughout the United States. It has been estimated that over 2 million children ranging in ages from 1 to 6 presently live in residences painted with lead-based paints. These simple statistics show the crying need for expansion of the program to make it possible to discover children who have consumed harmful amounts of leaded paint chips and treat them before they are permanently injured and at the same time to eradicate the source of this danger to millions of American children.

Occupational Health

While significant political controversy continues to surround the administration of the Occupational Safety and Health Act of 1970, one portion of the act has gone relatively unnoticed. We are referring to the authority for training of health professionals in the specialized field of occupational health. Our latest figures show that there are approximately 20,000 occupational health nurses working today. Since enactment of OSHA only one nursing school, the University of North Carolina, has received funding for its graduate program in occupational health nursing. There is a tremendous need for additional OSHA funding of schools of nursing to improve their programs preparing baccalaureate and masters level nurses to function in the broad, complex area of industrial nursing which has a great emphasis on primary health care, case finding, health counseling of employees, and health education for the prevention of accidents and illness. The role of the industry today has greatly expanded beyond the traditional model. What is needed now is more Federal support for an expansion of occupational nurse education programs to increase the supply of these vital components of the movement to make work settings across the country healthy and safe and thus make workers across the country equally healthy and safe.

Direct Operations Funds Transfer

We call to the committee's attention a change in the fiscal 1975 health budget format which we think is potentially harmful to program level administration. We refer to the consolidation of direct operations which have for years been itemized in a separate line in the budget into a single line at the agency level referred to as program direction. Such a consolidation could lead to staffing adjustments at the program level which would effectively reduce program identity and vitality while staying within the letter of the law. The centralization of direct operations funds will make it more difficult for the Congress in its oversight function to insure that congressionally mandated programs are being carried out as intended. If the committee accepts the new format of a single line at the agency level for program direction, we urge the committee to demand an itemization of how these funds are being spent.

This concludes our statement to the committee. We wish to thank the chairman again for this opportunity to present the association's position on key elements of the proposed fiscal 1975 budget and hope that this is of service to the committee in its preparation of an appropriations bill for the coming fiscal year.

Health Programs

Letter From Leo J. Gehrig, M.D., Vice President, American Hospital Association

American Hospital Association,
Washington, D.C., May 24, 1974.

Hon. Daniel J. Flood,
Chairman, Subcommittee on Labor, Health, Education and Welfare, Committee on Appropriations, U.S. House of Representatives, Washington, D.C.

Dear Mr. Chairman: The American Hospital Association appreciates the opportunity to place before your subcommittee some comments on the HEW appropriations bill for fiscal year 1975.

The association's membership, which includes more than 6,000 member institutions (including most of the hospitals in the country, extended and long-term care institutions, mental health facilities, and hospital schools of nursing) and over 20,000 personal members, is deeply committed to the goal of providing quality health care to all people. For this reason, we are greatly concerned about the fiscal year 1975 HEW health budget proposed by the administration. Federal support for many national programs we deem necessary for the overall provision of quality health care is proposed to be substantially reduced or, in some cases, terminated.

Most of the programs we are concerned about currently lack any legislative authority for fiscal year 1975. In deference to your committee's policy regarding programs for which there is no authorization, I will not spell out our specific concerns at this time. However, we would appreciate the opportunity at a later date to appear before your subcommittee and to express our detailed recommendations for appropriations to fund these programs. The specific programs I am referring to are:

Health facilities construction assistance;
Community mental health centers;
Comprehensive health planning;
Nurse training;
Migrant health;
Neighborhood health centers;
Public health training;
Allied health manpower; and
Health services research and evaluation.

There is one important health program for which the legislative authorization has passed the Congress—the new emergency medical services systems program. The American Hospital Association supported the enactment of this legislation last year, and we are concerned now that it be adequately funded.

A variety of indicators point up the importance of developing comprehensive emergency medical service systems and of finding ways to improve the systems we now have. Accidents alone account for as many as 115,000 deaths, 40,000 persons permanently disabled, and 10 million persons partially disabled during the course of a year, with a resulting loss to the economy of some $28 billion. While accidental injury is the No. 1 cause of death to persons under age 37, the entire range of emergencies includes many causes other than accidents. It was indicated in the Conference on Emergency Health Services, conducted by the Department of Health, Education, and Welfare in December 1971, that preventable deaths from all emergency conditions totaled approximately 60,000 a year. These deaths resulted from such causes, in addition to accidents, as heart attacks, strokes, poisonings, acute illnesses, and others. In fact, the estimated preventable deaths from heart attacks alone were approximately 35,000, while those from traffic accidents were 12,000 a year.

The new EMS program promises to help alleviate many of the present inadequacies in our system by financing EMS feasibility studies and EMS planning projects; by supporting, through grants and contracts, the establishment and initial operation of EMS systems; and by assisting in the expansion or improvement of existing EMS systems. In addition, the new legislation includes provision for a program of research in emergency medical techniques.

The administration has requested a fiscal year 1975 appropriation for this important new program of only $27 million. The American Hospital Association believes that this request is totally inadequate in light of the scope of the problem addressed by the EMS systems program. For fiscal year 1975, $60 million is

authorized for grants and contracts, plus another $5 million for the research effort. We recommend that these program authorizations be fully funded, and that you therefore approve a total appropriation of $65 million for emergency medical services systems.

We look forward to the opportunity of discussing with you the other HEW health programs of concern to the hospitals of this country.

Sincerely,

LEO J. GEHRIG, M.D.,
Vice President.

GENERAL RESEARCH SUPPORT PROGRAM

LETTERS TO CONGRESSMAN WILLIAM GREEN, PENNSYLVANIA, FROM WARREN C. FALBERG, EXECUTIVE DIRECTOR OF CHILDREN'S HOSPITAL OF PHILADELPHIA, AND DAVID CORNFIELD, M.D., ACTING PHYSICIAN IN CHIEF

CHILDREN'S HOSPITAL OF PHILADELPHIA,
Philadelphia, Pa., March 1, 1974.

HON. WILLIAM J. GREEN,
Rayburn House Building,
Washington, D.C.

DEAR MR. GREEN: The administrative budget proposal for the fiscal year 1975, which was submitted to Congress on February 4, 1974, proposes to discontinue immediately the general research support program. The general research support program is of major importance to the Joseph Stokes, Jr., Research Institute of the Children's Hospital of Philadelphia. It has provided our investigators with flexible funds for vital research-related expenditures as new research faculty support, pilot studies, salaries for new investigators, equipment, and so forth.

The Children's Hospital of Philadelphia is the oldest hospital for children in the United States and is the largest pediatric institution in the huge industrial area which comprises the Delaware Valley. We have long been known worldwide for our research accomplishments and training programs, efforts that have had as their goal providing the best possible health services for children in America and, indeed, throughout the world.

One example of this type of patient-oriented research and training has been development at Children's Hospital of the "balloon catheter," a device credited with reducing mortality from 100 percent to 15 percent among infants with certain heart disorders which prevent their blood from flowing normally between the chambers of the heart. This discovery and followup research into other aspects of infant heart disease have been supported, in part, by general research support funds.

Our investigators view with great dismay and consternation the administration's recently announced proposal to discontinue the general research support program. The elimination of this program will have a disastrous effect on the grantee institutions, especially ours, which is a separately incorporated, nonprofit, teaching hospital, affiliated with, but not financially supported by, the University of Pennsylvania.

Our institution never had, nor does it now have, direct funds to provide the magnitude of support provided by the general research support program. With the vital support this institution has received from general research support since its inception in 1963, our investigative programs have had a greater degree of financial stability and coordinated growth than in its earlier years. Since we are not a medical school we do not have any other general support programs with Federal or non-Federal sponsors such as capitation grants available to medical schools.

We urge you to join with your colleagues to use your influence to oppose the cutbacks in the President's fiscal 1975 budget.

Sincerely,

WARREN C. FALBERG, M.S., F.A.P.H.A.,
Executive Director.

THE CHILDREN'S HOSPITAL OF PHILADELPHIA,
Philadelphia, Pa., March 28, 1974.

Hon. WILLIAM J. GREEN, M.C.,
Congress of the United States,
House of Representatives, Washington, D.C.

DEAR MR. GREEN: Thank you for your prompt reply to the letter of March 1, 1974, concerning the proposed termination of the general research support program.

Since our schedules preclude our appearing before the Labor-HEW Appropriations Subcommittee, we are submitting information for the record of those hearings. In addition to the facts stated in the letter of March 1, we would like to further emphasize the importance of the general research support program as related to this institution, and, we are sure, to many other institutions throughout the United States.

General research support has been extremely helpful in the fields of pediatric cancer and heart research. In addition to the attached, there have been many scientific accomplishments due to the availability of general research support funds, however, for the sake of brevity we will confine our remarks to the two areas mentioned.

What has been paramount to this institution is the great flexibility of these funds. This has enabled us to keep outstanding physicians with us who, otherwise, due to the reduction in Federal funds, would have been forced to transfer to other institutions.

Since the relatively new policy concerning the use of these funds for renovations, we have been able to establish new research laboratories which, in turn, has presented the opportunity to seek funds other than from the Federal Government. In this respect we have been fortunate in finding foundation support. We have continued to use minor amounts to bring in visiting lecturers from other institutions to participate in conferences around various research topics relating to on-going programs within the departments.

We sincerely appreciate your efforts on our behalf and hope that you and your colleagues will be able to save this all-important program.

Sincerely,

DAVID CORNFIELD, M.D.,
Acting Physician-in-Chief.
WARREN C. FALBERG, M.S.,
Executive Vice President and Director.

Audrey E. Evans, M.D., professor of pediatrics and director of oncology, used general research support funds as follows:

The Research Oncology Service has continued studies in two area: Chemotherapy and respiration of human leukemic leukocytes and has initiated two new projects, studies of the biology and human neuroblastoma and the late effects of treatment in long-term survivors of cancer.

1. CANCER CHEMOTHERAPY

The majority of studies to determine the effects of treatment on children with leukemia and solid tumors are carried out in collaboration with other members of children's cancer study group A (CCSGA). In the year, 106 new patients with cancer were seen and 70 were entered on cooperative group studies. Currently, CCSGA has 5 active protocols for the treatment of leukemia and 10 for solid tumors. In addition, the institution has completed a phase II study of . . . VM26 in the treatment of leukemia, resistant to conventional agents. No beneficial response was seen in 14 of 14 evaluable patients; information was obtained regarding dose and toxicity. Together with the neurosurgical and radiology service a new protocol has been instituted for the treatment of newly diagnosed and recurrent brain tumors of all types. All patients receive vincristine initially for 2 years, or until disease recurrence when treatment of BCNU is instituted. Insufficient patients have been treated to date to allow an analysis.

2. RESPIRATION OF LEUKEMIC LEUKOCYTES

Investigations in area have related mainly to building and testing a new micro-oxygen electrode. Since the amount of tissue available in mitochondrial preparations from leukemic lymphocytes is very small, the conventional oxygen electrodes are unsatisfactory. Dr. Rudolph Eisenhardt of the University of

Pennsylvania has modified an electrode and chamber designed by Foster so that mitochondrial respiration can be determined accurately in volumes as little as 0.2 ml. It is hoped that with this inmproved electrode it will be possible to detect small differences in respiratory control mechanisms.

William J. Rashkind, M.D., professor of pediatrics and director of cardiovascular laboratories, used general research support funds as follows.:

1. STUDIES ON THE CARDIAC CATHETER AS A THERAPUETIC INSTRUMENT

A. Efforts have been continued to improve the balloon atrioseptostomy technique designed by W. J. Rashkind.

Follow up studies have been completed on the first 170 patients on whom the procedure was performed at the Children's Hospital of Philadelphia, in addition, improvements in the design of the balloon catheter have been made, and have been incorporated into the commercial manufacturer of the device.

B. Transcatheter septostomy techniques other than the balloon have been designed and developed by the author in conjunction with Mr. Robert Goodman and Mr. Robert Gibson of the Franklin Institute Research Division. Several prototypes of retractible blade transcatheter knives have been developed and have been tested on the experimental animal. The use of this device has been shown to allow the production of adequate atrial septal defects even in the dog. It has been proven in the past that it is extremely difficult to maintain an atrial septal defect in the dog even if it is produced by direct surgical excision.

C. Development of transcatheter prostheses that can be introduced to close pre-existing atrial septal defects. W. J. Rashkind has been working on these techniques, assisted by Dr. Arman Bilgic, and by the consultation team of Mr. Robert Goodman and Mr. Robert Gibson of the Franklin Institute Research Division. Several different types of prostheses have been developed. The two most successful types are those designed out of polyurothan foam, and those designed on a silicon matrix coated with a fine foam valour and spring actuated. Both of these devices have been successfully introduced via a cardiac catheter into previously created atrial septal defects in dogs, resulting in complete closure of the defects.

2. CONTROL OF VENOUS RETURN

Extensive studies have been continued in the laboratory on the regulation of the venous return in the experimental animal. These studies have been done on a series of dogs in whom it is quite possible to achieve total cardiopulmonary bypass in the intact and closed chest animal. By this technique, feeding the venous return through a recording electromagnetic flowmeter and returning it to the systemic arterial circulation at a constant rate, it is possible to measure the independent variables of venous return, arterial blood pressure, and total peripheral preparation or the exact opposite of a classic styling heart-lung preparation. In addition to the studies on dogs, eight studies have been carried out on patients undergoing cardiopulmonary bypass under similar conditions to verify the feasibility of translating the animal data to human interpretation.

In summary, the data have indicated that there is a coordinated arterial and veno-motor response to most of the adrenergic natural and synthetic drugs currently in use. The responses in the human are exactly the same as those in the dog. The detailed analysis of the difference between alpha and beta adrenergic stimulation suggests that the alpha-adrenergic component is powerful constrictor to our arteries and veins, and that beta-adrenergic drugs are powerful dilators of the arterioles and have little effect on the veins or, possibly, result in a slight veno dilitation. The overall effect of the naturally occurring combined alpha and beta adrenergic substances—epinephrine or nonepinephrine—cause powerful simultaneous constriction of both arterioles and venioles.

3. BIOLOGY OF NEUROBLASTOMA

This study involves multiple investigators at Children's Hospital and five other institutions. The parameters being studied are immunologic, biochemical, biophysical, genetic, viral, and familial. The patients immune response to his tumor and to nonspecific stimuli are being compared to other members of his family and to unrelated controls. The tumor specific response is being determined serially and related to the clinical course of the disease. Catecholam metabolism is being measured in the urine by LaBrosse at the University of Maryland, and all patients are followed at regular intervals. A major effort has been made to establish age relation in normal control values for all catecholamines measured. It appears

that the best measure of neuroblastoma activity is homovanillic acid rather than vanilmandelic acid. In no patient was the VMA elevated without concurrent elevation of HVA, but in two patients only increased amount of HVA demonstrated the presence of an active tumor.

The biophysical studies of electron spin resonance of the tumor and serum are being conducted by Miss Dorothy Driscol, at Thomas Jefferson Medical School, and chromosome analysis of patient and sibling are being carried out by Dr. Warren Nichols, Institute for Medical Research. Sera on new patients is stored for future investigations, and it is intended to study the urinary sediment for evidence that the patient is harboring a tumor-related virus.

4. LONG-TERM FOLLOWUP

A study has been initiated to study the long-term effects of cancer therapy. The study consists of two parts:

(*a*) An analysis of medical records, and

(*b*) A detailed study of patients who have survived 5 years (or more) from diagnosis.

The chart review of all patients with malignant disease seen at this hospital and the Children's Hospitals of Boston and Columbus will provide information to compare second malignant tumors that appear related to treatment with those occurring spontaneously. The type of treatment the patients received will be analyzed. The detailed patient examination is designed to uncover physiologic changes which could be potentially premalignant; for example, it is known that patients with cirrhosis have a higher incidence of hepatocellular carcinoma. The tests will determine hematopoietic, pulmonary, cardiac, hepatic, and renal functions, and include X-rays of the skeleton and chromosome analysis. This investigation is supported in part by a contract from the National Cancer Institute.

NATIONAL HEART AND LUNG INSTITUTE

STATEMENT OF DR. MICHAEL DEBAKEY, PRESIDENT AND CHAIRMAN OF THE DEPARTMENT OF SURGERY, BAYLOR COLLEGE OF MEDICINE, HOUSTON, TEX.

Mr. Chairman, members of the committee, I deeply appreciate the privilege of presenting for consideration of your committee my statement in support of the medical research activities of the National Heart and Lung Institute.

It is hardly necessary to remind this committee of the serious import of the national problems related to heart, blood vessel, lung, and blood diseases, which claim the lives of millions of Americans and annually cost our economy in excess of $40 billion.

In the past, your committee has done much to increase the opportunities for medical research in this field, and it has been my privilege as a public witness to appear before the committee to highlight recent progress and new opportunities for further progress against these diseases. Again this year, I am convinced more than ever that the resolution of these diseases must be given far greater national priority than before. The solution of these problems will require vastly improved national communication between the medical and scientific communities and the society which we serve. That is why I welcome this opportunity to assist you in any way possible in your difficult task of developing an effective, well-planned public policy in this regard. Together, the professional community and you, as the public's representatives, must find honest answers to many searching questions about heart, lung, and blood diseases in the United States.

One of the most embarrassing health statistics in the United States today is the fact that despite our country's high state of technology, the health of our citizens lags behind many other Western nations. The United States ranks 24th in the world with respect to life expectancy for men. The high mortality rate from heart and blood vessel diseases is the major contributing factor to this shortened life expectancy.

Currently, U.S. expenditures for research on these serious diseases represent less than 1 percent of the total costs of these diseases to our economy. Our national priorities would therefore appear to be a bit awry when we are willing to accept such a low research/cost budget ratio for diseases which are the

No. 1 killer in our Nation. I doubt seriously whether any American business or industry would be satisfied to spend this little on a problem costing them more then $40 billion and for which promising leads to solution have been identified. And we are talking not about a commercial or industrial product but about human lives—lives that might be spared to contribute to our society. I am keenly aware that the allocation of our limited national resources is a difficult task which must take into account many competing national needs—often leaving you few alternatives. Nevertheless, any objective approach to national priorities would necessarily have to place greater priority on the need for solutions of problems related to health, both on the basis of saving and improving the quality of life of millions of our citizens and also from the standpoint of the beneficial impact on the national economy.

While registering my personal disappointment with the current priority given to heart, blood vessel, lung, and blood diseases, I wish to take this opportunity to commend the Congress for its foresight in providing mechanisms to improve communication between the medical and scientific professions and public policymakers, and thereby increasing the opportunities for more logical and objective priority setting by Congress and its committees in the field of health. Specifically, the new authorizations and requirements of the National Heart, Blood Vessel, Lung, and Blood Act, passed by Congress in 1972, should prove helpful in this respect. As you know, the act requires the Director of the National Heart and Lung Institute to prepare and transmit to Congress a yearly report on progress in the expanded and intensified national heart, blood vessel, lung, and blood program authorized by the act, and also an annually updated 5-year plan for the program. The act further requires the National Heart and Lung Advisory Council to provide Congress with "an annual report on the progress of the program toward the accomplishment of its objectives." These documents will provide policymakers in Congress, as well as throughout the Nation, with up-to-date information which should prove helpful in the development of future public policy and planning for the national attack against heart, blood vessel, lung, and blood diseases.

A comprehensive program balance and strategy statement for the national program was outlined in the national plan transmitted to Congress on July 24, 1973, on which I commented in my testimony last year. As a member of the Council, I have had a chance to become familiar with its first annual report, which sets forth program needs. The first annual report of the Director of the National Heart and Lung Institute has not yet been released; however, I would presume that it contains a detailed analysis of the program and identifies further research opportunities.

In general, these initial plans and reports are comprehensive and forward looking, and I am particularly impressed with the general organization of the plan for the national program. I am somewhat discouraged, however, with the current budget for the National Heart and Lung Institute and the resulting delays in implementation of the accelerated attack called for in the act passed by Congress in 1972. As you will remember, the act authorizes $400 million, $460 million, and $520 million for fiscal years 1973, 1974, and 1975, respectively. These fiscal resources for the national program simply have not materialized. It is indeed disheartening to contemplate that many of the new opportunities for progress against heart, blood vessel, lung, and blood diseases, which have been identified both in the initial plan last year and in this year's update of the plan, have not been pursued during the first 2 years of the program as outlined in the act, nor can they be pursued within the limits of the proposed fiscal year 1975 budget of $309 million. Thus, in its third and final year of operation under the act of 1972, the national program still remains more than $200 million short of the budget authorized by Congress for this important area of research. This being the case, it is extremely important that this committee seriously consider whether the public policy and intent of the act are, in fact, being pursued, and, if not, whether, as responsible public policymakers, we can stand by and let the important attack against our Nation's No. 1 killer remain a "paper plan" for lack of adequate resources to carry it out. The delay in implementing this program becomes rather difficult to justify when we realize that the fiscal resources required to put the national attack against these diseases into full swing are negligible compared with the annual national cost of these diseases.

I cannot overemphasize the need to increase the budget of the National Heart and Lung Institute in accordance with the intent of the act so that we can make further headway against these diseases. As I mentioned earlier, the

national plan outlines the proposed program for the national attack. I would like to highlight a few of these special opportunities which, in my professional judgment, need additional emphasis at this time.

In my previous testimony before this committee, I gave many specific examples of how advances in research against heart, blood vessel, lung, and blood diseases have already improved the quality of life and the life expectancy for millions of Americans. Today, I wish to call your attention to a promising new development in the age-adjusted trends in cardiovascular death rates. For the first time since the beginning of this century we are finally beginning to see a downturn in the mortality rate from heart attacks in the United States. Preliminary health statistics show about 10-percent reduction in the mortality rate from myocardial infarction during the past 5 to 10 years. The fact that the death rate of this disease has plateaued and is now turning downward is a tribute to the research that has been done on our understanding the mechanism, new diagnostic implementation, surgical treatment, introduction of coronary care units, and so on. Although I am pleased to give you this proof that research has paid off, this development only strengthens the case that we need to go on for the real payoff.

The act states that the Institute may provide for the development of 30 National Research and Demonstration Centers—15 for heart and blood diseases and 15 for lung diseases. Last year I recommended that funds be appropriated for approximately 10 centers in 1974. These resources, unfortunately, did not become available. The Institute went ahead, however, with the planning of the centers and has reviewed proposals in each of heart and blood vessel, lung, and blood diseases for the establishment of such centers. It would be disastrous if we lost the momentum which has been generated toward development of these centers. I again urge the committee to provide the funds necessary for implementation of this section of the act, and to make an additional $25 million available for the initiation of the centers' program in fiscal year 1975. I also urge that $60 million be made available for needed construction of new facilities for the centers and for other new programs. I should like to remind your committee that such centers were first proposed in testimony before Congress in 1958, in the report of the Committee of Consultants on Medical Research in 1960, and in the President's Commission on Heart Disease, Cancer, and Stroke in 1964. Moreover, Congress appropriated planning funds for this purpose, and finally, in 1972, the National Heart and Lung Act specifically indicated its interest to have such centers established. Thus, after more than a decade and a half of discussion, deliberations, recommendations, and planning, I would hope that we would implement this most important activity.

Prevention, rather than treatment, of heart, blood vessel, lung, and blood diseases offers the greatest promise of reducing death and disability in the United States. More effective application of existing knowledge will materially reduce disability and death from the complications of these diseases. As authorized by the act, the Institute has initiated a prevention, control, and education program in each of the above diseases. Priority areas are already being identified, and these are outlined in the plan. The aim is to develop better mechanisms, using all media of communication, to disseminate knowledge about these diseases to the public, as well as the medical profession. Particular emphasis will be placed initially on testing and evaluation of programs for prevention of high blood pressure and arteriosclerosis. I recommend the appropriation of $35 million to implement the programs in prevention, control, and education.

I should now like to consider specific aspects of the programs outlined in the national plan.

Arteriosclerosis.—As you know, arteriosclerosis is responsible for about 85 percent of the deaths from heart and blood vessel diseases in the United States. It is my professional judgment that this disease should be given a far greater priority in national planning than it has received before.

Recent progress has been made in the understanding of arteriosclerosis. Certain preliminary studies of smooth muscle cells that make up the bulk of atherosclerotic plaques suggest the possibility that each plaque consists mainly of one colony of cells that have all arisen from a single cell of the arterial wall that is ancestral for the particular plaque. Although these observations remain to be confirmed, they raise fundamental issues in the pathogenesis of atherosclerosis.

The Institute's programs in arteriosclerosis are broad-based, employing all available funding mechanisms in the support of basic research; clinical evaluation of existing basic research concepts, that is, the clinical trials that I described during previous testimony and the prevention, control, and education

program just referred to. A major goal is to obtain a better understanding of the basic processes involved in atherosclerosis so that we may eventually prevent it. Work is continuing on a wide range of research, from basic biophysical and biochemical studies of lipoproteins in the blood, to centrally planned and managed clinical studies of risk factors, including attempts to modify these factors and measure the results of such intervention. The clinical trials now in progress in arteriosclerosis and hypertension are designed to test and evaluate the impact of lowering lipids on heart attacks in patients with certain lipid disorders, the impact of controlling hypertension on heart attacks, as well as the impact of controlling simultaneously the three major risk factors. An additional $6 million is required to keep these trials in full operation during fiscal year 1975, as scheduled. Where as the identified risk factors and their control may prove to be important in the prevention of atherosclerosis, we do not fully understand their relation to the disease, nor do they explain all forms of atherosclerosis. I am convinced that the emphasis on prevention must be maintained. There is not enough manpower or money to take care of all the patients who have clinical complications of the disease. Prevention is the way to do it. But how are we going to prevent it, if we don't know how? In my judgment, it is time that we adopt a much more aggressive investigative attitude toward this disease.

There are many ways of attacking the problem, some very exciting and barely touched on to date. The development of sensitive, specific, and safe diagnostic techniques for use in determining arteriosclerotic changes in blood vessels would be of tremendous value in clinical research; establishment of colonies of suitable animal models with arteriosclerotic disease would enable more intensive and exacting studies than can be conducted in humans; and the expansion and intensification of the study of behavior as related to arteriosclerosis offer great promise, since recent research has identified a number of "high risk factors" that are apparently somewhat within the control of persons with those risks. I recommend that an additional $40 million be appropriated for arteriosclerotic research in fiscal year 1975.

Thrombosis is often responsible for the crippling or lethal manifestations of heart and blood diseases. Clinical trials of antithrombotic drugs (aspirin) and thrombolytic agents and methods for early diagnosis of thrombosis have been initiated and need additional support in the amount of $4 million.

Coronary arterial disease is the predominant form of heart disease in the American adult, causing 1.25 million heart attacks a year. Research on patients with acute heart attacks has yielded extensive information about pathophysiology; prognostic factors, pharmacologic, surgical, and circulatory assistive therapy; and techniques and instruments for conducting research in the acutely ill patient. Emphasis must now shift from its focus on the acute heart attack to all phases of coronary heart disease. Specialized centers of research in ischemic heart disease will be initiated to replace units focused only on acute myocardial infarction. Promising techniques for quantifying the degree of heart muscle damage must also be validated. Subsequent use of the best techniques would minimize the number of patients needed for evaluation of new modes of therapy. Studies of sudden cardiac death have shown that the final phase is usually ventricular fibrillation (cardiac arrhythmia), which is reversible. Thus, finding drugs to prevent ventricular fibrillation is an important research task in the prevention of sudden cardiac death. I am recommending additional appropriations of $10 million to expand these important studies of coronary arterial disease and sudden death.

Hyptertension—High blood pressure is a leading contributor to cardiovascular disease in the United States, particularly among the black population. As mentioned in previous testimony, it can be controlled, with consequent reduction in mortality and morbidity rates. This is the reason for emphasis on hypertension, in the previously discussed programs of prevention, control, and education. Because we still do not know how to prevent high blood pressure, we need better understanding of the factors involved in its development, and in how to deal with these factors. We also need to find new drugs, since those currently available often require close medical supervision and sometimes have unpleasant side effects which make them difficult to use for long periods of time in asymptomatic patients. Promising leads include prostaglandin analogues, new hormones, and angiotensin blockers. I recommend that $5 million in additional funds be made available for this research.

Heart failure and shock are the primary causes of in-hospital deaths from heart attacks and most other types of heart disease, accounting for over a quar-

ter-million deaths annually. By mechanical supportive means, it is now feasible to substitute some of the pumping function of the heart and to relieve its workload. Nevertheless, considerable testing and probably development must take place even before short-term clinical use and certainly before long-term clinical use of circulatory assistive devices in humans. I recommend that specialized centers of research be established for the study of heart failure and the development of new therapy for these patients and that the amount of $6 million be appropriated for the establishment of centers, both in this area as well as for ischemic heart disease, mentioned earlier.

The lung diseases included in the national program account for an estimated 150,000 deaths each year in the United States, cause 60 million days lost from work and 40 million days of bed-restricted activity, and cost the economy $6 billion a year in lost productivity, wages, and medical care. Our current capability to deal with the problems of lung disease is severely limited by our lack of fundamental knowledge about the lung. This knowledge must be gained before truly definitive preventive and therapeutic measnures can be designed. Current remedies are not only costly but are merely stopgap measures that need to be replaced by more specific methods yet to be discovered. Two major research areas requiring increased attention at this time are fibrotic and immunologic lung diseases and pediatric pulmonary diseases. Specific opportunities for progress in these areas have been identified in the plan. In the first area, diagnosis of fibrotic and immunologic lung diseases, while they are still reversible, is a primary research objective. Among childhood disorders involving the lung, cystic fibrosis and hyaline membrane disease are health problems of national significance. Important recent breakthroughs have occurred in the detection and treatment of hyaline membrane disease. These can now be built upon to improve treatment of patients with this disease. In the case of cystic fibrosis, we need to discover the cause of the mucous abnormalities and the pulmonary derangements which result, before prevention and effective treatment can be undertaken. An additional $12 million should be appropriated in the attack against lung disease.

The supply of blood and blood components continues to be a critical national problem. As mentioned in earlier testimony the demand for blood and blood fractions is increasing with no foreseeable limit except that dictated by the practical considerations of limited supply. The Institute's efforts in this area include promotion of a nationwide blood system, improving the safety of blood therapy, specific research to improve blood component therapy, and development of methods for the preservation, storage, and typing of tissues and organs for transplantation. The specific future challenge is to encourage the development of an appropriate mechanism for implementing cost-effective systems and regionalization. Other important challenges are improved approaches to determine the use of blood and blood products for specific blood diseases and other uses and to assess their immediate and future impacts on the limited national blood resources. To accomplish these objectives in a timely manner will require the appropriation of $8 million in additional funds for fiscal year 1975.

Finally, the development and maintenance of highly skilled manpower at all levels are of great importance in the planning and implementation of the national program. As I have indicated to you today, substantial progress is being made in the fight against heart, blood vessel, lung, and blood diseases, and new opportunities for action have been identified. This progress cannot, however, be sustained without increased manpower resources as well as increased funds. Last year I discussed with you the phasing out of the categorical training programs and their replacement, the new research fellowship program. I still believe that the amount for the fellowship program is grossly inadequate for the needs of the national program as envisaged in the act. Further, I wish to call your attention to the need to equalize the stipends under the old and the new training grants. I recommend that the NHLI funds for the training of scientists be increased by $12 million for fiscal year 1975 in order that the quality and the momentum of the national program be maintained.

I am enclosing a summary table to indicate the additional funds I am recommending for specific activities.

Thank you again for the opportunity to present my statement to this committee. I should also like to express once again my grateful appreciation for the serious efforts this committee has made in the past in advancing our knowledge in this field.

Summary table

Activity	*Additional funds (millions)*
Research and demonstration centers	$25
Construction	60
Disease, prevention, and control	35
Clinical trials, risk factors	6
Arteriosclerosis research	40
Studies on thrombotic diseases	4
Studies on coronary arterial disease and sudden death	10
Studies on hypertension	5
SCOR's for heart failure and ischemic heart disease	6
Studies on lung diseases	12
Studies related to blood banking	8
Training	12
Total	223

National Institutes of Health

Statement of Richard H. Barnes, Dean of Graduate School of Nutrition, Cornell University

Mr. Flood, members of the subcommittee, I am grateful for this opportunity to present my comments concerning the President's 1975 budget request for the National Institutes of Health. Many of us are concerned over the current pattern of financing biomedical research within the framework of the NIH. During recent years this organization has grown to such a gigantic size and with such a large budget that it has become difficult, if not impossible, to give detailed consideration to the individual Institutes that make up the NIH, let alone the individual program areas that traditionally have been supported by the Institute. Nevertheless, DHEW and Congress through their budget actions have a major effect upon the establishment of program areas in which increased emphasis is given as well as those in which emphasis declines. Undoubtedly, it is necessary for the technical program to receive this attention and decision-making by Congress over and above the input coming directly from the scientists and administration with the NIH itself. Since the extensive input of scientists in the budget review process is of the greatest importance, I have taken the liberty of presenting the following thoughts and comments.

1. GENERAL RESEARCH SUPPORT

I have had an opportuinty to watch the distribution and utilization of this money in my own university during the past several years. I am extremely impressed with the importance of this fund for the support of new staff members who are just getting started in a new institution, and for young scientists who have not had an opportunity to establish their research program, and, therefore, do not have access to funds from the regular channels of research support such as the NIH. As a starter, this GRS money often has been of great value. Furthermore, this fund is easily and carefully administered by universities. It very likely accomplishes more per dollar in developing new research programs and in providing emergency help for ongoing programs than other forms of research support funded by the NIH.

Recommendation.—General research support should not be dropped from the 1975 budget nor should it even be considered for phasing out.

2. SUPPORT OF PREDOCTORAL AND POSTDOCTORAL TRAINING

This has been a very important function of the NIH. There is, of course, a need for monitoring manpower needs in the different biomedical disciplinary areas of specialization. This should become a part of any formally organized NIH training program. There is also an importance in supporting postdoctoral training, especially in the staffing of medical schools, but emphasis on postdoctoral training without making sure that predoctoral support is adequate is a sure way to scientific obsolescence.

Recommendation.—Predoctoral and postdoctoral training support in the biomedical sciences is essential and should be accomplished by a formally established

program that includes continuing monitoring of supply and demand information within the different disciplines.

3. THE ESTABLISHMENT OF SOME ASSURANCE OF CONTINUITY IN CERTAIN TYPES OF RESEARCH SUPPORT

One of the most serious problems facing the scientist who is receiving major support of his research from NIH is the possibility of a renewal application being turned down because of a change in emphasis by NIH. This is one part of the problem that arises when a decision is made to give budgetary preference to one direction of research with funds for this purpose being taken from another area. Scientists and administrators within NIH should be permitted to arrive at decisions as to which, if any, areas of research can appropriately be chosen for decrease in emphasis and investigators working in these areas warned sufficiently far in advance of their termination date so that adjustment can be made. This means that new programs that require transfer of funds either within an Institute or between Institutes would have to have delayed funding until this process has been completed. The dropping of support and the extreme scarcity of money for new project support that resulted from increased emphasis being given to the Cancer and Heart Institutes was seriously demoralizing to many scientists whose applications were not funded even though receiving high priority scores.

Among other causes, desire to increase emphasis in an area of biomedical research is frequently brought about by some basic and fundamental discovery that makes it plausible to believe a breakthrough has occurred. Escalation of funding in this area might well be accomplished gradually, not only to prevent catastrophic deemphasis in other phases of the total NIH program, but also there might well be a considerable increase in the efficiency with which money is used. The research productivity of NIH will certainly suffer by major juggling of its budget without sufficient advance warning.

There are areas of research that should be encouraged, both by revitalizing from within as well as providing increased budgetary support. This practice has been followed in the past although severe criticism has been directed at the manner by which the Cancer and Heart Institutes were recently emphasized. In addition to the breakthrough basis, additional support should also be given for many other obvious reasons, but hopefully not to the detriment of useful and productive research that is ongoing in other Institutes. This does not necessarily mean that new money must always be added on top of prior years' support, but rather by careful advance planning within NIH readjustment of programs can be achieved in an orderly manner.

Recommendation.—Precipitous budgetary restrictions should not be imposed upon individual Institutes in order to accomplish major increases in budgetary support for others.

4. IMPORTANCE OF INCREASING BUDGETS FOR CERTAIN INSTITUTES

Research of biomedical scientists is not only essential for the improvement of health and well-being, but also in reducing the fantastically high costs of health care services. Study of debilitating diseases affecting elderly people make up a large share of the effort of all 10 of the health categorized Institutes, even the National Institute of Environmental Health Sciences must be concerned with a lifetime exposure to environmental agents whose cumulative effects may be most devastating in old age. The National Institute of Child Health and Human Development is the only Institute with a specific program category assignment in aging, yet, in the 1975 President's budget this area accounts for only 11 percent of the Institute's total budget. Health problems of the elderly account for suffering of vast numbers of individuals and also for a large share of the total cost of health services. In the NICHD a number of other important areas of study are centered. Sudden infant death, the greatest single cause of death of infants in the first year of life, which has successfully eluded all attempts to resolve, is being given major attention. Nutritional and environmental effects upon brain development and behavior is another area of major effort. Significant advances have been made through NICHD support in this program and essentially form the basis of a recent publication of the National Academy of Sciences titled "Nutrition, Brain Development, and Behavior." One of the most significant programs within the NICHD is in population and reproduction research. Certainly no other endeavor in health research today has greater ramifications than

in population control. For all of the above reasons I single out this Institute to specifically recommend a significant increase in funding over the President's 1975 request. However, 9 of the 10 health categorized Institutes for which the President has recommended budgets at or about the 1972 or 1973 level should have increases in sufficient amount to offset inflationary increases in the cost of doing research.

Recommendation.—The 1975 budget of the National Institute of Child Health and Human Development should be increased in sufficient amount to permit an expansion of its various programs.

Recommendation.—With the exception of the National Cancer Institute, which by the President's request already has an increase in budget that will cover inflationary increases in cost of doing research, all other Institutes should have budgetary adjustments upward that will adequately compensate for inflationary increasing costs of research.

Dental Hygiene

Statement of American Dental Hygienists' Association

The American Dental Hygienists' Association is the voice of the dental hygiene profession in the United States. Dental hygienists, under the direction of their dentist employers, provide important preventive patient care and oral health education services to the public. Under the aegis of the commission on accreditation of dental and dental auxiliary educational programs, this Association participates in administering an educational system which today includes 157 accredited dental hypiene programs in colleges and universities across the Nation. Upon completion of standardized educational requirements, the graduate dental hygienist must satisfactorily complete both national and State board examinations in order to obtain a license to practice dental hygiene. There are currently in excess of 25,000 full- and part-time dental hygienists in private dental office practice, teaching in dental hygiene schools or schools of the allied health professions, serving both private and public health agencies, school systems, in the Federal and military dental health services, and in research.

The American Dental Hygienists' Association conducts its many activities in full cooperation with the agencies of the American Dental Association and shares with that organization the common goals of providing dental health manpower to meet the ever growing needs of the American people for adequate oral health care. In addition, the association participates and cooperates with other national dental and dental auxiliary organizations and related organizations throughout the allied health professions.

Introduction

The American Dental Hygienists' Association welcomes the opportunity to submit a record statement on fiscal year 1975 appropriations for consideration by the subcommittee. The reasons are compelling—as never before in the appropriations process for health program funding—for the American Dental Hygienists' Association to express the concern of its members over an apparent dichotomy in the decisionmaking process within the DHEW, affecting health manpower development and health care delivery. The dichotomy is revealed when we review, on one hand, the thrust of enacting a national health insurance bill during the current session of Congress, and on the other hand, a disturbing threat to cut back and/or eliminate Federal funding of programs successfully established by concerned and knowledgeable committees of the Congress for more than a decade—enabling health and allied health organizations to improve the education, licensure and certification which serve the health delivery programs of their respective disciplines.

For example, at the very time the subcommittee is convening hearings on the fiscal year 1975, the President's budget request for this fiscal year contains no reference to continued funding, after June 30, 1974, of the following bills:

1. Comprehensive Health Manpower Training Act—Public Law 92-157.
2. Public health training (sec. 306 and 309 of PHS Act).
3. Allied health training (Title VII, part G of the PHS Act).

In addition, the subcommittee chairman, this year, has made his wishes known that testimony before his subcommittee is not to address the programs supported by these three bills, as well as other major titles.

The American Dental Hygienists' Association wishes to support the position advanced by the coalition for health funding in recommending, in the next section of this statement, appropriation levels for programs still to be enacted. In addition, the association is in agreement with the policy adopted by the coalition in exercising caution that minimum funding levels recommended for anticipated new legislation (or for extension of existing authorities) remains at or below fiscal year 1974 authorized levels.

Continuing further with the theme of DHEW's decisionmaking dichotomy, this association has difficulty understanding recent Department and Bureau of Health Resources Development decisions to reduce the fiscal year 1975 operating budget of the Division of Dentistry, to reduce this division's personnel positions by 50 percent, and to relocate the division's San Francisco Dental Health Center to Bethesda. This association strongly supports the views of the American Dental Association expressed to the chairman of this subcommittee on April 30, 1974. Similarly, this association fully endorses the request of the secretary of the DHEW, by ADA President Carlton H. Williams, to restore funds and personnel to the Division of Dentistry necessary to continue its activities and initiate new programs for the improvement of the Nation's oral health care. In addition, the association endorses the views of the American Dental Association urging that the San Francisco Dental Health Center be retained in its present setting while, at the same time, expanding its unique mission to encompass a multidisciplinary approach to health professions educational research.

We seriously question the logic and rationale of DHEW in discontinuing the funding of programs of the Division of Associated Health Professions of the Bureau of Health Resources Development. The association urges the subcommittee to recognize the programs of this division by establishing a special line item for its continued activities in fiscal year 1975. In our opinion the absence in the President's budget request of any further funding of these programs reflects a less than desirable concern for the overall structure and process of health and allied health professions education and health care delivery systems.

This association, asks that the subcommittee seriously consider the following comments on appropriations recommendations which are in essential agreement with those submitted by the Coalition for Health Funding and the American Dental Association. We respectfully request also an opportunity to present for the record supplemental and revised appropriation recommendations, as soon as other committees of the Congress can come to agreement upon new legislation to sustain those important Federal programs alluded to above.

The American Dental Hygienists' Association joins with the entire community of health and allied health organizations in calling upon the wisdom and integrity of the Congress to forestall drastic program curtailment and the questionable reordering of priorities and needs which threaten to undermine and destroy a longstanding partnership between the Federal Government and the health professions.

Appropriation Recommendations for Fiscal Year 1975 Federal Health Programs

This association is pleased to present its recommendations to the subcommittee for fiscal year 1975 funding of the following bills and DHEW agency operations:

1. Comprehensive Health Manpower Training Act—Public Law 92-157.
2. Allied health training (Title VII, part G of PHS Act).
3. Public health training (sec. 306 and 309 of the PHS Act).
4. Fiscal year 1975 operating budget of the Division of Dentistry, BHRD.
5. Fiscal year 1975 operating budget of the Division of Associated Health Professions, BHRD.
6. Fiscal year 1975 operating budget of the National Institute of Dental Research, NIH.

As previously noted, this association is aware of the subcommittee chairman's intention that testimony not be taken on bills expiring on June 30, 1974. While the chairman's request to limit the scope of this testimony is understood and respected, we are compelled to speak to bills which are expiring. This association hopes that these authorities will be extended, or continued as they are under new authorizations, in order to sustain ongoing programs in which the health professions and the Federal Government have long maintained an effective partnership.

Funding levels recommended in the following sections of this statement are consistent with recommendations advanced by the American Dental Association and the Coalition for Health Funding. The recommendations assume, in general, a 10 percent increase in appropriations above fiscal year 1974 budget levels, as a partial adjustment against inflationary factors in the economy. This association believes that such increases are conservative, and probably inadequate. This is particularly true when it is considered that fiscal year 1974 appropriations were about the same as approved by Congress in fiscal year 1972.

COMPREHENSIVE HEALTH MANPOWER TRAINING ACT (PUBLIC LAW 92-157)

A total of 37 of the Nation's 157 accredited dental hygiene schools are administered as a division or department of a dental school. Also, dental school faculties and facilities are frequently used as an adjacent to dental hygiene educational programs conducted in junior and community colleges and in other educational settings.

This association believes that, for some time to come, schools preparing dental hygienists will need Federal support for institutional assistance; for special projects to improve the educational quality; for health manpower initiative awards to stimulate recruitment of minority students and to improve distribution of personnel to shortage areas; for student financial assistance; and, finally, for remodelling and renovating existing teaching facilities.

The American Dental Hygienists' Association, therefore, urges the subcommittee to support a minimum request of $485,504,000 for health manpower programs in fiscal year 1975.

ALLIED HEALTH TRAINING (TITLE VII, PART G OF PHS ACT)

As an institutional member of the American Society of Allied Health Professionals, and itself representing a major allied health profession, the American Dental Hygienists' Association must express its firm opposition to efforts by administration officials within the DHEW to discontinue institutional support programs, such as special project grants and special improvement grants to schools of allied health. We join with other health and allied health professional organizations in calling for the extension of funding for existing legislation in fiscal year 1975, or for the development of new authorizing legislation to continue support for institutional aid, allied health traineeships, allied health educational assistance, and full-utilization and contract programs administered by the Division of Associated Health Professions, BHRD.

The association concurs with the position recently approved by the Federation of Associations of Schools of the Health Professions (FASHP), recommending that a sum of $63,500,000 be appropriated to support allied health manpower educational institutions in fiscal year 1975. The association also endorses the federation's recommendation calling for the establishment of centers for allied health professions education, providing for $50,000 annually per center with an additional $30 million available to those offering more than three disciplines and those graduating 50 or more individuals annually. Finally, the association concurs in the following fiscal year 1975 appropriations recommendation sof the FASHP: That scholarships and loans for students be funded at $7.5 million and that contracts to develop sound data for the allied health professions be funded at $1 million.

PUBLIC HEALTH TRAINING (SECTIONS 306 AND 309 OF THE PHS ACT)

The association believes that it is just as imperative to sustain Federal funding for manpower programs conducted by schools of public health as it is to continue funding for manpower programs conducted in dental and dental auxiliary schools, and schools of other disciplines providing education for the health professions. This association supports the position of the coalition for health funding in urging that existing funding authorities be extended into 1975, or that new legislation providing for program continuity for existing public health education be approved by the Congress. We urge the subcommittee to appropriate not less than $23,760,000 in fiscal year 1975 for support of schools of public health.

Fiscal Year 1975 Operating Budget of the Division of Dentistry, BHRD, NIH

In our introductory comments, we have already expressed an objection to the proposed curtailment by DHEW of funds and personnel for the Division of Dentistry. As noted previously, this association supports the views of the American Dental Association in urging that Congress direct the Department to reconsider its recent proposal to reduce the Division's budget and number of personnel positions in fiscal year 1975. We also urge reconsideration by the Department of its plan to close the San Francisco Dental Health Center and to relocate a substantially reduced staff in Bethesda, a decision which can be calculated to have an important negative effect upon this vital DHEW function.

Finally, the association stresses the urgency of maintaining the viability of this Division as the primary, focal point within the Department for programs oriented to dentistry. The association accordingly joins with the American Dental Association and the coalition for health funding in urging the subcommittee to reinstate its earmarking procedure of previous years and to appropriate not less than $17 million for its fiscal year 1975 operating budget.

Fiscal Year 1975 Operating Budget of the Division of Associated Health Professions, BHRD

The American Dental Hygienists' Association urges the subcommittee to continue efforts to retain the funds and program of the Division of the Associated Health Professions of the BHRD, as it did last year in resisting an attempt by the administration to terminate support for allied health manpower training. This association strongly supports the position which encourages a multidisciplinary, as well as a disciplinary, approach to the education and training of allied health practitioners.

The association urges the subcommittee to direct the Department to review and reconsider its recent decision to terminate Federal support for schools of allied health and hence, the operating budget of the Division of Associated Health Professions in fiscal year 1975.

Accordingly, the association urges that the subcommittee provide a line item authority to maintain an adequate operating budget in fiscal year 1975 to carry out the activities of the Division of Associated Health Professions. The cutback in the division's staff, from 70 to 50 in fiscal year 1974, should be restored in fiscal year 1975, if this division is to continue to address itself effectively to the broad spectrum of activities that are now envisioned. The association urges that not less than $3.5 million be appropriated to sustain the work of this important agency.

Fiscal Year 1975 Operating Budget of the National Institute for Dental Research

This association has studied the needs of the National Institute of Dental Research (NIDR) for program and operating funds during fiscal year 1975, and notes that the President's request for fiscal year 1975 NIDR funding is about $1.6 million below fiscal year 1974 appropriations. Apparently, this cutback reflects a return to a policy of underfunding this Institute's program within the DHEW.

Members of the American Dental Hygienists' Association, in the past and now, wish to express their pride in and support for the NIDR's historical leadership in training research investigators, in delineating a research base to study dental disease, and in recent years to conduct a special program to eliminate tooth decay. We therefore urge the subcommittee to appropriate not less than 051 million for the programs of the NIDR in fiscal year 1975.

Psoriasis

Letter From Hon. Wendell Wyatt, U.S. House of Representatives

Dear Representative Flood, as you know, Mrs. Beverly W. Foster, founder and executive director of the National Psoriasis Foundation, Inc., recently testified before your subcommittee in behalf of the vital need for appropriation of funds for psoriasis research.

Mrs. Foster specifically urged an appropriation of $10 million to be directed into organizing 10 psoriasis centers throughout the country. I wish to associate myself fully with Mrs. Foster's recommendations for approval of these funds.

Your consideration and assistance are greatly appreciated, and I would very much like to have my letter included in your hearing record.

Maternal and Child Health

Letter From Citizens Committee for Children of New York, Inc.

Dear Congressman Koch, we are pleased to respond to your letter of May 15, in which you request the committee's position on fiscal year 1975 funding for title V of the Social Security Act (Public Law 93-53). You indicated your desire to be apprised of the effect funding will have on maternal and child health programs in the city of New York so that you might advise the House Labor/HEW Subcommittee during their current hearings on fiscal year 1975 appropriations.

As you know, the Citizens' Committee for Children has for many years been vitally concerned with services for childern and families, particularly in the city of New York. Since their inception, we have monitored the maternal and infant (M. & I.) care, and children and youth (C. & Y.), programs funded under title V to see their effect on the health and welfare of children.

The Congress obviously believed that there was need for special projects to provide quality maternal and infant care in 1963 when this section was added, and then in 1965 the special children and youth projects were included. We stress that the average cost per child per year in the children and youth projects is lower than the average yearly amount paid by medicaid. Thus, the costs of title V programs must be compared to what the Government is paying for what may be episodic and/or poor care elsewhere in the Federal budget.

We will not repeat the impressive data provided to you by others concerning the 61 M. & I. projects which now serve over 1 million women and infants in 34 States of the Nation.

In New York City alone, the M. & I. projects handled 76,000 pernatal visits and 90,000 family planning visits in 1972. Mortality has sharply decreased since the program went into effect.

	1964	1972
Infant mortality, per 1,000 live births	26.8	20.9
Perinatal mortality, per 1,000 live births plus fetal deaths or 28 weeks gestation or over	31.9	26.5
Maternal mortality, per 10,000 births	4.5	2.8

New York City's M. & I. project has a unique family planning program which operates in 30 hospitals, including one State mental hospital, and will soon open in the Womens House of Detention at Riker's Island, at their request. This program, reaching over 60,000 women each year, provides family planning services to women while they are hospitalized. In addition, the M. & L. program in New York distributes supplemental food certificates to about 1,000 pregnant women each week.

In New York City, the eight C. & Y. projects have a total registration of over 50,000 children and youth. In the last 7 years during which the C. & Y. projects were in operation, preventive health care visits were increased to 40 percent of the total visits, helping to cut the rate of hospitalization by 50 percent and the duration of hospital stays by one-third.

Unless $36 million additional money is appropriated (including $10.4 million of impounded funds) to continue operating existing programs, the M. & I. and C. & Y. programs in New York State alone will suffer a decrease of $4 million next year. And $16 million more will be necessary to start implementing new programs in each State as mandated by the Congress. Without these funds, services intended in this comprehensive care program will have to be eliminated, and the purpose for which the program was intended will be vitiated. Mothers and children, who are among the most deprived throughout the country and in our city, will once

again have to turn to overcrowded emergency rooms and hospital clinics. The working poor today cannot afford hospital outpatient and emergency room care, since most insurance policies do not cover these visits, and will be deprived of essential health services for mothers and children.

The potential enactment of national health insurance legislation only provides for mechanisms to finance the cost of health care. Title V programs and projects, however, are an existing, proven, successful model for the delivery of health services to mothers, infants, children, and adolescents.

Citizens' Committee for Children has grave concern about the consequences which would result if some title V programs and projects were abolished or diminished due to lack of adequate funding. It would be extremely difficult and costly, if possible, to reconstruct these and to achieve the current level of service delivery. Attrition is already taking place in title V funded programs, and staff morale is low because of continued funding uncertainty after June 30, 1974.

To protect children and their health, we consider the following of prime importance.

(1) Continuation of funding section 503 project grants without transferring the money to support programs authorized under section 516.

(2) The sum of $19 million of new money must be appropriated to keep existing projects under section 516 operating.

(3) The sum of $16 million of additional funds should be appropriated under section 503 so that each State will have at least one program, as required by law.

(4) An increase of $10 million should be appropriated under section 504 so that the State Crippled Children's Services can be extended.

We hope that the above information will be helpful to you. Please inform us if we can provide additional data.

Allied Health

Letter From Keith D. Blayney, Ph. D., Dean, School of Community and Allied Health Resources, University of Alabama

Dear Congressman Nichols: Just as he did last year, President Nixon has recommended zero funding for allied health in his fiscal 1975 budget proposal. Last year, however, Congress rejected this recommendation and provided $38.7 million for allied health manpower programs.

I am writing to ask your assistance in continuing this much-needed Federal support for these training programs. As dean of one of the Nation's largest schools of allied health, I am particularly concerned about a sudden, arbitrary cutoff in Federal funds. Although our school was recently awarded its first substantial operating funding by the State of Alabama, 46 percent of our present budget is in Federal grants and contracts. Clearly, if these funds were removed tomorrow, it would be disastrous for our school.

The administration claims schools of allied health no longer need this Federal support to continue training students at the present level. It is apparent they have done no serious study of the cost of training these students. The American Society of Allied Health Professions has, and their national survey shows that it costs $3,679 per year to educate one student in an allied health occupation. Based on this figure and our fall 1973 enrollment of 842, we would need $85,000 added to our present budget just to adequately educate all our students. Without Federal funds, we would need an additional $1,450,000 from other sources not only to maintain our present educational level, but also to meet the standards indicated by the American Society of Allied Health Professions survey.

Another administration argument states that massive Federal assistance to health manpower programs has effectively alleviated manpower shortages, and that the Nation may face a manpower surplus if funding is continued. I emphatically disagree. Accurate nationwide figures are difficult to find, but studies by the Comprehensive Health Planning Administration in Alabama—our primary area of concern—show immediate shortages in almost all allied health professions, and project continued shortages unless training of these personnel is expanded.

Moreover, all indications are that the demand for allied health manpower will increase, not decrease, over the next several years. One factor affecting demand is the almost certain passage of a national health insurance bill. Needs

for all health personnel will consequently increase as more people ask more from the health care system. In addition, more doctors and more health care facilities are making a greater use of allied health personnel to increase productivity. In fact, Dr. Charles C. Edwards, Assistant Secretary for Health, urged in a speech before the Association of American Medical Colleges that allied health workers be brought into the mainstream of health care, and he cited studies which showed these workers could increase doctors' productivity by up to 70 percent.

In order to accomplish these goals, however, we must have adequate funds to train all the personnel which will be needed. The schools of allied health professions across the country need your help in assuring that a minimum of $41 million is appropriated in fiscal 1975 to help them maintain their programs. If Federal support is lost, not only allied health, but the health care system, will certainly suffer.

Emergency Medical Services

Statement From Langdon Parker Marvin, Jr.

Mr. Chairman Flood and distinguished members of the House Appropriations Subcommittee on HEW, my name is Langdon Parker Marvin, Jr., of 5530 Wisconsin Avenue, suite 840, Washington, D.C., and 240 East 76th Street, New York City, and the purpose of my statement is to urge your subcommittee to appropriate the full amount authorized by law for emergency medical services; that is, $65 million for fiscal 1975 instead of the HEW proposal in the President's budget of $27 million.

1. Sixty-five million dollars for 1975 Health Resources (and/or) Services Administration.—The Emergency Medical Services Systems Act of 1973, Public Law 93–154, passed the U.S. Senate by 93–0, passed the House of Representatives by 364–18, and was signed into law by the President November 16, 1973. It has strong bipartisan support.

Below are compared the stepup program authorized by congressional law with the almost static, low-level program of HEW.

[In millions of dollars]

Fiscal years	Congressional EMS law	HEW proposals
1974	45	27
1975	65	27
1976	75	(1)
3-year total	185	[2] 54

[1] Undetermined.
[2] Plus undetermined amount for 1976.

The above 1975 HEW proposal is not even now, in late May 1974, publicly printed nor publicly announced by HEW, except in their in camera justification sheets, so medical groups, health organizations, prospective patients, and the public have had almost no opportunity to protest the HEW's curtailed approach.

Unless your Appropriations Subcommittee appropriates the full authorized amount for 1975 (including at least $5 million for research) it is clear the EMS cause will be getting a good deal less than half what Congress authorized by such heavy majorities.

House Commerce Chairman Harley M. Staggers and Home Health Subcommittee Chairman Paul G. Rogers pointed out on the House floor that the EMS law authorizing $185 million over 3 years is far more modest than the AMA-sponsored bill of $630 million, or the careful estimate of Dr. Peter Safar of the Society of Critical Care Medicine of $390 million, not even including upgrading emergency rooms or the cost of training emergency physicians.

In this case, it is more important to count lives than dollars.

The leaders in both the House and Senate debates pointed to potential savings of over 60,000 lives per year.

Therefore, fully implemented and well-organized emergency medical services could, in 1 year, save more American lives than were lost in the whole, drawn-out Vietnam war.

2. *Emergency training.* Few persons realize the authorization for specific EMS training expires midnight, June 30, 1974. If it is extended, and provisions to do so are included in bills now being heard before the House Commerce Committee, it is hoped the full authorization (it was $10 million in 1974) will be appropriated for the sake of training midcareer doctors, critical care nurses, residents, paramedics, ambulance attendants, and the many people needed to save lives.

3. National Heart and Lung Institute, $10 million. Speaking in all candor, NHLI has never been really enthusiastic about carrying out its everyday heart and lung functions, mandated nearly 2 years ago.

The National Heart, Blood Vessel, Lung and Blood Act of 1972—Public Law 92–423, reads:

"Sec. 2. (a) Congress finds and declares that—" * * * (7) the provision of prompt and effective emergency medical services utilizing to the fullest extent possible advances in transportation and communications and other electronic systems and specially trained professional and paraprofessional health care personnel can reduce substantially the number of fatalities and severe disabilities due to critical illnesses in connection with heart, blood vessel, lung, and blood diseases; and

In section 3, the new section 413(a)(10) of the Public Health Service Act says the NHLI's program "shall provide for" * * * (10) establishment of programs for study, research, development, demonstrations and evaluation of emergency medical services for people who become critically ill in connection with heart, blood vessel, lung, or blood diseases, which programs shall include programs for (A) the training of paraprofessionals in (i) emergency treatment procedures, and (ii) utilization and operation of emergency medical equipment, (B) the development and operation of (i) mobile critical care units (including helicopters and other airborne units where appropriate), (ii) radio, telecommunications, and other means of communications, and (iii) electronic monitoring systems, and (C) the coordination with other community services and agencies in the joint use of all forms of emergency vehicles, communications systems, and other appropriate services.

In opposing, never really openly, appropriations specifically for point (10), NHLI has suggested that emergency activities be placed or coordinated in other parts of HEW.

But Public Law 93–154 (EMS law of 1973) in no way repeals nor modifies Public Law 92–423 (National Heart, Blood Vessel, Lung and Blood Act of 1972) nor the latter's mandated emergency function in point (10), quoted above.

Instead, the later law obviously envisages other emergency programs continuing both in other Departments (such as the Department of Transportation's emergency medical program of some $9 million a year) and in other "appropriate agencies and offices of the Department of Health, Education, and Welfare," all of whom are to be coordinated in the new "Interagency Committee on Emergency Medical Services."

House Report 93–682, by Chairman Flood, on page 23, amendment 19, on NHLI reads:

"The Conferees are agreed that the increase over the amount proposed by the House includes $10 million for demonstrations of emergency medical care * * *."

This encouraging forward step later evaporated into various transfers of funds.

It is hoped the House Appropriations Committee will again appropriate $10 million specifically for the emergency heart and lung function of NHLI, and stick to it, mindful of both House and Senate reports that, of preventable medical fatalities, heart attacks are No. 1.

Supplementary Security Income Program

Statement of Commissioner Ann Klein, Department of Institutions and Agencies, State of New Jersey

I would like to call your attention to an extremely serious situation facing the elderly poor in New Jersey.

Unless congressional action is taken by June 30 of this year, then the aged, blind, and disabled low-income individuals will lose their ability to purchase food stamps. H.R. 3153, which will soon be returned to conference (House Ways and Means and Senate Finance Committees) permits SSI recipients to participate in the food stamp program on an equal basis with others, according to their income. I urge your attention to and support of this bill so that food stamps will not be taken away from those aged, blind, and disabled individuals who need them most.

More than 25,000 aged, blind, and disabled persons in New Jersey will lose the increased purchasing power the food stamp program provides. Another 30,000 elderly persons will lose the opportunity to participate in the program.

How have we come to this critical situation? On January 1, 1974, the Federal Government implemented the supplemental security income program, which provides payments to the aged, blind, and disabled who have very low incomes. In New Jersey, the department of institutions and agencies supplements the basic SSI grant level (as of July 1 for a single individual $146) with an additional amount of State funds ($36). When Congress originally conceived the supplemental security income program, it was assumed that Federal assumption of responsibility of these aged, blind and disabled individuals would lead to increased grant levels. As a result, legislation implementing the SSI program contained provisions to "cash out" the value of benefits from food stamp programs to the SSI recipients. Specifically, in States where supplementation of the Federal grant is larger than the "bonus value" of food stamps for the elderly, no food stamps will be available to SSI recipients after June 30, 1974. We should resist this change, especially because of the toll taken by inflation.

The value of these food stamp benefits can make the difference between adequate nutrition and slow starvation for the elderly poor. For example, a single adult with only supplemental security income totaling $182 (paying rent and utilities of $90), would be able to buy $46 worth of food stamps for $30. This is a 9-percent increase in disposable income or "35 percent off" food purchases.

An elderly couple receiving social security ($200) as well as SSI ($39) and State supplement ($31), totaling $270 (paying rent and utilities of $120), would be able to buy $82 worth of food stamps for $58. They would experience a 9-percent increase in disposable income or "29 percent off" food purchases. These are not extremes. Depending on shelter costs, increases in disposable income for users of food stamps would normally be between 7 and 12 percent, reaching "50 percent off" in perhaps one-fifth of the cases.

The fairness of excluding the elderly poor from food stamps can be questioned not only on humanitarian grounds, but on constitutional grounds as well. By excluding only SSI recipients from the ability to purchase food stamps, the Federal Government will be depriving them of benefits not because of lack of need—for their income still falls below the eligibility levels set by the Federal Government—but simply because of the source of their income. The Department of Institutions and Agencies believes that this inequity is a serious indictment of plans to cut off food stamps to SSI recipients. For example, a single individual under 65, who earns $200 per month and has a total shelter cost of at least $77 per month, will be eligible for food stamps. If that person were elderly, and received only $182 of SSI benefits, after July 1974 they would not be able to receive the food stamp bonus. As a result, the Federal Government would be punishing that group which is least able to cope with inflation, the elderly poor, while continuing benefits for other people not receiving SSI assistance.

With food costs rising at over 1.2 percent per month, the elderly poor are simply undergoing slow starvation. A recent series of articles in the Newark Star Ledger highlighted the "Golden Years—Tarnished." As the reporter pointed out "The elderly are proud. They pay their bills, they pay their rent, and go without eating rather than be delinquent." Further exacerbating their problems is the fact that utility costs have risen dramatically—a direct result of the recent energy crisis. When faced with the choice of paying rent and utility bills, to keep a roof over their heads, the elderly cut down on food. The result is

simple to predict. They eat less nutritional food, become more prone to disease, become listless and less able to take care of themselves.

If we can maintain the food stamp program for the elderly in New Jersey, we plan an active campaign to increase the awareness of New Jersey residents about the food stamp program, which now serves less than one-half of those eligible in our State. Nationwide, less than 13 million persons receive food stamps, a small percentage of those 55 million individuals estimated to be eligible for the program.

We in State government can do our part in administering the food stamp program and in attempting to reach out to those people who need help most. But we must look to the Federal Government for leadership in providing food programs to the elderly poor.

Social Work Training

Letter and Comments From Dr. Bernard J. Wiest, Dean, School of Social Welfare, Louisiana State University

Louisiana State University,
and Agricultural and Mechanical College,
School of Social Welfare,
Baton Rouge, La., April 8, 1974.

Hon. John R. Rarick,
Representative, Sixth District, Louisiana,
House of Representatives, Washington, D.C.

Dear Mr. Rarick: The change in the philosophy and principles of the U.S. Department of Health, Education and Welfare in providing funds for long term professional training critically alters the resources of the United States in providing care for people in need. This is a critical time to make the case for human services in America, and the case for professional social work and social work education in providing the personnel and skills to maintain and develop the services for people in need.

It would be deeply appreciated by me, the faculty of the School of Social Welfare and Louisiana State University, if you would lend your support to making the case for social work training. The enclosed is a concise statement of social work. The first page is a summary of the statement. The complete statement follows. I would appreciate it very much if you could see your way to providing a much needed thrust. For example, bringing the essentials of this need before various committees and particularly to the floor of the House. It is important that it become part of the permanent record of Congressional intent and interest, e.g., inclusion in the Congressional Record.

Your help in this is deeply appreciated and the help you have given in the past is likewise very much appreciated.

Sincerely yours,

Bernard J. Wiest, DSW, *Dean.*

Enclosure.

Human Resource Services and Social Work Training—The Case for Continued Federal Support

In Summary

The quality of any service depends upon the personnel who plan, administer and provide it.

The President's budget (for 1974–75) cuts severely into student stipends and training grants currently provided by the Social and Rehabilitation Services of HEW.

The proposed cuts will seriously affect the availability of competent social work personnel needed by the Nation now and in the future.

Social work provides services to: the aged, children, the ill, the unemployed, the disabled, the mentally ill. Private and public agencies provide social services to families and communities.

Social work edcation has changed to meet new social problems and has developed new programs to train professional, paraprofessional and technical personnel.

Social work education trains a large number of persons from minority groups who need financial assistance to stay in school.

The proposed budget cuts will seriously affect the quality of social work education to prepare the quantity and quality of manpower required to provide basic essential social services.

In the long term, the proposed budget cuts will be costly economically and socially.

I. THE PRESIDENT'S BUDGET PROPOSAL

For a number of years, the Federal Government has recognized the need to provide a base of support for the training of social workers. This year, however, the President's budget proposes drastic reductions in this support. These cuts are both unexpected and abrupt and can only result in confusion and uncertainty among students and faculty, and, in the long run, serious harm to people and to the Nation.

II. THE IMPORTANCE OF SOCIAL WORK EDUCATION

Most people growing up, going to school, working, marrying, raising families and growing old—at some point in their lives—find they need some form of help. They become ill, encounter financial difficulties, or develop family or other personal problems. The need for medical, counseling, rehabilitation and other services is not restricted to persons with little or low incomes.

But, programs need staff to plan, administer and provide services. And the people who do this need to be trained. Without enough trained people, neither existing social services nor future innovations and improvements can be effective or economic. Social work education is the basic source of those people.

Social work staff today requires much knowledge and a great variety of skills to deal with many problems of increasing complexity. Graduate schools of social work and undergraduate programs in social welfare have demonstrated their capacity to adapt to the changing times. By providing training geared to today's problems, they are contributing, together with other professions, to the national objectives of reducing the economic and human costs of a host of social problems, such as drug abuse, alcoholism, discrimination, and poverty. More and more, social workers are integral parts of the professional teams which are attempting to deal with juvenile delinquency, crime, and rehabilitation. Social work is a key element in caring for the disabled, the young and the aged and in programs dealing with family breakdown. The increase in population, its urban concentration, the rise and intensification of social problems, all indicate the need for more people with even better training in the helping professions.

III. HUMAN NEEDS AND SOCIAL WORK MANPOWER

Social services are concerned with the entire spectrum of human needs as experienced both by individuals or families and by communities. Sometimes in collaboration with other professions, sometimes carrying primary responsibility, the social services are directed toward rehabilitation and care of vulnerable population groups, toward prevention or reduction of social problems and toward change and improvement in dysfunctional systems.

Social workers are involved both in the direct delivery of social services and in the planning, administration and coordination of these services. Programs in graduate schools of social work have sharply increased their emphasis upon preparation for administration, supervision, and other leadership roles. The level of education, however, does not necessarily determine the nature of a social worker's job assignment. Direct services can be provided by a technician without an academic degree or by a social worker with a baccalaureate or a master's degree. The latter is, of course, likely to be doing the diagnosing of the problems and providing highly specialized service in complex situations.

Social work education, on all levels, prepares practitioners who can function in a wide variety of settings. Though the examples cited refer to particular programs, social work training is geared to provide social workers with the basic skills necessary to provide the help needed.

Physical illness.—Social workers, working together with other health personnel participate in developing national and regional policies and programs for the physically ill; administer and plan programs designed to cope with the immediate and long-term problems of the physically ill; help the patient or his family make the kind of plans and obtain the necessary resources to manage while he is hospitalized; help with plans for discharge including specific arrangements for after-care or long-term living arrangements in sheltered settings; supervise direct service personnel in after-care institutions.

Children.—Social workers plan and administer institutional and community-based programs to cope with immediate and long-term needs of children; design and program a range of services to provide equalization opportunities for disadvantaged children, including pre-natal and post-natal services for their mothers; participate in the development of national and regional policies and programs for children; supervise caretakers in institutions for delinquent and neglected children; provide foster home placements and supervision services; undertake investigation of child abuse and recommendation to courts concerning removing of abused children; work for rehabilitation of families in order to protect children from serious and irreparable damage; supervise and train a variety of child care personnel.

Mental illness.—In addition to the roles described above for the physically ill, social workers head or serve as key staff members for community mental health centers; carry responsibility for working with family members so that they may aid in, or at least not interfere with, treatment efforts; locate and supervise foster homes for patients who are able to live in the community; train and supervise caretaker personnel; develop alternate facilities for the long term care of those not ready for independent life.

Aged.—Social workers participate in the development of national, regional, and local policies and programs for the aged; assist the aged person or his relatives in defining the problem for which help is needed and in locating or developing suitable resources; recruit, train, and supervise personnel to work with the aged, both in the community and in institutions; plan and administer a variety of different programs, both in the community and institutions, to cope with the varied problems of older people who no longer are able to care for themselves.

While the specifics of what the social workers do in relation to any given population group may differ, their responsibilities and tasks follow, in general terms, the examples cited.

The majority of social workers with graduate education are employed in planning and policy development, administration and supervision, teaching and research. It has always been the typical employment found among master's degree holders within a period of 3 to 5 years after receiving the degree. Increasingly, however, students are entering such positions immediately receiving their master's degree.

Direct services are provided by social workers from all levels of educational preparation. Broadly speaking, their efforts may be classified along several dimensions. In terms of goal, social workers provide services which are designed (1) to effect a reasonably satisfactory adjustment of the person in the community, thus minimizing the cost and trauma of institutionalization, (2) to rehabilitate the person so that he can lead an independent and productive life, or (3) to provide long term care in as humane and effective a way as possible for those who cannot be expected to function on a more autonomous level. In terms of target, the efforts of social workers are generally directed at the victim or clients, but frequently their work is primarily with others, such as members of the family, employers, or potential employers, school, police, and so forth.

Different kinds of preparation and education are needed for workers at different levels of work. For many of the problem areas in which social workers are active, a degree of expertise is needed that requires intensive study and the development of a high degree of skill. Though social workers with a minimum of education or with only agency training can successfully function at an appropriate level of service, all fields require some personnel with a high degree of expertise to plan and administer services. There is a particular and continuing need for social work personnel at the middle management level.

IV. SOCIAL WORK AND PUBLIC ASSISTANCE

One of the most critical issues facing governments in 1974 is the ever-growing welfare cost. Many people regard welfare or relief rolls as synonymous with social work. There is a distinction between provision of social services and provision of income maintenance. No amount of professional service—social work, medical, nursing, or education—can provide the dollars needed to pay rent or buy food or have prescriptions filled or buy the shoes needed for a child to go to school. The necessity of meeting basic economic needs must be distinguished from those needs that require additional care and service and use of a variety of resources to help people who can, to become self maintaining. It must also be recognized that many of the aged, some of the ill, and all of the children—until they grow to adulthood—on public assistance cannot become self-sufficient.

V. SOCIAL WORK EDUCATION PRODUCES NEEDED PERSONNEL

Qualified social work personnel required to plan, administer and provide social services are prepared through various educational programs. The social work education system in the United States consists of: 70 graduate schools of social work in major universities which grant 5,000 master's degrees and about 90 doctoral degrees each year; over 200 undergraduate baccalaureate programs in social welfare with over 7,000 graduates; close to 100 2-year community college programs offering associate degrees which prepare community and social service technicians; and hundreds of continuing education programs conducted by educational institutions and agencies which reach thousands of social workers each year.

There is general agreement in social work and in most other professions that there is need for training programs to prepare professional, paraprofessional and technical personnel. The challenge is to identify and distinguish tasks so that manpower with different levels of education will be effectively used. Social work education has played an active leadership role in this effort. In the past few years, social work education has developed new programs at the baccalaureate and associate degree levels in addition to existing master's and doctoral degree programs.

Innovative curriculum developed to deal with contemporary problems

During the past decade social work training has been making a major shift in the focus and content of its curriculum. Changes were made to respond to new and persistent problems, to the needs of specific population groups and to the shifts that were occurring or were being planned in the organization of services. Schools developed new courses related to certain population or problem groups, the aged, the mentally retarded, the juvenile and adult offender, the physically handicapped. Major changes in social work education also occurred with changes in the organization of services, for example, the emphasis upon community mental health programs, service to residents in public housing projects, multiservice centers in local neighborhoods, and grassroots community groups. These changes reflected a growing concern for inner city populations, the rural and urban poor, and the major ethnic minorities.

In the past few years there has been a major shift in social work education toward the preparation of generalists as well as planners and administrators. The generalist social worker is equipped to deal with a variety of tasks at the neighborhood and community level. The proportion of graduate students training for administrative and organizing tasks has also increased. Undergraduate programs have begun to prepare their graduates for beginning practice in a variety of settings instead of only serving as aides in specific fields. The preparation of technicians at the community college level is a recent devolopment but already growing rapidly.

People trained in social work are employed by public and voluntary agencies to provide needed social services. About 90 percent of mastef's degree graduates enter full-time employment, the majority in public agencies and mostly in child welfare and mental health. About two-thirds of the baccalaureate degree social work graduates enter employment mostly in the public social services in their local area. Over 10 percent go on directly to graduate education. It is rare for social workers to leave human services. Women do leave employment for marriage and motherhood but large numbers later return to full-time work.

Social work training offers special opportunities for minority groups

The proportion of minority groups is greater in graduate social work education than in any other discipline or professional education program. Social work education has been in the forefront of efforts to open opportunities for minority groups. In the 1973–74 academic year over 25 percent of master's degree students and 10 percent of doctoral students in graduate schools of social work were from the following five major ethnic minorities: American Indians, Asian Americans, Chicanos (Mexican Americans), blacks and Puerto Ricans. Also about 20 percent of all faculty in graduate schools of social work are nonwhite. The social work curriculum, at all levels, is being enriched to help all students to learn more about the life styles, strengths and problems of minority groups and to be able to work more effectively with them.

VI. THE COST OF REDUCING FEDERAL SUPPORT

Continued Federal support for social work education is necessary:

The proposed cuts will cause serious and irretrievable damage. Many graduate schools and undergraduate programs will be forced to reduce radically or to discontinue their educational efforts.

During the past decade the capacity of the social work education system expanded rapidly and decisively at the request of the Federal Government to meet urgent human needs. Cutting support now will undermine our Nation's capability to meet its social goals.

Currently, more than 50 percent of all graduate students in social work receive stipends funded directly or indirectly by the Federal Government; in awarding these stipends, emphasis is given to the students coming from low socioeconomic, disadvantaged and minority groups. Cutting support now will hurt these groups, especially since neither they nor universities they attend have access to alternate support sources.

It has taken the better part of a decade, with the help of Federal funds, to build up the kind of quality faculties found in graduate and undergraduate social work programs today. Cutting support now will reduce the schools' ability to maintain quality education and develop innovative educational programs. The consequences will be felt in fewer students less adequately prepared to face the tasks of the future.

Since the alternate support sources for social work education from local and State government and individual or corporate giving are not available, the consequences of reducing Federal support will be disastrous. The cost incurred by providing fewer trained social workers will surely be far greater than any economies achieved through the proposed reduction:

Needs are met best with least expense when they are identified early; unmet and unserved "little" problems soon develop into more expensive "big" problems. Trained social workers, educated at various levels, are needed to identify problems, develop strategies and deliver the intervention services necessary to counteract these problems or reduce their impact.

Unless those who man direct service positions receive training and ongoing supervision, costly mistakes resulting in more expensive service will be made. A reduction in the number of social work students now, predictably will make available fewer, not more trainers and supervisors for the public service in the next decade.

The reduction of Federal support for social work education will hinder, not help, the development of new and more effective social service delivery systems necessary to help children, adults, and families to become self-sufficient, healthy, and productive citizens.

REHABILITATION ACT OF 1973

STATEMENT BY CHARLES L. ROBERTS, L.H.D. EXECUTVE VICE PRESIDENT, INTERNATIONAL ASSOCIATION OF REHABILITATION FACILITIES

Mr. Chairman, I would like to preface my remarks with my appreciation to the committee for extending this opportunity to testify in this hearing and to present the views of my organization. My name is Charles Roberts, and I am the executive vice president of the International Association of Rehabilitation Facilities. Our organization is a voluntary membership association compossed of 640 rehabilitation facilities which are situated in every State and which are now serving an estimated 150,000 handicapped persons annually. These facilities provide a wide range of rehabilitation and supportive services including medical rehabilitation, work adjustment, vocational evaluation, psychosocial services, and sheltered workshop employment. Included in the clientele of our facilities are the physically handicapped, mentally and emotionally disabled, the culturally disadvantaged, and such special populations as public offenders, substance abusers, and alcohol abusers. As such, IARF represents a wide spectrum of the private sector of rehabilitation and is in a position to be aware of and speak to the needs of the program.

My remarks will be addressed to the need for appropriations for programs authorized by the Rehabilitation Act of 1973 (Public Law 93-112). In particular, I will comment on those portions of the legislation which have an impact upon rehabilitation facilities and upon the handicapped individuals being served by those facilities.

It has long been recognized that the State-Federal program of Vocational Rehabilitation is bonded in a partnership with the voluntary facilities and utilizes them as an essential service delivery system. This important role of rehabilitation facilities is evidenced by the increasing numbers of clients served and the amount and percentage of vocational rehabilitation case service funds expended in facilities. Figures available for fiscal year 1972 indicate that 199,000 State vocational rehabilitation clients were served in rehabilitation facilities (18 percent of all clients served) and $110 million were spent in facilities (28 percent of all case service funds). Today these figures are even greater, as rehabilitation facilities respond creatively to demands for service to greater numbers of individuals and to more diverse populations.

Mr. Chairman, as a representative of an organization vitally concerned with the needs of the handicapped, we have the following recommendations:

BASIC STATE ALLOTMENTS (TITLE I)

The authorized appropriation for this title is $680 million for State-Federal VR programs, and we strongly recommend no less than this amount be appropriated for fiscal year 1975. There is evidence to show that under the allotment system, that there are sufficient funds from the States to match in excess of this amount. We strongly urge that full funding of this section be approved to meet the intent of the legislation.

RESEARCH TITLE II (SEC. 202)

The authorized appropriation for this section is $25 million plus "such sums" as may be determined by Congress. It is our recommendation that $30 million be appropriated under this section. The appropriation of this sum will assure the continuation of the existing Research and Training Centers in addition to the mandated specialized research activities. With the administrative responsibility of this section under the authority of the commissioner of the RSA, this activity should provide a meaningful adjunct to the direct services portion of the Act.

TRAINING (TITLE II, SEC. 202)

The appropriation authorized for this section is $27.7 million plus "such sums" as may be determined to be necessary by Congress. It is our recommendation that $45.4 million be appropriated under this section. The request for this increased sum is necessitated because in the past 2 fiscal years portions of moneys that were appropriated have been reserved and not obligated. This action has been taken even though there were needs for all such sums and not because the funds could not be utilized for worthy and meaningful educational programs. The sum recommended is predicated on the assumption that a similar process will take place and that at least 50 percent of the appropriated sums for fiscal year 1975 will not be obligated but will be carried over to fiscal year 1976. This in effect will maintain the actual level of at least $27.7 million intended by the authorization.

It is our expectation that support will continue for long-term training, in-service training, continuing education, and short-term training. The training most closely related to the provision of services in rehabilitation facilities has not had the benefit of long-term support as have some of the traditional programs. The field of rehabilitation facility administration, vocational evaluation, and work adjustment are new fields which require Federal support to develop fully. In order to provide more sophisticated and professional services the support of such programs is needed on all levels including academic, continuing education, and short-term training.

CONSTRUCTION OF REHABILITATION FACILITIES (TITLE III, SEC. 301); VOCATIONAL TRAINING SERVICES (TITLE III, SEC. 302); MORTGAGE INSURANCE (TITLE III, SEC. 303)

It is the three sections of title III that directly affect and profoundly influence the existence and operation of rehabilitation facilities and the client services that can be extended in them. Especially in the area of facility construction there is a most crying and urgent need. This need has been recognized by the provision that authorized appropriations should be "such sums" as may be determined by Congress. It should be noted that the definition of "Construction" under the provisions of the act include "the construction of new buildings, the acquisition,

expansion, remodeling, alteration, and renovation of existing buildings, and initial equipment of such facilities as well as initial staffing and planning assistance." We would strongly support the appropriation of $50 million for this portion of title III.

In the past few years, there have only been modest sums appropriated for facility construction even though HEW projected facility construction needs in the 1970's as more than $300 million. This HEW "Monograph," "Rehabilitation Needs in the 1970's," projected unmet needs which have never been met. More recently we have surveyed the State vocational rehabilitation agencies to acquire more up to date data. This information is appended to this testimony, and indicates that the 17 States responding show a demonstrated need for almost $57 million in new construction moneys and almost $17.5 million in expansion and improvement moneys and almost $27 million in equipment and staffing. We believe that this is only a small portion of the moneys required throughout the Nation for such construction and improvement projects.

The act mandates that priority services be directed toward increasing rehabilitation of the more severely handicapped with special attention given to those individuals on public support such as those in institutions for the mentally retarded and the mentally ill as well as disabled public assistance recipients. A large part of the burden for expanding community services for these individuals will fall upon rehabilitation facilities. If the congressional mandate for improved and expanded services to the severely handicapped is to attain any reality it is essential that this section be fully funded to keep up with the new and continuing service responsibilities. The provision of case service funds will be insufficient to assure quality services. Almost all facilities are nonprofit and only a few are supported by local tax revenues and although funds may be available from fund raising and recently available SBA handicapped assistance loans, there is still a tremendous gap in funds readily available immediately for new construction. Many facilities are now inadequate to meet the needs which are clear cut and documented, and are now operating in substandard situations. With the enactment and implementation of the Occupational Safety and Health Provisions, rehabilitation facilities have been expected to upgrade existing structures and working conditions under which they operate. Provisions of the recommended funds will assure healthful and safe working conditions for our handicapped workers.

As for section 302, again authorized appropriations stipulate such sums. It is the purpose of this section, entitled "Vocational training services for handicapped individuals" to prepare individuals, especially those with the most severe handicaps, for gainful and suitable employment. This may also include an effort to "analyze, improve, and increase their [public or nonprofit rehabilitation facilities, or to an organization or combination of such facilities] professional services to handicapped individuals, their management effectiveness, or any other part of their operations affecting their capacity to provide employment and services to such individuals." With the effort to forward accreditation and program evaluation in facilities, we would recommend a sum of $15 million for this purpose. This program should be funded in conjunction with facility construction to assure the improved facilities will be available as well as programs within those facilities which are of the highest quality.

Finally under section 303, a new provision has been made for "Mortgage insurance for rehabilitation facilities." A sum of $2 million has been authorized for appropriation. We would recommend that this full amount be appropriated to capitalize the Rehabilitation Facilities Insurance Fund. This would allow for the insurance of mortgages on construction, renovations, and equipping of rehabilitation facilities to the level of $40 million. At this time it is virtually impossible to obtain long term mortgage financing which will further the increased construction of facilities. It should be recognized that facilities seeking this support will pay premiums for this benefit and that the program is meant to be self sustaining. Properly administered, the appropriation requested should meet current needs.

Incidentally, Mr. Chairman, we support the appropriations requested for the sheltered workshop study under title IV, section 406 of the act. An impartial and incisive study of these programs should substantiate the need for continued appropriations detailed above and should lend support to our testimony for developing increased capacity to serve the severely handicapped. Once again thank you for the opportunity to address this committee and express our concerns and recommendations.

ADDENDUM

Subject: State Estimates of Needs for Rehabilitation Facilities Construction, Expansion, and Improvement

Date: April, 1974

The following information summarizes reports from State Facilities Specialists in the respective State Vocational Rehabilitation Agencies expressing documentable needs. This information was collected in conjunction with the National Rehabilitation Association and Goodwill Industries of America.

State	Bldgs. No.	Construction Dollars	Bldgs. No.	Exp. & Imp. Dollars	Equipment and Staff No. Fac.	Dollars
Alabama	4	$5,000,000	6	$3,000,000	10	$ 100,000
Arizona	10	1,962,000	4	125,000	21	1,696,000
Arkansas	20	3,080,000	12	440,000	20	900,000
Florida	27	8,360,000	13	3,322,000	66	6,087,000
Georgia	5	10,000,000	5	3,500,000	18	4,000,000
Iowa	8	2,505,000	9	272,000	23	230,000
Kentucky	-	-	8	1,500,000	4	500,000
Maine	12	1,575,000	3	140,000	24	545,000
Michigan	16	2,195,000	11	896,000	30	5,815,000
Montana	5	750,000	-	-	5	250,000
North Dakota	6	1,530,600	-	-	9	1,827,850
Rhode Island	4	1,450,000	2	200,000	4	149,000
South Carolina	6	2,127,672	-	-	6	168,000
Texas	6	2,640,000	30	1,800,000	50	2,500,000
Utah	8	2,250,000	4	150,000	6	150,000
Washington	15	3,600,000	20	800,000	40	1,000,000
West Virginia	14	7,823,500	6	1,212,000	13	807,500
TOTAL	166	$56,848,772	133	$17,357,000	349	$26,725,350

VETERANS' EMPLOYMENT AND READJUSTMENT ACT

AMERICAN LEGION RESOLUTION

FIFTY-FIFTH ANNUAL NATIONAL CONVENTION OF THE AMERICAN LEGION, HONOLULU, HAWAII, AUGUST 21, 22, 23, 1973

RESOLUTION NO. 412—URGE MAXIMUM IMPLEMENTATION OF ALL ASPECTS OF THE VETERANS' EMPLOYMENT AND READJUSTMENT ACT OF 1972

Whereas the 92d Congress enacted the Veterans Employment and Readjustment Act of 1972 (title V of Public Law 92–540) amending chapters 41 and 42 of title 38, United States Code, effective January 24, 1973; and

Whereas in enacting this law the Congress declared its intent and purpose that there shall be an effective job and job training counseling service program, an effective employment placement service program, and an effective job training placement service program for all veterans; and

Whereas the Congress provided and placed the responsibility that policies shall be promulgated and administered with the U.S. Department of Labor to provide to all veterans such maximum of employment and training opportunities; and

Whereas Congress requires the Secretary of Labor to establish certain other administrative controls to insure each eligible veteran who requests assistance shall be placed in a satisfactory job or job training opportunity or receive specific services and to determine the adequacy of such services; and

Whereas the amendments to chapter 41 by Public Law 92–540 clearly place on the State veterans employment representative the responsibility for many additional specific functions and duties necessary to carry out this expressed intent of Congress; and

Whereas Congress has further placed additional duties and responsibilities upon the State veterans employment representatives and local employment service personnel to carry out the requirements of chapter 42, title 38, United States Code—Employment and training of disabled and Vietnam era veterans, including veterans employment emphasis under Federal contracts commonly referred to as the mandatory listing provisions of the act; and

Whereas the great burden of responsibility under both chapters 41 and 42 placed upon the State employment representatives makes the prompt assignment of additional staff imperative; and

Whereas section 502 of Public Law 92–540 (section 2003, title 38, United States Code) requires the Secretary of Labor to assign to the several States one assistant veterans employment representative (AVER) per each 250,000 veterans of the State veterans population and such additional AVER's as the Secretary of Labor shall determine, based upon certain data items, to assist in carrying out the purpose of the law; and

Whereas section 502 of Public Law 92–540 (section 2004, title 38, United States Code) requires the administrative heads of the employment services in each State to assign and maintain adequate local office personnel to carry out the requirements of the Act; and

Whereas chapter 41, section 2006, as amended by Public Law 92–540, provides that the Secretary of Labor shall estimate the funds necessary for the proper and efficient administration of the act and provides that sums thus estimated shall be included as a special item in the annual budget for the Department of Labor; and

Whereas section 2006, title 38 United States Code, provides that estimated funds for proper counseling, placement, and training services to veterans provided by State public employment service agencies shall also be separately identified in the budgets of each State agency as approved by the Secretary of Labor; and

Whereas the Secretary of Labor has not strengthened the Veterans Employment Service by providing adequate funds and staff and has not carried out the mandate of Congress to assign additional assistant veterans employment representatives; and

Whereas budget requests for fiscal year 1974 of the Department of Labor do not specifically request funds necessary to carry out all other provisions of law as the law mandates; and

Whereas the American Legion has become increasingly aware of this noncompliance with the provisions of the aforementioned law and that implementation processes have not proceeded; Now, therefore, be it

Resolved, By The American Legion in National Convention assembled, in Honolulu, Hawaii, August 21, 22, 23, 1973. That the American Legion go on record expressing dissatisfaction with the delay of the Secretary of Labor in implementing all provisions of chapters 41 and 42, title 38 United States Code, as provided for by Public Law 92-540; and, be it further

Resolved, That the American Legion defer any further appearances before the Congress in support of budget requests of the U.S. Department of Labor until all aspects of chapters 41 and 42, title 38 United States Code are fully implemented at the Federal, State, and local levels; and, be it further

Resolved, That the American Legion make the strongest representations to the Secretary of Labor and the Chairman of the Civil Service Commission that any current or future vacancies of State veterans employment representatives or assistant State veterans employment representatives be selected by the merit promotion plan or from the civil service registers and not from a list of employees made available by a reduction-in-force outside the Veterans Employment Service; and, be it further

Resolved, That the national judge advocate of the American Legion and/or other appropriate officials be authorized and directed to take appropriate legal action as necessary against the Secretary of Labor and its Manpower Administration staff to insure prompt implementation of all provisions and requirements of the law; and, be it finally

Resolved, That a copy of this resolution be sent to the President of the United States, the Secretary of Labor, the chairman of the Senate Veterans' Affairs Committee, and the chairman of the Veterans' Affairs Committee of the U.S. House of Representatives.

BUREAU OF LABOR STATISTICS

NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL CENTER FOR EDUCATIONAL STATISTICS

STATEMENT OF FEDERAL STATISTICS USERS' CONFERENCE

This statement is submitted on behalf of the Federal Statistics Users' Conference to express its views on certain items in the fiscal 1975 budget for statistical programs of the Department of Labor and the Department of Health, Education and Welfare.

FSUC is an association comprising 208 organizations generally classified as business firms, labor unions, nonprofit research organizations, State and local governments, and trade associations. These members have a common interest in obtaining adequate, timely and reliable information from Federal programs in the light of certain criteria which FSUC has established, the principal one being that a statistical program should provide data of optimum usefulness at minimum cost.

The FSUC Board of Trustees has undertaken a careful study and review of the proposed statistical programs of the Bureau of Labor Statistics, the National Center for Health Statistics, and the National Center for Education Statistics for fiscal 1975. Members of the Board reviewed the programs that were outlined in special analysis F of the President's budget and in the appendix to the budget. Representatives of the Bureau of Labor Statistics and the National Center for Health Statistics attended a special meeting of the Board of Trustees in order to describe their proposed programs in more detail.

We believe that the proposed programs represent a minimum that is both necessary and essential in times of fiscal stringency. Aside from the need for initiating programs for the collection of new statistical data, a most important aspect of the development of the Federal statistical system is the need for improving some of our ongoing, current statistical series. We have found that in many instances too little attention or concern is given to certain inadequacies or weaknesses in some of our statistical data and the need for improving them. Certain programs are proposed by these three agencies that are designed to improve some of their current statistical series, mainly in the way of improving

the reliability of some of the series and extending coverage of others in areas that are considered most necessary.

On the other hand, rapid changes in both our economic and social structure often require the initiation of new series of data to meet our emerging needs. It is important here that a step-by-step approach be taken and appropriate developmental work be undertaken. We believe that these agencies are making a conscientious effort to take a step-by-step approach to obtaining a higher degree of accuracy and precision in their ongoing statistical series, as well as in initiating new series.

Bureau of Labor Statistics

The statistical programs proposed in the 1975 BLS budget are aimed at eliminating certain deficiencies and filling certain gaps in our economic data base. The information is needed to provide a better understanding of certain segments of the economy and as a guide to assist in the making of important policy decisions. We respectfully urge your serious consideration and support of these programs.

The details of these statistical programs have been presented to the subcommittee by representatives of BLS. Hence, it is our desire to stress the fact that, in our considered judgment, these are priority items of considerable merit that deserve funding.

BLS proposes to improve the annual national survey of professional, administrative, technical and clerical pay (PATC survey), as recommended by the General Accounting Office. This is an important survey that is used to adjust pay for both Federal-civilian employees and military personnel. BLS proposes to make certain improvements in this survey in line with GAO recommendations.

FSUC has consistently supported the step-by-step approach taken by BLS to improve various measures of prices and the price indexes. We supported the original program to develop price indexes needed to measure the price trends of U.S. imports and exports and the price competitiveness of U.S. products in world markets. The plan for 1975 is to increase coverage of export prices from 30 percent to 40 percent of total exports and of import prices from 15 percent to 25 percent of total imports. This is a necessary step which needs to be taken in order to achieve the longrun objectives of this program.

There has been a long time need for making improvements in the Wholesale Price Index and the Industry Sector Price Indexes. In this program BLS proposes to improve the reliability of the weighting and the sample design used in these indexes. It also proposes to expand industry coverage.

BLS proposes to continue the publication of price changes of retail gasoline in 23 areas. This program was initiated in fiscal 1974 with contract funds provided by the Treasury Department. This is an important program and the Federal Energy Office has requested BLS to continue the program in fiscal 1975. It is important that these indexes for specific gasoline products in the 23 areas be made available. Such data should also be helpful in improving the accuracy of the fuel and utilities component of the CPI.

An area of major interest to members of the Federal Statistics Users' Conference is that relating to consumer income and expenditures. BLS proposes to develop plans to collect data on consumer expenditures on a continuing basis. The data collected would be used (a) to revise the Consumer Price Index (CPI) on a quinquennial basis, and (b) to expand analytical work on consumer expenditures as well as on consumer income and savings patterns. The important role which the CPI plays in economic planning and policymaking can't be overemphasized, and the need for maintaining its accuracy is self-evident. The current program calls for a decennial revision of the CPI. As the revision program now stands, a revised CPI will be published in the spring of 1977, 13 years after the previous revision. Certainly, more frequent and efficient revisions in this program are essential. If this is to be achieved, it is important that steps be taken to gather current information on consumer expenditures as well as on consumer income and savings patterns.

National Center for Health Statistics

This agency has a clear-cut, important mission of providing data that identify, define, and describe the state of health of the American people and the changes that are taking place. The Federal Government's efforts to gather accurate and extensive information about the health of the Nation's population have grown steadily over the last decade.

We sincerely urge the subcommittee to give serious consideration and support of the following National Center for Health Statistics programs:

A major feature of the 1975 program is the continued development of a cooperative Federal-State-local health data system under which basic data needed for Federal, State, and local purposes will be collected by State and local agencies in accordance with Federal standards and specifications. Initial emphasis will be on vital statistics, health manpower, and health facilities statistics. The cooperative system is a most important program which is needed to develop comparable and standardized data for State and local levels and should also serve to enhance the utilization of the data.

The National Center also proposes to undertake new research and development activities related to data needs and systems in the areas of hospital use, ambulatory care, and long-term care statistics. In addition, it proposes to support new implementation contracts with States in vital statistics, manpower inventories and surveys, facility inventories and surveys, and hospital discharge surveys.

We particularly encourage the efforts of this agency in upgrading the level of activity of methodological research and increasing the analytical output of the Center.

National Center for Educational Statistics

We especially endorse the budget for statistical programs of the National Center for Educational Statistics for fiscal year 1975. Various studies over the past several years have expressed concern about the adequacy of our present educational data collection efforts to meet our planning and policymaking needs. The report of the Committee for Educational Finance Statistics, issued in March 1970, stated that "Traditional USOE activities such as the collection, analysis, and publication of educational statistics have been faced with increasing demands for services while being sorely limited by both personnel and budget." We believe that the statistical function of the National Center for Educational Statistics has not received the emphasis it deserves within the Office of Education and in comparison to that of other general purpose statistical agencies of the Federal Government.

An important ongoing program of NCES is its national assessment project which is designed to measure educational achievement in the United States. We support continued development of this program. The proposed common core of data program is a significant one because it is specifically designed to assist State and local agencies in improving their statistical and data collection activities. NCES, as well as other Federal departments and agencies, should take a leading role in providing assistance to State and local agencies in connection with their data collection activities. FSUC encourages the continuation of the longitudinal study of the high school class of 1972 which will yield additional information about the transition of young people from school to the world of work. It is also important that NCES take steps that will improve the quality and timeliness of its major statistical series.

Conclusion

The Federal Statistics Users' Conference appreciates the opportunity afforded by the subcommittee to present our views on the budget request for statistical programs of the Bureau of Labor Statistics of the Department of Labor and the National Center for Health Statistics and the National Center for Educational Statistics of the Department of Health, Education, and Welfare.

BUREAU OF APPRENTICESHIP AND TRAINING

STATEMENT OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Today, more than ever, American industry needs skilled craftsmen to meet with the changes in technology, production, and demand for quality products competitive with the international marketplace. It should be a national disgrace when the seventh largest city in this country, and one of this Nation's largest manufacturing areas, has only two glassblowers, both of whom are now at the retirement age; when the Nation's largest city has only one company capable of handworking gold, or that all our artisan silver comes from a small New Mexican, Indian tribe. To this, we add our inability to produce machines that will not break down during their warranty period, new houses without a 1-inch separation between the foundation wall, and automobiles without potentially

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dangersous defects. And, yet, as this national disgrace grows, there are those of us who state that what we need is a more specialized hierarchy that will produce more job openings and forget about the craftsman concept. It might be interesting to remove what existing craftsmen we have from American industry and witness how long it would last.

Craftsmen are not born, nor are they created by demand. They are not brought forth by education, nor do they exist by training alone as we might train certain animals to minic human behavior. Craftsmen are forged as we might forge steel. They are a blend of natural capabilities molded through education, experience, and training and cured to withstand the elements of obscurity through a process that dates back to before Christ called apprenticeship, a workable system that everybody claims expertness but does not begin to understand. Individuals do not understand the system because it is against their very nature, which might be said to be one of self-destruction. The system is voluntary—not compulsory like our educational system, and no one has to have one. The cost of the system, for the most part, is borne by industry and not by the taxpayer. Although the end product has some degree of competence, we soon destroy this by moving it into a plane of incompetence. There are those who state the system has outlived its usefulness and others who would kill the system.

True, apprenticeship is in trouble, but why is it in trouble? One might ask the same questions of our natural resources, our rivers and streams, as well as our educational system. Apprenticeship is in trouble because we want it to be. It is our very nature to tend to destroy the workable and creat unworkable sitautions.

How can we tell that apprenticeship is in trouble? Well, if you don't want to listen to the users of the system, observe her output, such as one would do with an industry before investing any funds in that industry. For Federal purposes, apprenticeship has often been categorized into three trades; construction, metalworking, and printing. Each of these trades have shown a predictable growth pattern from 1952, however, starting with 1970, each of these groups have fallen. Construction fell from 161,106 in 1970 to 141,820 in 1971. Metalworking fell from 53,665 in 1970 to 34,926 in 1971 and printing fell from 14,930 in 1970 to 11,261 in 1971. The fall continues today. The electric utility industry is 1,000 apprentice linemen shorter than it was in 1970. Yet, this very important industry has a greater need for linemen today than ever before. One might say that there is a contradiction in the previous statements. There is no contradiction. It is true that there is more of a need today for this occupational classification than 3 years ago, and due to the nature of the industry, there will always be a need as long as we generate and distribute electric energy. But, the industry is tired of fighting the establishment, to train the people that it will utilize. They are tired of trying to satisfy the whims and wishes of 16 Federal agencies, State and local regulatory bodies for a system that is supposed to be voluntary. They are tired of being forced to adopt training rules and regulations in one State that most likely will not be honored in another State where they do business. So what if they have to pay more overtime, take longer to do a job, and oftentimes, do the job more than once and waste materials, especially natural resources? The public will pay for it. In fact, the more they spend, the more profit return they can ask for. Sure, they state that there is a trained manpower shortage, but on the other hand, it could be worse if they couldn't pay their top hands, craftsmen, the top dollar, import a few persons from Canada, and have outside groups such as Project Transition, junior colleges, and area vocational schools give them some sort of experience gained at public expense. Experience that can be achieved in 1 or 2 weeks, under a true apprenticeship system, while under public financed systems, usually takes 20 to 36 weeks.

Speaking of public expense, has anyone really analyzed what it would cost the public to duplicate industry in the classroom? To train an average of 22,000 construction electricians a year cost the electrical construction industry approximately $3 million a year, and none of this is in the form of wages to those being trained. Train a person in a classroom and you have little or no production to realize from his efforts. On the job, an apprentice does add to the production process. If he doesn't, he won't be an apprentice for very long.

Now, if one would multiply what one industry is spending for only one occupational classification, times 1 000 occupational classification and then that resultant by 1,000 individual industries, you would be talking in the trillions of dollars. How long could this Nation's economy support a public debt of over $3 trillion? Also, why should only one industry, subjected to all types of Federal, State, and local training controls, train individuals only to have them stolen by

other industries who do no training, but are willing to spend a few of the dollars that they have saved on a slightly higher wage or better condition package?

At the turn of this century, we found apprenticeship programs established by such names as Westinghouse, General Electric, and Baldwin. But where are these programs today? Nonexisting. Between 1905 and 1915, more than 100 apprenticeship programs were instituted by various railroads. But again, where are these programs?

If one will recall from history, it wasn't too many years ago that a person could practice law by serving an apprenticeship in a law office. Will the craftsman of the not-too-distant future have to attend a college for 7 years? Isn't this going backward to colonial time, when the system of "indentured labor" was fixed at 7 years by Englig's "Statute of Artificers" (1562–63)? Who knows maybe we will again have "head rights."

In August of 1937, the 75th Congress created Public Law 308, "The National Apprenticeship Act." The purpose of the act was to make apprenticeship voluntary without direct grants, subsidies, or reimbursements. It also defined the Government role in furthering and protecting this system. Today, with the exception of direct grants, subsidies, or reimbursements, Government has forgotten its role. It has not promoted apprenticeship for the best part of the last quarter-score. Small employers who would welcome assistance, can no longer get it because of reduction in both national and field staffs, and their budgets which limits the present staff to only the largest cities of the largest group. These small employers are torn about by other Federal agencies in the name of compliance, civil rights, States rights, and environment. They have been so torn apart in the last 3 years that many are giving up the apprenticeship system and saying, "We will find other means." Of course, some of them are greedy and will abandon the apprenticeship system for public dollars, being spent in other forms of training—forms of training that have proven to put the greatest portion of those supposedly trained back on the unemployment or welfare rolls within 3 years after completion. I ask you why an electric utility should spend $1,000, $5,000, or $10,000 of their own money training a lineman when A.T. & T. can do it on a manpower grant?

Some will say that at least $50 million is being spent on apprenticeship today by the Federal Government. However, these same people fail to ask for explanations of these funds. If they did, they would find out that almost 81 percent was being spent for minority recruitment; namely, race. Is another 81 percent going to have to be spent on ethnic groups? How about women, the handicapped, the unemployed, the veteran, those in prison, and the American Indian? The fundamental question is how many times can a pie be divided and still be a pie?

As far as protecting the system, with the present reductions in the Bureau of Apprenticeship staff, one can hardly ever find one to assist you if you need help. They, what few of them are left, have been forced to spend the greatest portion of their time in determining whether equal employment opportunity compliance has been achieved, or in some other manpower-related activity which is as close to apprenticeship as the moon is to the sun.

Oh yes, we can protect the system by giving each State the right to run its own system. Thirty-two States have apprenticeship councils. For the most part, these councils are formed by individuals who serve on a voluntary basis because someone told them to. Each State has within its power to develop its own rules governing apprenticeship, and after comparing rules and regulations for neighboring States, one can readily see that no communications exist between these States. In one State, the related instruction portion of an apprenticeship program is to be designed by that State's board of education. In another State, the instructor that teaches apprentices must have a degree from an accredited college. And another State is proposing that all employers use only registered and certified craftsmen or pay a $50-a-day fine.

One must ask himself, how can the system be corrected and restored? The answer lies in the review of Public Law 308, and reestablishment of the Bureau of Apprenticeship and Training with its advisory committee, the Federal Committee on Apprenticeship, to carry out those elements of the Manpower Administration which concerns itself with apprenticeship.

Also, to provide BAT with—

1. The manpower justified to properly carry on these elements. The Bureau had in fiscal year 1965, 572 positions. Today, it has 388. It should be restored to the fiscal year 1965 position level.
2. Supervisory authority over State apprenticeship councils and State apprenticeship plans.
3. Direct appropriations based upon the Bureau's justification.

MATERNAL AND CHILD HEALTH PROGRAMS

Letter from Dr. George C. Cunningham, President, Association of State and Territorial Maternal and Child Health and Crippled Children's Directors.

May 22, 1974

Honorable Daniel J. Flood
U. S. House of Representatives
Cannon House Office Building, Room 108
Washington, D. C. 20515

Dear Congressman Flood:

In lieu of personal appearance, I would like to request that this statement be included in the record of your hearings on the DHEW budget. As President of the Association of State and Territorial Maternal and Child Health and Crippled Children Directors, a group of over 150 experienced state health administrators, I would like to express our concern over the Administration's proposed manipulation of the budget appropriation for Maternal and Child Health programs.

These programs have a long and widely acknowledged history of effectiveness. In spite of very limited budgets which have been held virtually static since 1971 (see Table I), continual progress has been made in accomplishing the Congressional mandate of extending and improving services for mothers and children and reducing infant mortality.

To illustrate this point, the increase in allocations over three years, shown in Table I, amount to only 1.7 percent; whereas the total costs of medical care have risen approximately 12 percent each year since 1967 (Social Security Bulletin, February 1974).

This year the Administration proposes to reduce the funds available for allocation under Section 503 (Title V, Social Security Act) by $18 million and redistribute it in violation of Congressional intent under Section 516 of the same Act. By a series of complex budget manipulations, they are attempting to show that states will receive essentially the same total funding level in 1975, when special project funds are to be redistributed to the states, as they received in fiscal 1973. There is serious question as to whether the procedure used is legal, which may require a court decision to resolve.

Setting aside the question of legality and ethics of the decision, the practical effect is to reduce the level of funding available to state Maternal and Child Health programs in 23 states. The effect will be a serious curtailment of services with predictable loss of momentum in reducing maternal and infant mortality and morbidity. These states are doubly punished for while they are given less funds they are required to provide new services. Title V requires

every state to have a program of projects in five areas--family planning, maternal and infant health, intensive newborn care, children and youth, and dental care. All 23 states must add one or more of these services.

The states receiving a net increase in funds over the FY 1974 level are in no better position because of this budget manipulation. Many will have to develop several types of projects while maintaining current activity with very small increases.

We have carefully analyzed the fiscal data available. The Administration's proposal is totally unacceptable to all who are knowledgeable in this area of health care. We recommend that the Committee take the following steps.

First, restore the $18 million to Section 503 of Title V.

Next, require DHEW to reallocate the entire amount to the states using existing formulas; then determine the amount necessary to insure that no state will receive less in FY 1975 than it received in combined formula and special project funds in FY 1974 (In my opinion, the use of 1973 as a base year is no longer appropriate.); and request the supplemental amount needed under Section 516.

In addition to this minimal status quo support, the Committee should seriously consider increasing all figures by 30 percent to allow these programs to keep pace with the inflation in health care.

Surely this investment in the health of future generations deserves high priority even in the face of the need for fiscal restraint. On behalf of the mothers and children who would be the real beneficiaries of this action and the health professionals who are committed to serve them, I earnestly request your support of this addition. Thank you.

Sincerely,

George C. Cunningham

George C. Cunningham, M.D.
PRESIDENT

GCC/en

TABLE I

ALLOCATIONS OF FORMULA GRANTS FOR MATERNAL AND CHILD HEALTH SERVICES

State	1971	1974
Alabama	$ 1,247,908	$ 1,220,100
Alaska	195,461	189,500
Arizona	425,974	421,700
Arkansas	673,478	687,000
California	2,834,834	3,141,400
Colorado	494,248	504,100
Connecticut	475,448	497,800
Delaware	201,995	212,600
District of Columbia	247,008	246,100
Florida	1,604,726	1,581,200
Georgia	1,654,810	1,627,700
Guam	158,028	159,400
Hawaii	245,422	252,600
Idaho	234,870	239,500
Illinois	1,668,815	1,779,600
Indiana	1,089,353	1,345,800
Iowa	680,398	735,300
Kansas	483,732	483,700
Kentucky	1,133,396	1,172,400
Louisiana	1,361,208	1,321,000
Maine	356,076	343,900
Maryland	1,098,384	1,086,700
Massachusetts	838,403	898,300
Michigan	1,926,890	2,007,100
Minnesota	905,063	940,200
Mississippi	1,085,847	1,041,700
Missouri	1,020,062	1,154,600
Montana	222,453	224,500
Nebraska	346,591	355,900
Nevada	200,211	205,100
New Hampshire	262,881	232,200
New Jersey	1,046,999	1,121,700
New Mexico	340,026	340,800
New York	2,649,381	2,669,500
North Carolina	1,908,325	1,835,300
North Dakota	216,561	217,700
Ohio	2,201,112	2,351,400
Oklahoma	602,965	624,600
Oregon	536,415	571,100
Pennsylvania	2,522,102	2,553,700
Puerto Rico	1,638,916	1,375,700
Rhode Island	273,072	251,000
South Carolina	1,142,005	1,131,400
South Dakota	182,917	223,100
Tennessee	1,236,805	1,231,000
Texas	2,577,513	2,646,500
Utah	435,724	430,100
Vermont	230,921	197,000
Virgin Islands	157,002	158,200
Virginia	1,371,581	1,300,400
Washington	791,559	881,300
West Virginia	761,498	603,100
Wisconsin	1,004,099	1,056,000
Wyoming	204,043	183,200
Total Distribution by Formula	$49,405,514	$50,262,500

TABLE II

TOTAL TITLE V MONEY IN EACH FISCAL YEAR
(Formula + Special Project for 1974 and Formula After Adjustment in 1975)

STATES HAVING LESS MONEY AVAILABLE IN FY 75 THAN FY 74

			New Special Projects Needed				
			Maternity and Infant Care	Children and Youth	Intensive Newborn Care	Dental Care	Family Planning
1.	Alabama	$ 618,691	0	0	1	1	0
2.	American Samoa	8,000	1	1	1	1	0
3.	Arizona	61,100	1	0	1	1	0
4.	Arkansas	58,242	0	0	1	1	0
5.	Colorado	667,810	0	0	1	1	0
6.	District of Columbia	1,217,755	0	0	1	1	0
7.	Florida	579,343	0	0	1	1	0
8.	Georgia	156,251	0	0	1	0	0
9.	Illinois	1,561,748	0	0	1	1	0
10.	Kansas	149,241	1	0	1	1	0
11.	Louisiana	89,436	1	1	1	0	0
12.	Maryland	451,553	0	0	1	1	0
13.	Michigan	612,679	0	0	1	0	0
14.	Minnesota	270,390	0	0	1	1	0
15.	Missouri	618,232	0	0	0	1	0
16.	Nevada	74,800	0	1	1	1	0
17.	New Mexico	542	0	1	1	1	0
18.	New York	3,639,567	0	0	1	0	0
19.	Ohio	797,638	0	0	1		0
20.	Puerto Rico	840,354	0	0	1	1	0
21.	Rhode Island	1,800	0	1	1	1	0
22.	Texas	1,369,100	0	0	0	0	0
23.	Virgin Islands	143,300	1	0	1	1	0
	TOTAL	$13,987,572	5	5	22	18	0

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