NOMINATION

HEARING

BEFORE THE

COMMITTEE ON HUMAN RESOURCES
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

ON

JULIUS RICHMOND, OF MASSACHUSETTS, TO BE AN ASSISTANT SECRETARY OF HEALTH, EDUCATION, AND WELFARE; TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE; AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

JUNE 24, 1977

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NOMINATION

FRIDAY, JUNE 24, 1977

U.S. SENATE,
COMMITTEE ON HUMAN RESOURCES,
Washington, D.C.

The committee met, pursuant to notice, at 10:30 a.m., in room 4232, Dirksen Senate Office Building, Senator Edward M. Kennedy presiding pro tempore.

Present: Senators Williams (chairman), Kennedy, Randolph, Schweiker, and Javits.

Staff present: Don Zimmerman, minority counsel.

Senator KENNEDY. We will come to order.

Before getting into the official business of the morning, I want to recognize a distinguished member of this committee and a close personal friend, the Senator from West Virginia, for some introductions.

Senator RANDOLPH. You are very kind to allow this preface to this important meeting, and also Senator Schweiker from Pennsylvania, I refer you, so that our guests may know who exactly is at the table.

John Camela an Italian American or American Italian, he is from West Virginia. That is an area in our area in the Northern Panhandle. Dick Schweiker is very familiar with it. There is a very, very large population of Italians who come into our steel mills, combines and are very substantial citizens, productive in our society.

John would like to introduce two Members of the Italian Parliament and their guests who are here. They are here as members of the Friendship for America Club, which is an active organization in Italy.

John, would you do that now?

Mr. CAMELA. Thank you, Senator Randolph, and thank you, Senator Kennedy, for giving us the privilege to appear and attend this function.

I have the privilege to present the Honorable Mario Gauteau, Member of the Italian Parliament, and also Senator Eugene Parlimeni, Dr. Mario Scatinni, Antonio Justi, and Professor Salvatore——

Senator RANDOLPH. You did not ask them to stand.

Mr. CAMELA. To promote closer ties with the United States. They are part of the Clubs Friendship for America, and their purpose here is to promote relations with the United States, a principle of democracy.

Thank you very much.

Senator RANDOLPH. Thank you very much.

Senator KENNEDY. We want to express our appreciation to Senator Randolph and to John for your presence and to our friends from Italy.

If our friends from Italy look into the deepest vaults in the Vatican and go down into the furtherest historical documents and research the names of Geraldini's, they will find that a small Italian family of

Geraldini's traveled many miles to the country of Ireland and met up with the Irish family of Fitz's——

[Laughter and applause.]

Senator KENNEDY. And, many years later, the Fitzgeralds came to Boston, Mass.

So I feel a wonderful sense of comradeship to my distant cousins. [Applause.]

Senator KENNEDY. We welcome—I refuse to recognize my good colleague here until I have a chance to pay due respects to our visitors from Italy. But we welcome them.

I also happen to be the Chairman of the Refugee Committee. We have been working very closely with the Italian people on the Fraholi area with the tragedies which have been experienced there, with the earthquakes in recent times. And you will be pleased to know in the authorization and appropriations that passed the Senate just last week, there were some funds for the refugee victims. And we continue to follow very closely the efforts to maintain democratic institutions in Italy. And you are among very good friends. We are glad to welcome you.

Now, I will permit the Senator from West Virginia.

Senator RANDOLPH. John, would you stand for a minute, please?

Mr. Chairman, only on this note of nostalgia—and I must not be misunderstood—Jack, Bob, and Ted have been to West Virginia many, many times, not because of politics, but you have come there and been a part of our community. I think for all of us in that area, we thank you very much and I want the record to disclose it.

Mr. CAMELA. Senator, we extend an invitation to you to come and join us.

Senator KENNEDY. Would that be all right, if the Senator would not mind?

We have been to Logan, Charleston. We want to get up to where Senator——

Senator RANDOLPH. Being very realistic, we are sure you will come back.

Mr. CAMELA. We love, but we also love the Kennedys.

Senator KENNEDY. Thank you very, very much. We are glad to have you here.

You can be sure Senator Schweiker is not going to let an occasion go by——

Senator SCHWEIKER. I just want to pay one more tribute to Italy. I saw the Italian soccer team play against the American All Stars about 1½ years ago. We brought that great American soccer player, Pele, from Brazil, to play on our team, and even with Pele on our side we could not beat Italy. So you must have some pretty good soccer players over there.

Thank you very much.

Senator KENNEDY. Thank you very much. We appreciate it.

Well, Mr. Richmond, Doctor, we welcome you here to our committee.

It is my great privilege to introduce Dr. Julius B. Richmond, who appears before the Human Resources Committee today as a nominee for the positions of Assistant Secretary for Health at the Department of Health, Education, and Welfare and Surgeon General of the United States.

Dr. Richmond is one of the Nation's most distinguished pediatricians and is a recognized expert in child psychiatry and child development.

He has served as chairman of pediatrics of the College of Medicine at the State University of New York at Syracuse, has been dean of the medical faculty of the State University of New York at Syracuse and, for the last several years, has been professor of child psychiatry and human development, as well as professor and chairman of the Department of Preventive and Social Medicine of the Harvard Medical School. He is on the faculty of the Harvard School of Public Health and is the psychiatrist-in-chief of the Children's Hospital Medical Center in Boston, as well as the director of the Judge Baker Guidance Center in Boston.

Dr. Richmond has already distinguished himself in Government service. He was the first National Director of Project Head Start, and is generally given credit for originating that program. He has also been the Director of the Office of Health Affairs of the Office of Economic Opportunity. He was one of the principal architects of the Neighborhood Health Center Program.

Dr. Richmond is a member of the Institute of Medicine and, in that capacity, chaired an Institute of Medicine Commission studying the costs of medical education. He is the recipient of numerous awards and the author of numerous publications.

It is an honor and a privilege to have a nominee of his qualifications and experience appear before this committee.

I want to express, on behalf of the entire committee, our sympathy and concern about Dr. Richmond's wife's serious illness and surgery, and our hope and prayers for a speedy and complete recovery.

Dr. Richmond wanted to go ahead with this confirmation hearing today in spite of these very trying personal circumstances because of his feeling that there has been too long a period between Assistant Secretaries. I believe this is another example of his personal courage and dedication and commitment to public service.

Senator Schweiker.

Senator SCHWEIKER. I will say that I certainly am impressed with Dr. Richmond's credentials. I am glad to see a man with his qualifications and background undertake what I consider a very challenging job. I think he will bring a lot to it and will be able to accomplish a lot as Assistent Secretary for Health, particularly in view of his excellent background in child health and his past experience in health policy.

So I am delighted with the President's recommendation for this post, and I am delighted to be here today to chat with Dr. Richmond.

Senator KENNEDY. Dr. Richmond, we have your biography. I assume that is correct.

We will make that a part of the record at this point.

[The following material was received for the record:]

BIOGRAPHY OF JULIUS B. RICHMOND, M.D.

Dr. Richmond had his elementary and high school education in Chicago and Lake County, Illinois. He had his collegiate and medical education at the University of Illinois. He interned at the Cook County Hospital in Chicago and also had his residency in pediatrics there. His interests are in the fields of pediatrics, child psychiatry, child development and national health policy.

During World War II Dr. Richmond served as a flight surgeon in the Air Force; he joined the faculty at the University of Illinois College of Medicine as an Assistant Professor of Pediatrics in 1946 and was promoted to Associate Professor in 1948 and Professor in 1950.

From 1953 to 1971 Dr. Richmond served as Professor and Chairman in the Department of Pediatrics at the State University of New York at Syracuse. From 1965 to 1971 he was also Dean of the Medical Faculty.

Since 1971 Dr. Richmond has been Professor of Child Psychiatry and Human Development, and Professor of Preventive and Social Medicine in the Faculty of Medicine and the Faculty of Public Health at Harvard University in Boston. He is also Psychiatrist-in-Chief at the Children's Hospital Medical Center, and Director of the Judge Baker Guidance Center, both in Boston.

He is Vice Chairman of the Council of the Institute of Medicine of the National Academy of Sciences, Washington. He is a member of the Board of Directors of the Foundation for

Child Development in New York City.

Dr. Richmond served as the first director of the national program, Head Start, and also as the first director of the Office of Health Affairs (which developed the Neighborhood Health Centers program) of the Office of Economic Opportunity, and has been President of the Society for Research in Child Development, the American Psychosomatic Society, and the American Orthopsychiatric Association. He has been Vice President of the Child Welfare League of America, and of the Society for Pediatric Research. He is a Fellow of the American Academy of Arts and Sciences.

Dr. Richmond was elected to Alpha Omega Alpha and Sigma Xi. From 1948 to 1953 he served as a John and Mary R. Markle Foundation Scholar in the Medical Sciences. He has held numerous lectureships and was awarded the C. Anderson Aldrich Award of the American Academy of Pediatrics for Research in Child Development in 1966. He was recognized at the White House with the Distinguished Service Award of the Office of Economic Opportunity in 1967 and received the Parents' Magazine Award for Outstanding Service to Children in 1966. In 1970 he received the Martha May Eliot Award of the American Public Health Association as well as a number of other awards.

In 1977, Dr. Richmond was appointed to the President's Commission on Mental Health.

CURRICULUM VITAE

Julius B. Richmond, M.D.

Born: September 26, 1916, Chicago, Illinois

1937	B.S. University of Illinois, Urbana and Chicago
1939	M.S. in physiology, University of Illinois, Urbana and Chicago
1939	M.D. University of Illinois, Urbana and Chicago
1971	M.A. Harvard University (Hon.)
1939-41	Rotating intern, Cook County Hospital, Chicago
1941	Pediatric resident, Municipal Contagious Disease Hospital, Chicago
1941-42	Pediatric resident, Cook County Children's Hospital, Chicago
1942-46	Chief Flight Surgeon, Army Air Force, AUS, Central Instructors School, Randolph Field, Texas
1946	Pediatric resident, Cook County Children's Hospital, Chicago
1946-48	Assistant Professor of Pediatrics, University of Illinois, Chicago
1948-50	Associate Professor of Pediatrics, University of Illinois, Chicago
1948-51	Lecturer, School of Social Welfare Administration, University of Illinois, Urbana
1949-53	Lecturer in Biology of Human Development, Psychoanalytic Child Care, Institute for Psychoanalysis, Chicago
1950-53	Professor of Pediatrics, University of Illinois, Chicago
1950-53	Chairman, Committee on Instruction (Curriculum Committee) University of Illinois, College of Medicine, Chicago
1950-53	Chairman, Committee on Hospital Laboratories, University of Illinois, Chicago
1950-53	Library Committee, University of Illinois, College of Medicine Chicago
1952	Interdepartmental Committee on Human Development, University of Illinois, College of Medicine, Chicago
1952-53	Director, Institute for Juvenile Research, Chicago
1953-65	Chairman and Professor, Department of Pediatrics, State University of New York, Upstate Medical Center, Syracuse
1956-62	Chairman, Committee on Educational Policy, State University of New York, College of Medicine, Syracuse
1956-64	Committee on Faculty Promotions, State University of New York, College of Medicine, Syracuse
1963-65	Chairman, Committee on Committees, State University of New York College of Medicine, Syracuse
1963-66	Executive Committee, Faculty Organization, State University of New York, Syracuse
1965-70	Dean, Medical Faculty, and Chairman, Department of Pediatrics State University of New York, Upstate Medical Center, Syracuse
1971-	Professor of Child Psychiatry and Human Development, Harvard Medical School, Boston
1971-	Professor and Chairman, Department of Preventive and Social Medicine, Harvard Medical School
1971-	Psychiatrist-in-Chief, Children's Hospital Medical Center, Boston
1971-	Director, Judge Baker Guidance Center, Boston
1974-	Professor of Preventive & Social Medicine in the Faculty of Public Health

Memberships and Other Activities:

1947	Certified, American Board of Pediatrics
1946-	American Medical Association
1947-	American Association for the Advancement of Science
1948-	American Academy of Pediatrics
1949-50	Executive Committee and Fact-Finding Committee, Governor's Committee on Mid-Century White House Conference on Children and Youth for Illinois
1950-53	Governing Board, Elizabeth McCormick Fund, Chicago
1950-53	Committee on Child Development, National Research Council
1950-	Society for Pediatric Rsearch
1951-	Member, Conference on Psychiatry in Undergraduate Medical Education, American Psychiatric Association
1951	Member-Consultant, Interagency Conference on Children and Youth, Josiah Macy, Jr. Foundation, Princetown, New Jersey
1951-53	Governor's Commission on Children and Youth, State of Illinois
1951-54	Scientific Program Committee, American Academy of Pediatrics
1951-55	Governing Board, National Association for Nursery Education
1952	Member, Conference of Professors of Preventive Medicine sponsored by American Association of Medical Colleges
1952-53	Governing Board, Infant Welfare Society
1952-53	Governing Board, Chicago Area Project
1952-	American Psychosomatic Society
1953	Governing Board, Welfare Council of Greater Chicago
1953	Governing Board, Illinois Society for Mental Health
1953-	Society for Experimental Biology and Medicine
1953-	Member, Editorial Board, Psychosomatic Medicine
1954-57	Consultant (Study Section), National Institute of Mental Health, Department of Health, Education and Welfare
1954-	American Orthopsychiatric Association
1954-	American Pediatric Society
1954-	Board of Trustees, Child Welfare League of America
1956-61	Member, Editorial Board, Pediatrics
1956-65	Member, Physicians' Council
1957-68	Member, Committee on Edication and Research, Association of American Medical Colleges
1958-	Member, Macy Conference on Group Processes
1958	Chairman, Planning Committee, First Institute on Clinical Teaching, Association of American Medical Colleges
1958-62	Member, Board of National Advisers to Children (publication of U. S. Children's Bureau)
1959-71	Association of Medical School Pediatric Department Chairman President 1962-64
1960-63	Chairman, Section Child Development, American Academy of Pediatrics
1960-64	Vice-President, Child Welfare League of America
1960-70	Member, Council on Mental Health, American Medical Association
1961-62	Vice President, Society for Pediatric Research
1961-	Society for Research in Child Development
1962-63	President, American Psychosomatic Society
1962	Member, Advisory Board, Annual Review of Child Development
1963-65	Member, Board of Directors, American Orthopsychiatric Association
1963	Member, World Health Organization Expert Advisory Panel on Maternal and Child Health

1964	Chairman, Expert Committee on Adolescence, World Health Organization
1964-70	Member, Committee on Medical Education, American Academy of Pediatrics
1965	Appointed National Director of Project Head Start, Office of Economic Opportunity, Washington, D.C.
1965-	Vice-Chairman, Joint Commission on Mental Health of Children
1966-67	Vice President, American Orthopsychiatric Association
1966-68	Director of Health Affairs, Office of Economic Opportunity, Washington, D.C.
1966-	Distinguished Fellow, American Psychiatric Association
1966-70	Consultant, Office of Economic Opportunity, Washington, D.C.
1966-	Member, National Advisory Committee of John F. Kennedy Center for Research on Education and Human Development, George Peabody College, Nashville, Tennessee
1966-	Member, Cosmos Club, Washington, D.C.
1967	Member, National Advisory Committee of Presbyterian St. Luke's Hospital and Medical Center, Chicago, Illinois
1967-69	President, Society for Research in Child Development
1967	Editorial Consultant, Scott, Foresman and Company (textbook publications), Glenview, Illinois
1968-71	Member, Local Advisory Committee of School of Social Work, Syracuse University, Syracuse, New York
1968	Member, National Advisory Review Board of University of North Carolina Child Development Research Institute, Chapel Hill
1968-72	Member, Health Research Facilities Scientific Review Committee, National Institutes of Health
1968-70	Member, Committee on Basic Research in Education, National Research Council, National Academy of Sciences, Division of Behavioral Sciences
1969	Member, Advisory Group of the Department of Human Development and Family Studies, Cornell University, Ithaca, New York
1969-71	Member, Inter-University Case Program, Inc., Studies of Government Administration and Policy Formation Advisory Committee, Syracuse University
1969	Member, Advisory Committee of the International Study Group on Early Child Care
1969	Member, World Health Organization Seminar on Classification of Mental Retardation, Washington, D.C.
1969-70	Member, Advisory Committee of the Guideline Committee of the Study for Teaching the Behavioral Sciences in Schools of Medicine, Department of Epidemiology and Public Health, Yale University, New Haven, Connecticut
1969-70	Member, Board of Trustees of the Inter-University Case Program
1969-70	Member, Advisory Committee, Policy Institute Advisory Committee, Syracuse University Research Corporation, Syracuse
1969-	Member, Section on Community Pediatrics, American Academy of Pediatrics
1970 - 77	Founding Member, Council on Children, Media, and Merchandising (Washington, D.C.)
1970-	Honorary Member, American Academy of Child Psychiatry
1971	Member, Governor's Advisory Committee on Child Abuse (Massachusetts)
1971-73	Member, Board of National Easter Seal Society Research Foundation
1971-	Member, Board of Directors, Children's Lobby
1971-	Associate Member, New England Council of Child Psychiatry

Memberships and Other Activities (cont.)

1971-75 Member, Advisory Board, Medical Insight
1971- Member, Massachusetts Medical Society
1971- Member, Institute of Medicine of the National Academy of Sciences
1971- Member, Advisory Committee on Child Development, National Academy of Sciences, Division of Behavior Sciences
1971-75 Member, Scientific Advisory and Review Committee for the James Whitcomb Riley Hospital for Children, Indianapolis
1971 Member, American Public Health Association
1971-77 Charter Member, Board of Directors, American Branch of the International Association of Workers for Maladjusted Children
1971 Member, Governor's Committee on Child Abuse, Commonwealth of Massachusetts
1972 Member, Governor's Special Commission to Study and Investigate the Administration of Child Care Services in the Commonwealth of Massachusetts
1972 Participant, Anglo-Canadian-United States Conference on Development of Health Services, The Ditchley Foundation, Oxfordshire, England
1972 Participant, International Conference on Prenatal and Postnatal Development of the Human Brain, Josiah Macy, Jr. Foundation, Paris
1972-77 Member, National Advisory Board for Illinois State Pediatric Institute
1972- Fellow, American Academy of Arts and Sciences
1972-77 Member, National Scientific Advisory Council of the National Jewish Hospital at Denver
1972 Member, Child Development National Advisory Committee (OCD, HEW)
1972 Member, Association of Teachers of Preventive Medicine
1973 -77 Member, Council of Institute of Medicine of National Academy of Sciences
1973-74 President, American Orthopsychiatric Association
1973-75 Chairman, Steering Committee to study the cost of education of the health professions, Institute of Medicine of the National Academy of Sciences
1973-74 Member, Pediatric Review Committee, Massachusetts General Hospital
1973 Member, Special Commission on the Care and Treatment of Children, Commonwealth of Massachusetts
1974-77 Member, Board of Directors, Kennedy Memorial Hospital for Children, Brighton, Massachusetts
1974 Guest Professor, The Princess Margaret Hospital for Children, and Adalaide Children's Hospital, Adalaide, Australia
1975 Member, Task Force on Foster Care and Placement, Department of Public Welfare, Commonwealth of Massachusetts
1975- 77 Member, Task Force on Pediatric Education, American Academy of Pediatrics
1975- Member, Board of Directors, Foundation for Child Development, New York City
1975 Participant, US-USSR Scientific and Cultural Exchange Program, at the invitation of the State Department, Moscow
1977 Advisory Committee on Children, Depat. of Public Health, Commonwealth of Massachusetts.
1977- Member, President's Commission on Mental Health

Honors and Awards:

Alpha Omega Alpha
Phi Eta Sigma
Sigma Xi

1948-53 John and Mary R. Markle Foundation Scholar in the Medical Sciences
1958 Joseph S. Wall Memorial Lecture, Children's Hospital of the District of Columbia
1961 Domestic Lectureship, Journal of Pediatrics Educational Foundation, Children's Hospital, Akron, Ohio
1961 Invited Lecture, Annual Meeting of Society for Research in Child Development
1962 Annual Lecture in Family Medicine, Harvard Medical School
1962 Otto Faust LEcture, Albany Medical College, Albany, New York
1963 Distinguished Alumnus Lecture, College of Medicine, University of Illinois, Chicago
1964 The Brenneman Lectures, Los Angeles Pediatric Society, Los Angeles California
1965 Merit Award, State University of New York at Buffalo, School of Social Welfare
1965 Twelfth Annual Hilda F. Silverman Lecture, Upstate Medical Center, Syracuse, New York
1966 Agnes Bruce Greig Award, Washington, D.C.
1966 50th Anniversary Symposium of the Bank Street College of Education, New York City, "Perspectives on Learning"
1966 Distinguished Service Award, Onondaga County Medical Society
1966 Seventh Annual "Alumnus-of-the-Year" Award, University of Illinois Alumni Association at the Medical Center, Chicago
1966 Commencement Address, Upstate Medical Center, Syracuse, New York, "Translating Knowledge into Practice."
1966 Participant, Dedication Symposium, Silvain and Arma Wyler Children's Hospital, University of Chicago, Illinois
1966 C. Anderson Aldrich Award for Research in Child Development, American Academy of Pediatrics
1966 Parents Magazine Award "For Outstanding Service to Children"
1967 Distinguished Service Award, Office of Economic Opportunity, presented at the White House
1967 Annual Award, Foundation for Child Mental Welfare, New York City
1970 Third George Armstrong Lecturer, Ambulatory Pediatric Association
1970 First Milton J. E. Senn Scientific Seminar Lecturer, Child Study Center, Yale University, New Haven, Connecticut
1970 Martha May Eliot Award, American Public Health Association
1970 John F. Kennedy Memorial Lectureship, Georgetown University Medical Center, Washington, D.C.
1972 Frances Ayers Memorial Seminar, "The Family and the Handicapped Child." Falls, Church, Virginia
1973 The Bilderback Lecture, University of Oregon Medical School, "Who are the Children's Advocates?"
1974 First C. Edward Stepan Lecture in Developmental Pediatrics, Rush-Presbyterian-St. Lukes Medical Center, Chicago, "Head Start, Ten Years Later, What Have we Learned?"
1975 The Alvah Newcomb Memorial Lecture, The Evanston Hospital Department of Psychiatry, Evanston, Illinois "Head Start, Relation to Development of the Pre-School Child-Issues and Options Ten Years Later."
1975 Journal of Pediatrics Educational Foundation Lectureship, "Courtship, Marriage and Symbiosis," Emory University School of Medicine, Atlanta, Georgia

STATEMENT OF JULIUS RICHMOND, M.D., OF MASSACHUSETTS, NOMINEE TO BE AN ASSISTANT SECRETARY OF HEALTH, EDUCATION, AND WELFARE; TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE; AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

Dr. RICHMOND. Yes, sir.

Senator KENNEDY. I have some questions, but if you want to make any comments, or we can move right to the questions, whichever you like, or I can ask you questions and you can make a comment after. Any way you like to.

Dr. RICHMOND. If I may, Senator, I would like to just make one or two points by way of introduction.

First, to express my appreciation to the members of the committee for their thoughtfulness in permitting this hearing this morning to go forward without my having had an opportunity to meet with individual members of the committee, as I had hoped to do.

I think circumstances indicate that we indeed have some unresolved problems; that we have some research to be done; we have improvements in patient care to be made, certainly the events of this week revealed this very strikingly, and I very much appreciate the good wishes of you and the members of the committee.

I think I would also, by way of preface, like to indicate that when I was invited to assume this position, to accept the nomination, I felt obligated—I want the members of the committee to know this—to accept this responsibility. I felt it was a sense of obligation, Senator Kennedy, because I think this position is the most important position in the Nation, and I hope that I am judged to be competent to assume it.

One has a national interest to respond.

I would take these responsibilities very seriously if I am confirmed. I would commit my efforts very fully to other Members of the Congress, certainly to all of the workers in the Federal Government.

I also would hope that we would gain the cooperation of all professional groups throughout the Nation, as well as broad citizen interest and particiaption all in our efforts to help the American people.

Thank you.

Senator KENNEDY. Thank you very much, Doctor.

Over the period of the past, while I have been the chairman of the Health Committee, your predecessors have felt that the office to have an effective impact on the restructuring of health care, ought to bring together the different elements, the delivery of the health care to the financing aspects of it. That really we were not going to be able to deal effectively with each area unless we were able to blend these and bring these elements together.

We have seen the reorganization in terms of the Department which would appear to bind those particular responsibilities.

I am just interested in what your general reaction to the blending of these elements together and how you perceive this division which has taken place, and how do you believe that that will affect your effectiveness in carrying forward your responsibility as the principal health official, Doctor?

Dr. RICHMOND. Well, that is a very comprehensive kind of question, Senator Kennedy, an important one.

First, I would indicate that in my conversations with the Secretary, I received keen commitment on his part to foster health efforts in the Department of HEW, and I think that he has come to an appreciation of the importance of closely relating the financing aspects of health care with the concerns that we have about the delivery system.

Certainly he has given me clear indication that my responsibilities will be those of the Chief Health Officer of the Nation, in that I will have the responsibility of recommending to him program policies that would bring us to an integrated system of health care, so that we do not come into some of the situations that we did in the 1960's. At that time, we developed programs like medicare and medicaid, through which we pay a good deal of attention to the financing of health programs, but relatively little to the output for the delivery system side. We need to insure that there is equity and appropriate distribution of the resources, not only in terms of funds, but also in terms of manpower facilities.

Although through the organization of the health care financing administration it would appear that there is a dichotomy, I would just point to the fact that medicaid and medicare are two very important health care components with financing requirements. I think it does make some administrative sense to have those programs with some of their related programs, in one agency. But we also need considerable collaboration and some degree of supervision of the health components of those programs coming from the Office of the Assistant Secretary.

Now, this reorganization is a new development. I would hope that we would explore relationships between these two new administrative entities. I would hope that we would have ample input from the health side so that the health provisions of these programs are well attended to.

But I think it is fair to say that if this does not work reasonably well and, pragmatically, it does not yet seem to function as well as we hoped, that the Secretary would look to some other pattern for organization. But I think it is something that we should attempt to try and put to the test.

Senator KENNEDY. Is it—as we see would be division, you have cost and quality on one aspect, and then the manpower, HMO's, planning on the other aspects. We see that division also within the Financing Committee and the Health Committee with all the implication that that has had over a long period of time, with guaranteeing the funding for various kinds of health programs without really reviewing, you know, the service aspects of these programs with—I think unfortunate effects in terms of health care system generally in a number of ways.

But do I understand your response that the Assistant Secretary will report through you, or will you be making the judgment or will they just be notifying you about decisions?

What is the nature of that relationship?

Dr. RICHMOND. There has been set out a policy of periodic review of health components of those programs administered by the Health Care Financing Administration by the Office of the Assistant Secretary for Health at no longer than quarterly intervals. I would say that in

the brief time I have been associated with the Department, Senator Kennedy, I have had ample opportunity to become involved in what is going on in the Health Care Financing Administration, and my staff must review periodically the quality of their health programs.

I would also, I think, mention to you that certainly, with the development of health insurance bills and trying to formulate appropriate provisions in such bills, the financing and delivery system issues will be put together for the Nation in one comprehensive package.

I think we can compare programs, even though they are cast in legislation that makes it somewhat cumbersome to do that now.

Senator KENNEDY. I want to get into that, but I think you sense the concern that I have, and I think other members of the committee would have, about periodic review rather than responsibility in terms of the management getting on top of those programs.

I just want to make sure, I believe very deeply that you can and should have the effective voice in both of those areas, quite frankly. I mean I think , both in terms of knowing what you have achieved and accomplished in relating those factors from a personal point of view and policy point of view, that is the wisest distribution of authority and responsibility, and I am just not sure that with the reorganization, we are not doing in HEW with what we have done in the Congress in the period of years with this division.

I think it would make it more complex to have a sensible, responsible, you know, answer to some of the existing challenges.

I do not know whether—I think you probably answered it, but I do not know if there is anything further in terms of being able to give us assurance about the sort of line responsibility in this area.

Dr. RICHMOND. Well, I think, Senator, I can assure you that I have a policy review responsibility, and I suggested earlier this organizational format may make some sense, in that medicaid and medicare are large-scale programs, with expenditures running upward of $40 billion. I think that it would be difficult for me adequately to attend to all the other health issues in the Department of Health, Education, and Welfare while trying to serve as the chief operating officer of those two very large offices. And that is why I suggested earlier that it might be wise to see how this kind of relationship develops and see whether this policy making responsibility and policy review responsibility which I have, will work well. And if it does not, then I think——

Senator KENNEDY. We are not really indifferent in what I think ought to be done. But we see, for example, with HMO'S, in the areas of medicaid, even in our own State of Massachusetts, relating that to cost factors, that they spend a third less in the treatment of medicaid patients as they do outside that particular system.

You have HMO, they are worried about medicaid. The planning function, the whole issue of technology, utilization. The PSRO's, those are all absolutely related to the question of success and abuses which have existed in the medicaid program and medicare program, and they cannot really escape it, I do not believe, and that is the obvious concern which I know that you understand.

Dr. RICHMOND. Well, I can assure you, Senator Kennedy, in just the matter of the HMO's, I have already had an opportunity to begin to look into some of these relationships, and I would hope that we could do much better.

I think that there has certainly been a period in which the HMO thrust and administration has not been all that I would like to see, and I hope that we can do much better with this.

Senator KENNEDY. Well, we would like to work very closely with you in terms of the—of this particular responsibility, both from our own kind of effectiveness in terms of this area as well as your own. We look forward to it.

Are you going to be the principal figure within the Department in the development in fashioning the health insurance program?

Dr. RICHMOND. Yes, sir.

The Secretary has assigned that responsibility to me.

We do have a National Committee on Health Insurance. That Committee is chaired by the Under Secretary, and I am the Co-Chairperson, and we will be drawing on the resources of the Department. And we certainly will be looking forward to working collaboratively with the staff of your subcommittee in the development of legislation.

Senator KENNEDY. If you would just hold.

I see Senator Talmadge.

Senator Talmadge, I would be delighted to recognize you if you would like to make what comments you would like to.

Senator TALMADGE. I would be grateful. I did not mean to interfere.

Senator KENNEDY. Meet Dr. Richmond.

Senator Talmadge is the chairman of the Health Finance Committee.

Senator TALMADGE. I would appreciate very much, Mr. Chairman, if you would permit me to make a brief statement.

Mr. Allison happens to be a good friend of mine from Atlanta, Ga.

Senator KENNEDY. We will recognize you. Your Finance Committee has been more than warm and generous to me.

Senator TALMADGE. I appreciate it greatly.

I would like to take this opportunity to present to the committee and recommend Mr. William W. Allison of Atlanta, Ga., and to speak in behalf of his nomination.

Mr. Allison has an outstanding background of public service and leadership in education, community planning, business and economics, and urban affairs.

He presently serves as executive administrator of Economic Opportunity Atlanta, Inc. In this position he is responsible for management of the local community action agency, with a staff of approximately 800 people and a budget of more than $15 million. He has held this important position since 1969.

He has been a visiting lecturer at Clark College in Atlanta; community involvement coordinator for the Peace Corps training program at Morehouse-Spelman College in Atlanta; director of program development for the Community Council of the Atlanta area; associate director for employment for the American Friends Community at High Point, N.C.; and chairman of the deparment of social sciences at the American School in the Philippine Islands.

In addition, he is active in many professional and business enterprises, serving on the board of directors of numerous business, education, and cultural organizations in Georgia, including the Coca-Cola

Co., the Atlanta Arts Alliance, Woodward Academy, and the Georgia Conservancy.

He served on the mayor of Atlanta's task force on city reorganization and as a member of the Governor's Commission on Governmental Reform.

Mr. Allison is eminently qualified to help direct the Community Service Administration. And I know he will bring to this position the same high degree of hard work, excellence, and dedication to duty that have characterized his outstanding career over the past two decades.

I wholeheartedly endorse his nomination and repectfully urge approval by the committee.

Senator KENNEDY. Thank you very much, Senator Talmadge. That is a very warm introduction, and we will include that introduction at the appropriate place in the record.

Senator TALMADGE. Thank you very much. And I appreciate it greatly. And I leave Mr. Allison to speak in turn.

Senator KENNEDY. Thank you very much.

Perhaps you could review a little bit with us what your own time frame is with regard to health insurance, your understanding of the time frame.

Dr. RICHMOND. My understanding, Senator Kennedy, is that we will attempt to be drafting a bill during the course of the fall, and we will try to complete this task then. I would qualify this by saying that there will be a draft of the bill by early 1978. That is my understanding, and that is the kind of timetable I would like to stay on.

Senator KENNEDY. Are you familiar with the efforts that have been made by the task force themselves?

Just in a general way, that it has been set up?

Dr. RICHMOND. The National Advisory Committee?

Senator KENNEDY. Yes, sir.

Dr. RICHMOND. Yes; as cochairperson, I have begun to function with that committee. I was not, fortunately, able to get to the hearings on the west coast over the past weekend.

Senator KENNEDY. What do you consider to be the essential elements, the principles that underly health insurance programs?

Dr. RICHMOND. Well, as a physician who has been working with patients and looking at the delivery system over a long period of time, Senator, I would like to think that there are several major criteria against which any proposals should be measured.

I think the first and foremost would be equity, by which I mean equal access on the part of the entire population to health care and health services. This is not easy to achieve. Some of us have worked at it for some time, but nonetheless it remains a very important issue.

The inequities are largely related to those of income, poor people, minority groups, people in geographically remote areas. I think that we must intensify our efforts to bring more adequate services to them, but it seems to me this is a more basic issue.

Now, one of the corollaries to equity is distribution, by which I mean redistribution of resources and services to those in greatest need. Generally, again, these are the poor and minority groups and those in remote areas, who would recieve their fair share of the services. And I think that a related issue there, of course, is the training issue within the health manpower legislation enacted last year. We see for

the first time, I think, some important efforts to redirect our allocation of manpower resources, or person-power resources, I should say, to the appropriate category in an effort to try to get 50 percent of the training physicians into the primary care specialties. This is one effort toward redistribution, not only geographically and to income groups, but also in relationship to the allocation of professionals to the right categories to provide appropriate services to their communities.

I think I would also feel that any such bill should place appropriate emphasis on prevention. Certainly, in the past several months, we have witnessed some evidence of what happens when we do not place appropriate emphasis on prevention, particularly in the outbreaks of measles, indications that, particularly in the low-income community, immunization rates are not what they should be.

And it seems to me there are many other preventive efforts that we must explore, such as in cancer detection, cardiovascular disease, or high blood pressure. There are a whole host that we must keep in the forefront.

I think prevention, of course, and appropriate allocation of funds to research which puts a high priority on prevention, would be important.

As we move toward trying to make our services more equitable, it seems to me that we also need to pay attention to administrative simplicity.

I have been concerned, as we review some of our national programs such as medicaid and medicare, that there has been inordinate administrative complexity in some of these programs.

I have had occasion other times to say that accountants and bookkeepers, administrators, are terribly important, but they do not render the services. I think that we must keep those costs down to the extent that we can.

Now, I think a corollary of administrative simplicity and equity is the issue, Senator Kennedy, of eligibility. It seems to me any effort that we make to try to establish eligibility for one or another kinds of services tends to introduce indignities and certainly administrative complexities.

So I would hope that any bill that we ultimately adopt in this country will be one that provides for the universe of our population without the necessity to develop complex set of eligibility requirements.

Some who have looked at the Canadian system and per capita expenditures for health in Canada, as contrasted to the United States, feel that the $100 differential, that is ours being higher, is probably related to higher administrative costs in this country for the care that we are getting.

So I would put a good deal of emphasis on that, in the writing of the legislation.

Senator KENNEDY. In terms of the—in viewing it from a technical point of view of implementing these general principles, what can you comment on that?

You have outlined what ought to be a part of any general program.

Now, how complex is it in implementing?

We have the technical capacity to do it. How long would it take to build up the technical capacity in order to be able to do it?

What is the sense about that issue?

Do we have the resources, do we have the capacity to be able to implement it in a timely fashion?

Dr. RICHMOND. I think that this is feasible in this country, Senator. It seems to me that we have now had 10 or 12 years of experience with large-scale national programs.

In contrast to that some people say about the programs of the sixties and whether or not we have learned from them, I think we have learned a great deal from them. I think we can profit from what we have learned. We can certainly profit from what some of us view as mistakes that we may have made. And it seems to me that we are at a point in time that we do have better person-power resources, and we have more facilities than we ever had. And it seems to me with the proper planning process, with inviting consumers into the planning processing, for how we expend our funds and for what kinds of delivery systems we develop, that we can move forward and do so rather expeditiously.

I am optimistic that we have the capacity.

Senator KENNEDY. Let me ask you, what do you think can be achieved within the health care system today?

I mean within the health care system under health insurance program that we cannot really achieve without it. Certainly some of the points that you have mentioned here, people that are not getting the services, what kinds of leverage does that give you, do you think, to deal with some of the problems that we are facing today that you—that you might not be able to deal with unless you had a health insurance program?

Dr. RICHMOND. I think the issue, Senator Kennedy, of equity is a very difficult one to get at under our current systems. We are dealing with highly categorical systems now and not universal systems, and I think it is very difficult to really gain equal access to the system, as long as we have eligibility requirements which, in large measure, serve as an area of resistance.

I think what the national health insurance program needs is for the providers, the professionals in the field, the hospital service systems, the outpatient systems and all, to assume a greater role in working toward that equity. It seems to me that we ought to know where the responsibilities are, and I think we really can help all of these groups target their efforts more clearly to the areas of greatest need.

Again I would emphasize the low income population, minority group population. I do not mean by this to indicate that the more affluent population has no health problems, but I think they are in different order, borne largely in life styles, and have to do with patterns of living and health habits. And I think that, too, can be emphasized very appropriately in our national health insurance program.

Senator KENNEDY. I have some other questions but, before yielding to Senator Schweiker, we are going to be faced on Monday here on the abortion issue, and I would be just interested in what your own view in terms of restricting funds or not restricting funds, putting in limitations or not putting in limitations, where you come out on this issue?

Dr. RICHMOND. Well, I think that as a person who has studied human behavior over many years, Senator Kennedy, I would first comment on the obvious fact that this is a highly emotional issue. People take positions on this stemming from their own personal

backgrounds, and I can respect the many points of view that we are dealing with in relationship to this issue.

I think that I would also comment that I would certainly implement the provisions of law. Having said that, I think I would also indicate very personally, now that abortions have been legalized, I have seen so much conservation of life as a consequence. I lived professionally through an era in which so-called criminal abortions were common, loss of life was frequent, and I have a feeling that since—and also there are data to support this—that there has been considerable reduction in mortality and morbidity since abortions have been legalized.

So that I would hope that in the legislation, insofar as this is now a matter of a legal right, that there would not be economic discrimination against this segment of the population. In other words, making the same option available to low-income people, it seems to me, as more affluent people have would be an appropriate measure. But, as I have indicated, I would respect the actions of Congress in this context.

Senator KENNEDY. Your sense is that if you put some limiting language in terms of either the life of the mother or in terms of disabilities, multiple sclerosis, mental retardation, and even if you exclude from the provisions the popularly known, or considered family planning devices, that even with that, that the result will be that you would get a return to the kind of conditions which you describe?

Dr. RICHMOND. Yes.

I am afraid that that would be the case, Senator, because certainly there was—even in criminal acts, certainly there were self-induced efforts at abortions, and these were nothing short of tragic in every respect. So that I would hope we would not use economic sanctions to minimize the personal choice that people might want to exercise, since abortions are now a matter of legal right.

I would also, Senator, emphasize that I am interested in adolescent pregnancy, and this is where the high risk occurrences are, this is where so many of the abortions do take place. Certainly for young adolescents, pregnancies are really a high risk.

We have in this country at the present time annually about 13,000 pregnancies in girls under 15 years of age. There is no way that those could be considered wholesome pregnancies for the baby or for the mother.

It seems to me we have a very large scale effort to mount, and I have begun to look into this in relationship to augmenting the preventive efforts that are already underway.

I am not suggesting that we have not attended to them before, but I would hope that we could do much more in the realm of prevention. I think you know that this relates to how families rear their children. It relates to the morass of our communities, and I would hope that we could learn how to deal with these preventive efforts in a way that would be much more effective than they currently are.

Senator KENNEDY. What is it just generally?

I know general way, but what is the infant mortality, prematurity rate for girls under 15?

I know it is substantially higher in 15 to 19.

Dr. RICHMOND. It is at least three times higher than women over 20. So it is a very high risk category.

Of course, these—I cannot call them women, they really are girls, are immature physically, they are immature psychologically, and there are most unfortunate kinds of development.

But, as I indicated, my greater effort would be toward prevention. That is the only answer.

Senator KENNEDY. I have some other questions.

Senator Schweiker.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Dr. Richmond, in general, in your role as top health official in the administration, how do you preceive the quality of health care that we are getting in this country compared to the quality of care in other countries?

Where do we stand now by comparison?

Dr. RICHMOND. Senator Schweiker, that is not an easy question to answer because there are so many criteria by which one could measure. But some of the usual markers that we like to use in the field of public health, like infant mortality, puts us about 16th in the world.

I think there are many of us who feel that we would be in a position to do better, to appy all of the knowledge that we now have.

But let me just elaborate on this point. We now have an infant mortality rate of 16 babies per 1,000 in this country. The nonwhite has about 24 per 1,000. There is no biological reason why that should prevail.

Hence, we make the assumption that the difference in medical care relates to infant mortality.

The best State in the Union has a rate of about 12 and it seems to some of us that there is no reason why the rest of the Nation cannot come down to the record of that State.

I would also mention, as a pediatrician, I have watched with great interest that Sweden, this past year, dropped to a rate below 10 babies per 1,000, which is a rate that about 10 years ago most of us would have thought to be impossible to obtain.

So what I am suggesting is that some countries have made remarkable strides, and I would hope that we could do better.

In terms of longevity, we are somewhere around 20th in the world, and it seems to me that again we should be in a position to improve our record there. I think, in terms of sanitation, in terms of many hygienic measures, we have made great strides, certainly we have improved our nutritional status in just the short number of years that I have been in the medical profession. I have seen such diseases as rickets and scurvy disappear, so that in the application of some of our knowledge, we have done very well. And yet, Senator Schweiker, as you well know, there are pockets in this country where there still is hunger and malnutrition in children, and I think we must increase our efforts to deal with some of these problems.

Senator SCHWEIKER. The longevity figures and other statistics that you cited could reflect one of two things. They could reflect what we normally refer to as health care in terms of treatment for diseases, and they could also reflect dietary habits, nutrition, and lifestyle—things that may not be directly related to what we normally mean when we speak of health care. I gather you touched on that issue a little bit in your remarks.

Dr. RICHMOND. Yes; I think this is a very appropriate point to make.

Certainly life styles, socioeconomic conditions, housing, nutrition, education—education is very highly correlated with health status, and I think that we should not negate that. It is not just health education but overall education really.

Senator SCHWEIKER. What do you see as our biggest weaknesses? Where do our greatest deficiencies lie, and what problems do you in your new capacity intend to target as high priority?

Dr. RICHMOND. Well, I would feel, Senator Schweiker that our—what we call our tertiary care system, the care of patients with serious complex illnesses really is functioning remarkably well. I think our biomedical research enterprise can always use more resources. It has functioned remarkably well.

I think where we need to focus our medical care effort now is largely at the primary care effort where there is so much dissatisfaction in America. A part of our people are not able to get care on a day-to-day basis, as they feel they need it and would like to have it. So that my allusion earlier to the recent developments in the health manpower legislation moving us to get more primary practitioners, I think, represents a very important and proper development, along with primary care. To get that primary care particularly to areas, such as rural areas, where they are lacking—and the central city areas that are also lacking in care, and to the minority group populations that tend, for a variety of reasons, either not to have it available or to utilize it adequately. Those are the areas in which I would like to target our efforts.

I should add that prevention would also be a high priority, but I would hope that we could learn better how to apply all the knowledge that we now have, and also that we could educate our population to provide better care for itself in terms of health habits, in terms of eating patterns, drinking patterns, smoking patterns. Our population would have a much greater awareness of the importance of health care, I think, if through preventive measures they could take personal health in a very personal way.

Senator SCHWEIKER. The Senate Select Committee on Nutrition, which Senator Kennedy and I also serve on, is holding a new series of hearings on the relationship of diet and nutrition to health. It seems to me that we are really just scratching the surface here.

Our society emphasizes drug-oriented treatment. We haven't done enough research in the field of diet and health, but what research we have done seems to indicate that we may have missed the target quite a bit. I gather that, with your background in child psychiatry and human development, you are very conversant with some of the work in this field, such as the work Dr. Feingold has done with hyperactive children. Another important new area of research into proper forms of treatment has opened up, focusing on the relationship of behavior to diet and nutrition.

I wonder if you might say a few words about that. How you do assess these developments?

Dr. RICHMOND. Yes; I would indeed be very, very happy to do that.

As you mentioned, Senator Schweiker, one of your constituents, Dr. Albert Steinger at the Pennsylvania Medical School, who has been a longtime student of problems of obesity, has made some very significant contributions, and I am also pleased to note that he has been working with the staff of the Heart Institute, the National Heart

Institute at NIH, trying to learn how one can apply our knowledge of behavior to prevention. That is, can we really help people learn better dietary habits? I think that this is an important emphasis.

I think we need to learn more about what I think of as the child developmental antecedent patterns.

Why is it that children do not learn better habits at an earlier point in time? And I think this is something we should be attending to much more than we are.

But there are also the issues of normal economic status where some families simply do not have finances to provide it.

Senator SCHWEIKER. One very interesting witness we had at our recent Nutrition Committee hearings, who was also featured in a CBS network news program, was a probation officer who treated the people that she was in charge of on the basis of hypoglycemia. By correcting dietary deficiencies and improving nutritional habits, she was attempting to achieve social and behavioral improvements.

According to her, and according to the people she has treated, she has had remarkable success. I realize that any evaluation of her success has to be pretty subjective. But it is rather remarkable, the link that she feels has existed between deviant or unacceptable patterns of behavior and inadequate nutrition, and the changes which have occurred in the people she has treated. Whether it is a placebo effect or the real thing, only a psychiatrist could properly determine.

Still, it seems to me this could turn out to be a really important area for more research into new and perhaps more desirable forms of treatment. Until you came along, I haven't seen the health establishment pay any attention or take much of an interest in this area. So I am delighted with your background because I think it lends itself very much to promoting interest and commitment to further inquiry in this field, which I think has been almost totally neglected. In the long run, an emphasis on better nutrition and lifestyle could probably save more money and do more to improve health in America, without the adverse effects of some drugs and other traditional forms of health care, then perhaps any other approach. I am glad to hear of your interest and also your expertise in this area.

One other question.

The only mechanism that I see that we have so far for encouraging preventive medicine, preventive health care, is the HMO. The HMO is the only model in the health care delivery system that has a built-in incentive to keep people from getting sick. This is a little disturbing. We have worked long and hard to get HMO's started; they are slow starting. It is going to be difficult to get people geared to the HMO-type alternative delivery system—it isn't easy to gain widespread acceptance in any short span of time.

The question, I am leading up to is, how can we get more preventive medicine? How can we promote more preventive health care practices in what is now, for the most part, a fee for service delivery system?

Dr. RICHMOND. As you pointed out, Senator Schweiker, the HMO's do provide some incentives for preventive practices, and that certainly is one approach. That program has not been tried as well as it should, as I mentioned in answer to one of Senator Kennedy's questions, but I would hope that we could provide more impetus, particularly in areas like medicaid.

I think there are other ways, even in a fee for service system, to place a premium on the application of preventive measures.

We are developing our state of the art in terms of measuring quality, I think, in a much more sophisticated way than was the case 10 years ago. I think we can look at criteria—David Runstein, one of my colleagues in preventive medicine at Harvard, has been doing this adequately, and I think we can begin now to look at the health indices in given areas so that one can geographically determine whether, in some areas, appropriate preventive measures are being taken in connection with certain preventive disorders. Certainly the most obvious indicator would be immunizations in children. Using those kinds of data, even in the fee for service system, I think we can hit those problems and point out to the professionals that they are not doing the appropriate jobs.

If they want to receive public funds, certainly they would have to measure up to appropriate qualitative standards.

So I think the state of the art now is developing in a way that will make it more feasible to accomplish the objective that you are stating.

Senator SCHWEIKER. Another important part of the problem is that only a few medical schools emphasize nutrition education—the last survey that I think my office checked found that, out of 100 medical schools in this country, only a half a dozen or so had any kind of Department of Applied Nutrition or established curriculum in nutrition and health. A new survey is being taken on it now.

It seems to me that inadequate training in diet and nutrition among doctors and other health professionals is a big part of our problem.

Dr. RICHMOND. I think you put your finger on a very important issue.

Dr. Jean Mayer, who is now the president of Tufts, has been a very articulate spokesman in preventive schools, and I think a number of schools are beginning to make such effort.

I should say that I think the greatest advance is in the teaching of biochemistry, which has improved to the point where many faculty members have a false sense of security; that if you taught students the basic science aspects, that somehow or another they would be able to know how to apply this knowledge. And your point of teaching applied nutrition is a very important one because, having knowledge of the fundamental science background does not necessarily provide any working ability to provide this knowledge in a very functional way.

I should mention that we should not only concentrate at the medical student level, but on virtually all direct care graduates now. They can learn this.

I would hope that the supervisors of training programs in the various clinics, that is the postgraduate training programs, will become much more effective in teaching these aspects.

Nutrition is where trainees are really in a position to learn and learn well.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Senator KENNEDY. Dr. Richmond, one of the things that we are very much concerned about is the whole area of technology transfer, the explosion of use of technology, what we have seen as great utilization when these technologies are brought to tract.

It means that there is less money in these areas for preventive health care. We have seen it reflected in smaller immunization programs, limitations on neighborhood health centers, drug and alcoholism programs, and one of the matters that we are trying to deal with is in this area of too many coronary care units, too much nuclear medicine perhaps, too many open heart surgeries, and not enough utilization.

How much of this is a problem, and do you have any guidance to us about what we ought to perhaps do in the areas of research, which we are looking at over a period of this year, general research programs of the Federal Government?

You know whether we ought to be getting sort of a health assessment on new technology as well as cost assessment, make decisions whether we are going to support various research programs. Maybe you could just talk a little bit about this kind of problem, what your own thoughts are on it, whether you have any guidance to us on the committee in trying to deal with it.

Dr. RICHMOND. Well, Senator Kennedy, we have raised some of the very important issues relating to what I earlier referred to in connection with teritary care. That is highly complex care, technology care.

I think we do need in this country to take a hard look at how we allocate the resources for this.

Quality, by and large, is excellent, but it does not remain excellent if one proliferates into too many high technology units. For example, one can talk in terms of cardiac surgery—we know that when a cardiac surgery team is not operating with considerable frequency each week, that their mortality rate goes up. So that we need to come to more conscious decisions now on the basis of data that are generally available to us, as to what kinds of allocations of resources ought to be made.

What I am suggesting is that we can no longer simply accept as fair policy that, because the hospital has a professional staff that wants to do certain procedures, it therefore should be authorized to do them.

Now, I am not suggesting that we need a highly authoritative system. I think we are moving in appropriate directions with our health systems agencies, if they can function well, and I think there ought to be appropriate resource allocations.

I think that we need, as you suggested, to develop a more orderly process for evaluating the various technology guides that come out of our research endeavors. Again with the kinds of productive biomedical research establishment that we have, we do have many new technologies developed.

At the present time, we largely rely on the pragmatism of the system to pick and choose which of these are appropriate and how will they be applied.

It seems to me we are coming to a point where our productivity is sufficiently greater, so that we need to systemize this in some more orderly way.

Now, Dr. Fredrickson, the Director of the National Institutes of Health, and I have had some preliminary conversations about how one might endeavor to do this. But it seems to me it is a social responsibility which the scientific community should begin to assume

ultimately, in collaboration with consumers, who also need to be taken very much into account in terms of how we are going to allocate resources. For example, just how much should we spend for the development of cardiac transplants, versus, if one wants to put it in the extreme, the immunization of children.

I do not think that we are, in this country, coming to that kind of immediate choice, but I think that is somewhat to the heart of what you have been asking about. I do think we need to systemetize this.

Senator KENNEDY. Well, I could not agree with you more. I think that that is enormously difficult on how you do that or set up a model to do that.

How about just carrying it one step further about the technologies which are onstream at the present time and perhaps what ought to be abandoned?

We have the financing mechanisms which continue to give resources for that, and we find the technology is antiquated. I think that is part of the same kind of problem.

Just a couple more areas.

One is in the area of the—in the drug utilization, our committee, over the period of the last 2 or 3 years, has held extensive hearings on utilization of drugs, starting back with the proliferation of samples, the approval in terms of FDA, the scientific information that has been available, and also that has been inadequate.

How do you react to the current situation which states that once a drug is approved in terms of being safe and efficacious, that there is very little continued review of how that drug is actually utilized and the purpose that it is utilized and the prolonged use of it, the health implications of that utilization?

Are you concerned about this type of an issue and will you work with us and the Commissioner in attempting to try and come up with some responsible way of treating that?

Dr. RICHMOND. Yes, sir.

I think this is an important issue, Senator, and I would hope that we will be in a position to do better with this care.

Current data indicates that approximately 20 percent of patients admitted to the hospital are admitted because of some complication of drug administration. That does not mean that it is an appropriate reason but, nevertheless, we are dealing with highly specific and highly potent drugs. And it seems to me we need to develop more orderly ways of informing physicians and other health workers of the hazards and problems associated with the administration of these drugs, so that rather than relying exclusively on pharmaceutical firms within the professions, and perhaps Federal health agencies, we need to provide better information systems. Some of this is already available to physicians on a regional basis, but it seems to me in the case of the long distance telephone facsimile production, there is many ways of getting information out to the physicians who need it. And I think better ways than we have attended to in the past.

But I think your point about the constant review of those drugs which are available is very much in order.

There is obsolescence. There are matters of synergism and incompatability that develop as new drugs come on the scene, and I think particularly that minimizing the developments of sensitivity to drugs and some of the diseases that occur as a consequence of this are ex-

tremely important issues to deal with. I would hope that all of those who prescribe drugs in this country would have appropriate information available to them and would exercise appropriate constraints.

But we have so many. Just as other technologies are developing rapidly, certainly new drugs are developing, and we do need to make information systems available to those who prescribe.

Senator KENNEDY. Just, finally, Dr. Richmond, you are going to be the Surgeon General.

Can you tell us just how much of a health hazard smoking presents to the health of people?

What is your conclusion?

Dr. RICHMOND. Well, I think all of the data currently does indicate a much greater risk, particularly of lung cancer, for smokers as contrasted to nonsmokers.

We have had some decline among cancers as males have refrained from smoking to a greater extent than heretofore, but, on the other hand, we have not had a decline in the number of women smoking. And, as a consequence, we think we are seeing an increase in lung cancer in that group.

The other pulmonary diseases complicate smoking, and possibly myocardiac disorders are also issues that I think we need to keep in mind.

Again, as a pediatrician and child psychologist, what I am most concerned about is the fact that teenagers are not decreasing in terms of numbers of smoking, and this, to me, reflects the fact that our educational programs are not sufficient, and I think we can learn much more about creating resistance in that population group to smoking.

Senator KENNEDY. Well, we will just submit some questions to you that the other members of the committee may have.

I want to thank you for your appearance here, for your responses. And let me just wish you well in the new responsibility. We are looking forward to working very closely with you.

Thank you very, very much.

[Whereupon, at 1:18 p.m., the committee adjourned, subject to the call of the Chair.]

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