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

APPENDIX

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APPENDIX

Material Subsequently Supplied for the Record of the June 24, 1977, Hearing

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

SEP 16 1977

The Honorable Harrison A. Williams, Jr.
Chairman, Committee on Human Resources
United States Senate
Washington, D. C. 20510

Dear Mr. Chairman:

I am pleased to enclose responses to questions that were raised at the June 24 nomination hearing of Dr. Julius Richmond to be Assistant Secretary for Health, Department of Health, Education, and Welfare.

If you need additional information, please do not hesitate to contact me.

Sincerely,

C. Grant Spaeth
Deputy Assistant Secretary
for Legislation (Health)

Enclosures

cc: James M. Powell, Editor

COPY

ADDITIONAL WRITTEN QUESTIONS SUBMITTED TO DR. JULIUS RICHMOND FOLLOWING ADJOURNMENT OF THE JUNE 24, 1977, HEARING

1. Dr. Richmond, you will be going on leave with the intent of returning to Harvard Medical School. In addition, you are affiliated with a number of very distinguished groups such as the Institute of Medicine and the Foundation for Child Development in New York. Can you describe what relationship you intend to continue, if any, with these groups and institutions should you be confirmed?

2. I am concerned that we may be becoming insensitive to important health risks that our people are exposed to—the decrease in immunizations and the possibility of more of our children coming down with diseases and illnesses which could be eliminated and also increasing distrust about information about risks in the food additive and environmental health area. Do you have any thoughts about how we can increase our efforts to sensitize the public and help provide more adequate preventive care?

3. Our increasing efforts to assure that all of our children—including disabled children—become educated will require expanded ancillary services, including screening and diagnosis of childhood disabilities and diseases and early health treatment. I do not think we have adequate services in this area. Do you have any thoughts about ways the public health service can help our schools carry out the full services mandate under the Education for All Handicapped Children Act?

4. One of the problems in the Early and Periodic Screening Diagnosis and Treatment program is the lack of coverage for outreach activities and, therefore, many children do not make use of the available services. The new Administration's CHAPS program also does not provide any specific funding or coverage of these highly important outreach activities. Do you have any plans that would help remedy this lack?

RESPONSE TO QUESTION 1

I will be taking a leave of absence without pay from Harvard University, but I will continue my participation in the University's pension and life insurance plans, to which both I and the University contribute. Of course, I will not participate in any way in any matters specifically involving Harvard University while I am Assistant Secretary for Health.

I have resigned from the policy making Governing Council of the Institute of Medicine and intend to continue only my membership.

I do intend to remain on the governing board of the Foundation for Child Development. This Foundation makes grants from its own resources and does not receive any funds from the Federal Government. This is also true of the Ima Hogg Foundation, where I expect to remain on the advisory board.

I should add that I have discussed these associations with the General Counsel's office of HEW and they have advised me that these associations are permissible. Of course, if a problem should arise in the future, I will consider terminating these relationships.

RESPONSE TO QUESTION 2

There have been declines in levels of immunization against childhood diseases, particularly among the poor and minorities. As the incidence of these diseases has decreased, there has been a corresponding reduction in general awareness of the necessity to immunize children. The Department, however, is doing something about this. Recently, Secretary Califano announced a National Immunization Program whose goal is to immunize up to 90% of all school-age children against the major childhood diseases. A public education campaign is an important element of the campaign. The program is receiving high priority in current planning and budgeting.

Although the scientific data is far from conclusive, we are also becoming increasingly aware of the dangers to health posed by some of the products of our industrial society and our affluent styles of living. Until we have more definitive

answers, there are bound to be continuing uncertainties about the links between certain diseases and toxic substances in our air, food and water. As in the case of saccharin, the judgment about the safety of a food additive must be based not only on the best scientific information about the risks but it must also reflect an appreciation of the role of an informed public in making what are ultimately difficult, social policy decisions. It seems to me, therefore, that the best answer to the problem of public distrust is for the Government to be open and candid about what we know and don't know about health risks, and to seek out ways to involve the public in these decisions. We must also devise effective ways to transmit what we do know about how the individual can assume a major share of the responsibility for maintaining his own health and in preventing disease.

RESPONSE TO QUESTION 3

A PHS Task Force on School Health has been convened to identify and explore ways in which health programs can be used to strengthen school health services throughout the country. The substantive areas for discussion include the handicapped student as well as health education, health and social services, environmental health, manpower and training, data, research, evaluation and demonstration, and other special populations. The Public Health Service will be working closely with the Office of Education and other parts of the Department in these areas.

RESPONSE TO QUESTION 4

I wholeheartedly agree with you that outreach is an important component of any program to improve our health care services to children, including EPSDT and CHAP. Under CHAP, States will be required to make both assessment and follow-up treatment available to eligible children. We believe improved outreach will result from the proposed incentive of a higher Federal match for all the State's administrative costs under Medicaid—75 percent instead of 50 percent—if the State meets certain standards of good performance in outreach, as well as in assessment and follow-up.

RESPONSES TO SENATOR WILLIAMS' QUESTIONS RELATING TO ALCOHOLISM

The CHAIRMAN. Congress established the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in 1974. This provided the Alcoholism Institute (NIAAA), for the first time, policy, budget and program autonomy. ADAMHA was set up to assure that each of the three Institutes (Alcoholism, Drug Abuse, and Mental Health) could define their own programmatic responsibility. I strongly supported this legislation and still do. Until 1974, NIAAA was submerged in mental health priorities and decisions and had very little direct ability to develop a broad national effort.

Yet, Alcoholism remains the "poorest" of the Institutes in resources. NIMH's budget is three times larger and NIDA is 70 to 80 percent more than NIAA. In budgeted positions, NIAAA has half the positions of NIDA and one-fourth the number allocated to NIMH. ADAMHA, itself, has more positions than NIAAA. What will you do to assure that Alcoholism programs receive adequate support?

Dr. RICHMOND. I believe that the new Administration has already demonstrated its concern with Alcoholism by the action on the fiscal year 1978 President's Budget.

Recognizing both the need for increased services and overall budget constraints, the Administration requested that the Congress increase the NIAAA budget from the $137 million requested by the Ford Administration to $154 million—a 12 percent increase. While it is difficult to predict with certainty future funding patterns at a time of economic concern over increased Federal spending, I can assure you of my commitment to address alcohol abuse and my intention to support these programs to the fullest possible extent.

There remain, however, substantial resources in the health care delivery system which are denied to persons afflicted with alcoholism. I support the NIAAA efforts to influence the use of these resources, particularly their efforts to seek adequate coverage for the treatment of alcoholism in public and private insurance programs.

The CHAIRMAN. Congress authorized 11 supergrade positions, without regard to ceilings, for NIAAA which have not been utilized. The allocation of super-

grades, within a Federal bureaucracy, is one of the more effective ways to improve or hold down program development. The previous Administration used this technique frequently. I am also concerned at the effect the current freeze on hiring has on NIAAA. Will you do anything to rectify this problem and the effects of the hiring freeze on NIAAA?

Dr. RICHMOND. The eleven supergrade positions available to NIAAA are being filled as employment ceilings become available. During this year the NIAAA has filled four supergrade positions and begun recruitment action on two others. Because of the size of the current NIAAA employment ceiling (170 full time positions) which limits program expansion in important areas, we doubt that the Civil Service Commission will permit NIAAA to assign the remaining supergrades to its program.

In general the imposition of the current employment ceiling has had greatest impact on the research programs of NIAAA. A total of 19 positions that were intended to be used to staff the newly expanding intramural research facilities and six for key positions in the extramural research program are no longer available to the NIAAA for these activities. I hope, after an analysis of the PHS-wide employment situation, to offer NIAAA some relief from the restraints of the current employment ceiling.

The CHAIRMAN. There has been a lot of talk about consolidation of alcoholism and drug abuse programs at the national level. Any such change strikes me as premature as I do not believe the present organization has been given sufficient chance to prove or disprove its efficacy. The increasing numbers of State programs that have combined often are referred to as a basis for such a move. We have seen no evidence on whether such combined programs have been effective, more successful, helpful, or even cost effective.

Do you think we have enough information about combined versus separate programs to support a change at the national level? Will the Department undertake a careful study of these State experiences, including those that have chosen to maintain separate programs, prior to any decision to change the present ADAMHA structure?

Dr. RICHMOND. Although there are many States that have placed their respective drug abuse and alcoholism agencies into a single organization, a closer look reveals that, in many instances, the umbrella entity contains sub-units which have a clearly separate focus for the operation and mission of the alcoholism and drug abuse programs. This is not unlike the structure at the Federal level, ADAMHA with its sub-units for alcohol and drug abuse. Moreover, these components were reorganized just three years ago and most of the program constituencies and State and local Governments are in agreement with the current arrangement.

The alcohol and drug abuse programs have several cooperative efforts underway. The two Institutes are cooperating in the area of polydrug abuse and have funded a number of joint treatment demonstration programs. They are working under the direction of ADAMHA to develop improved coordination activities, where appropriate, for public education and other prevention programs. Also cooperative efforts are being made in the area of research on polydrug abuse and in the training of alcohol and drug abuse workers.

These joint efforts show that effective cooperation can be achieved at the national level under the existing ADAMHA structure; however, several important areas remain where there are basic philosophical differences in the approaches used in the drug abuse and alcohol field, e.g., age of abusers, number of people involved, and social attitudes. I believe that the Federal Government should continue its present policy of partnership among equals in alcohol and drug abuse within the ADAMHA framework. Any change of the present arrangement might have negative aspects for the national drug abuse and alcoholism effort in terms of focus, priority, and progress and should only be undertaken very carefully because a restructuring at the Federal level without a proven need would be disruptive of program activity and morale at the State and local level.

One of my high priorities as Assistant Secretary of Health will be to examine closely the organization and administration of the PHS components, including ADAMHA, to ascertain the most effective and efficient manner in which Federal programs can be administered. Based on this examination, I will seek to ensure that ADAMHA programs continue to be administered as effectively as possible and that sufficient Executive Development Programs exist.

The CHAIRMAN. I am deeply concerned at the apparent lack of administrative capacity within ADAMHA—including the three Institutes. Each Institute, according to statute, is supposed to direct and administer its own programs. Neither the previous Administration nor this Administration has shown any support of leadership skills at the Institute level. What do you plan or what can you do to help improve this situation?

Dr. RICHMOND. I cannot speak for the actions of previous Administrations regarding their efforts to promote strong administrative capacity. I note, however, that the PHS and ADAMHA have within the past few years increasingly emphasized the need for developing stronger management capacity. This has included encouraging high level officials of ADAMHA and its Institutes to participate in management training programs sponsored by the Brookins Institute, the Federal Executive Institute, and the Sterling Institute. Senior level officials from each ADAMHA Institute have attended the latter two programs this year.

The CHAIRMAN. Under previous Assistant Secretaries for Health, alcoholism has not received the strong support that I feel it deserves. Can you assure me that under your leadership ADAMHA, and alcoholism in particular, will receive your strong interest and support?

Dr. RICHMOND. I am aware of the serious nature of alcohol abuse and alcoholism problems in this country and the enormous impact which they have on people's health, safety, and economic well-being. Alcoholism is one of the nation's most serious health problems and the number one drug problem in the country. To respond effectively to these problems, the NIAAA has developed a major strategy to integrate alcoholism services into the total health care delivery system. I support the effort and I will give alcohol program efforts such as research, treatment, training, and prevention full consideration in the development of health program priorities, budgets, and legislation. I am particularly sensitive to the need for increased prevention and education with regard to alcohol abuse. Secretary Califano has already requested me to work with the Assistant Secretary for Education and other Federal agencies to identify ways in which improved school health programs can be developed and implemented. I am sure that alcohol abuse prevention and education will be a major aspect of this effort.

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